

Perennial Advantage Premier (HMO I-SNP) - Colorado (partial) 2024 Prior Authorization Chart

*Detailed limits and exclusions can be found in the member's Evidence of Coverage (EOC).

SERVICE TYPE	REQUIREMENT
MEDICARE OFFERINGS	
Inpatient Services	
1a: Inpatient Hospital-Acute	Authorization Required
1b: Inpatient Hospital Psychiatric	Authorization Required
2: Skilled Nursing Facility (SNF)	Authorization Required
2: Skilled Nursing Facility (SNF) Notes	Prior authorization is only required for services provided by non-
	capitated providers.
	Auto-approval for initial In-network SNF requests for the first 5
	days following a post-acute hospitalization.
	Clinical documentation required
2: Skill-In-Place (SIP)	Authorization Required
5: Partial Hospitalization	Authorization Required
9a2: Observation Services	Authorization Required
Outpatient Services	
3: Cardiac and Pulmonary Rehabilitation Services	Authorization Required
4a: Emergency Services	No Authorization Required (In-Network and Out-of-Network)
6: Home Health Services	Authorization Required
7a: Primary Care Physician Services	No Authorization Required (In-Network and Out-of-Network)
7b: Chiropractic Services	Authorization Required
7b: Chiropractic Services Notes	Prior authorization is only required for the Medicare-covered
	chiropractic services.
7c,i: Therapy: Physical Therapy, Speech-Language	Authorization Required
Pathology and Occupational Therapy Services	
7c,i: Therapy: Physical Therapy, Speech-Language	Prior authorization is only required for services provided by non-
Pathology and Occupational Therapy Services Notes	capitated providers.
	All evaluations do not require an authorization (In-Network and
	Out-of-Network).
7d: Physician Specialist Services	No Authorization Required (In-Network and Out-of-Network)
7e: Mental Health Specialty Services	No Authorization Required (In-Network and Out-of-Network)
7f: Podiatry Services	No Authorization Required (In-Network and Out-of-Network)
7g: Other Health Care Professional	No Authorization Required (In-Network and Out-of-Network)
7h: Psychiatric Services	No Authorization Required (In-Network and Out-of-Network)
7j: Additional Telehealth Benefits	No Authorization Required (In-Network and Out-of-Network)
7k: Opioid Treatment Program Services	Authorization Required
8a: Outpatient Diagnostic Procedures Tests and Lab	Authorization Required
Services	

8a: Dutpatient Diagnostic Procedures Tests and Lab Services Notes 8a: Diagnostic Procedures/Tests Notes: No Authorization required when services are rendered in a Nursing Facility or Physician Office. 8a2: Lab Services Notes: No authorization required for lab services except for genetic testing, which does require authorization. 8b: Outpatient Diagnostic and Therapeutic Radiological Services Notes 8b: Outpatient Diagnostic and Therapeutic Radiological Services Notes: 8b: Outpatient Properties Radiological Services Notes: 8b: Dutpatient Radiological Services Notes: 8b: Dutpatient Radiological Services Notes: 8b: Diagnostic Radiol	SERVICE TYPE	REQUIREMENT
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16b: Comprehensive Dental Authorization Required		·
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	16b: Comprehensive Dental	Authorization Required

SERVICE TYPE	REQUIREMENT
16b: Comprehensive Dental Notes	Prior authorization is only required for Medicare-covered
	comprehensive dental
17a: Eye Exams	No Authorization Required (In-Network and Out-of-Network)
17b: Eyewear	No Authorization Required (In-Network and Out-of-Network)
18a: Hearing Exams	No Authorization Required (In-Network and Out-of-Network)
SUPPLEMENTAL OFFERINGS	
7b: Chiropractic Services - Supplemental	
7b1: Routine Chiropractic Care	No Benefit
7f: Podiatry Services - Routine Foot Care	No Authorization Required (In-Network and Out-of-Network)
10b: Transportation Services - Supplemental	
10b1: Transportation Services - Plan Approved Health-	No Benefit
related Location 10b2: Transportation Services - Any Health-related	No Benefit
Location	
13: Other Services - Supplemental	
13a: Acupuncture	No Benefit
13b: Over-the-Counter (OTC) Items	No Authorization Required (In-Network and Out-of-Network)
13b: Over-the-Counter (OTC) Items Notes	Members receive \$50/month pre-loaded onto a flex card to spend
	on OTC products, fitness classes/supplies, personal training, dining
	packages, massage therapy sessions, or beauty/barber shop
	services from preferred providers.
13c: Meal Benefit	No Benefit
14c: Other Defined Supplemental Benefits - Supplemental	
14c2: Nutritional/Dietary Benefit	No Benefit
14c4: Fitness Benefit	No Authorization Required (In-Network and Out-of-Network)
14c4: Fitness Benefit Notes	The Plan provides members with a subscription to an online
	fitness and exercise platform. Members also have access to an
	annual subscription of Brain HQ, which offers online brain
	exercises and games to improve memory and brain elasticity.
14c5: Enhanced Disease Management	No Benefit
14c6: Telemonitoring Services	No Benefit
14c7: Remote Access Technologies (including	No Benefit
Web/Phone-based technologies and Nursing Hotline)	
14c11: Personal Emergency Response System (PERS)	No Benefit
14c12: Medical Nutrition Therapy (MNT)	No Benefit
14c13: Post discharge In-Home Medication	No Benefit
Reconciliation	
14c18: Therapeutic Massage	No Authorization Required (In-Network and Out-of-Network)
14c18: Therapeutic Massage Notes	Members may use their pre-loaded flex card (\$50/month) towards
	massage therapy services from preferred providers (Combined
	with other benefit categories. See Combined Supplemental
	Benefits section).
14c19: Adult Day Health Services	No Benefit

SERVICE TYPE	REQUIREMENT
14c21: In-Home Support Service	No Benefit
16a: Preventive Dental Services - Supplemental	
16a1: Oral Exams	No Authorization Required (In-Network and Out-of-Network)
16a2: Prophylaxis (Cleaning)	No Authorization Required (In-Network and Out-of-Network)
16a3: Fluoride Treatment	No Authorization Required (In-Network and Out-of-Network)
16a4: Dental X-Rays	No Authorization Required (In-Network and Out-of-Network)
16b1: Non-routine Services	No Authorization Required (In-Network and Out-of-Network)
16b2: Diagnostic Services	No Authorization Required (In-Network and Out-of-Network)
16b3: Restorative Services	No Authorization Required (In-Network and Out-of-Network)
16b3: Restorative Services Notes	1 per tooth of the following restorative services are covered every 5 years, core buildup, pin retention, post and core indirectly fabricated, and each additional prefabricated post. Prefabricated crown are a covered service once per tooth every year.
16b4: Endodontics	No Authorization Required (In-Network and Out-of-Network)
16b5: Periodontics	No Authorization Required (In-Network and Out-of-Network)
16b5: Periodontics Notes	Gingival irrigation is a covered benefit once per quadrant every two (2) years. Covered periodontal services include gingivectomy one (1) per quadrant every three (3) years; osseous surgery once per site/quadrant every five (5) years; full mouth debridement once every two (2) years. Periodontal grafting services one (1) per site/quadrant every three (3) years.
16b6: Extractions	No Authorization Required (In-Network and Out-of-Network)
16b6: Extractions Notes	Alveoloplasty services are covered once per site/quad per lifetime.
16b7: Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	No Authorization Required (In-Network and Out-of-Network)
16b7: Prosthodontics, Other Oral/Maxillofacial Surgery,	Denture relines are a covered benefit once per arch every two (2)
Other Services Notes	years.
17a: Eye Exams - Supplemental	
17a1: Routine Eye Exams	No Authorization Required (In-Network and Out-of-Network)
17b: Eyewear - Supplemental	
17b1: Contact Lenses	No Benefit
17b2: Eyeglasses (lenses and frames)	No Authorization Required (In-Network and Out-of-Network)
17b3: Eyeglass lenses	No Authorization Required (In-Network and Out-of-Network)
17b4: Eyeglass frames	No Authorization Required (In-Network and Out-of-Network)
17b5: Upgrades	No Authorization Required (In-Network and Out-of-Network)
18a: Hearing Exams - Supplemental	

SERVICE TYPE	REQUIREMENT
18a1: Routine Hearing Exams	No Authorization Required (In-Network and Out-of-Network)
18a2: Fitting/Evaluation for Hearing Aid	No Authorization Required (In-Network and Out-of-Network)
18b: Hearing Aids - Supplemental	
18b1: Hearing Aids (all types)	No Authorization Required (In-Network and Out-of-Network)