



Perennial Advantage (HMO) - Ohio

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 | Medicare covered benefit only - 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 | |
| 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 Authorization Required |