



Perennial Advantage (HMO) - Colorado

Prior Authorization Chart

Service Type	Requirement
PART A/ Inpatient Services	
Inpatient Hospital - Acute	Authorization Required
Inpatient Hospital - Psychiatric	Authorization Required
Outpatient Hospital Services - Observation	Authorization Required
Partial Hospitalization	Authorization Required
Skill In Place (SIP)	No Benefit
Skilled Nursing Facility (SNF)	Authorization Required
Skilled Nursing Facility (SNF) Notes	Prior authorization is only required for services provided by non-capitated providers.
PART B/ Outpatient Services	
Acupuncture	No Authorization Required
Ambulance Services	Authorization Required
Ambulatory Surgical Center (ASC) Services	Authorization Required
Annual Physical Exam	Medicare covered benefit only - No Authorization Required
Cardiac and Pulmonary Rehabilitation Services	Authorization Required
Chiropractic Services	Authorization Required
Chiropractic Services Notes	Prior authorization is only required for the Medicare-covered chiropractic services.
Preventive Dental Services (Oral Exams, Prophylaxis (cleaning), Fluoride Treatment, Dental X-Rays)	No Authorization Required
Comprehensive Dental Services (Non-Routine, Diagnostic, Restorative, Endodontics, Periodontics, Extractions, Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services)	Authorization Required
Dental Services Notes	Prior authorization is only required for Medicare-covered comprehensive dental.
Diabetic Supplies and Services and Diabetic Therapeutic Shoes or Inserts	No Authorization Required
Dialysis Services	No Authorization Required
Durable Medical Equipment (DME)	Authorization Required
Eye Exams	No Authorization Required
Eyewear	No Authorization Required
Hearing Exams	No Authorization Required

Service Type	Requirement
Hearing Aids	No Authorization Required
Home Health Services	Authorization Required
Medicare Part B Rx Drugs and Home Infusion Drugs	Authorization Required
Medicare Part B Rx Drugs and Home Infusion Drugs Notes	Prior authorization is required for some medications. For chemotherapy, authorization is required on the initial drug approval only.
Mental Health Specialty Services	No Authorization Required
Psychiatric Services	No Authorization Required
Outpatient Blood Services	No Authorization Required
Outpatient Hospital Services	Authorization Required
Outpatient Diagnostic Procedures, Tests and Lab Services	Authorization Required
Outpatient Diagnostic Procedures, Tests and Lab Services Notes	Procedures and Tests: No Authorization required when services are rendered in a Nursing Facility or Physician Office. Labs: No authorization required for lab services except for genetic testing, which does require authorization.
Outpatient Diagnostic and Therapeutic Radiological Services	Authorization Required
Outpatient Diagnostic and Therapeutic Radiological Services Notes	Authorization exception: x-rays do not require authorization when service rendered in a nursing facility or physician office. All other diagnostic and therapeutic radiological services require auth.
Podiatry Services	No Authorization Required
Prosthetics/Medical Supplies	Authorization Required
Physician Specialist Services excluding Psychiatric Services	Authorization Required
Other Health Care Professional Services	No Authorization Required
Opioid Treatment Program Services	Authorization Required
Outpatient Substance Abuse Services	Authorization Required
Additional Telehealth Services	No Authorization Required
Additional Telehealth Services Referral	No
Therapy: Physical Therapy, Speech-Language Pathology and Occupational Therapy Services	Authorization Required
Therapy: Physical Therapy, Speech-Language Pathology and Occupational Therapy Services Notes	Prior authorization is only required for services provided by non-capitated providers.
Supplemental/ Other Medicare Benefits	
Meal Benefit	No Benefit
Medicare-covered Zero Cost-Sharing Preventive Services	No Authorization Required
Other Defined Supplemental Benefits	No Authorization Required

Service Type	Requirement
Kidney Disease Education Services	No Authorization Required
Other Medicare-Covered Preventive Services - Glaucoma Screening	No Authorization Required
Other Medicare-Covered Preventive Services - Diabetes Training	No Authorization Required
Other Medicare-Covered Preventive Services - Barium Enemas	No Authorization Required
Other Medicare-Covered Preventive Services - Digital Rectal Exams	No Authorization Required
Other Medicare-Covered Preventive Services - Electrocardiogram	No Authorization Required
Transportation Services	No Benefit