



## Align Premier (HMO I-SNP) - California

### Prior Authorization Chart

Service Type	Requirement	Notes
<b>Hospitalization: Inpatient Emergent (Medical and Psychiatric)</b>	Prior Authorization	Prior authorization is required for In Network Providers only
<b>Hospitalization: Inpatient Elective (Medical and Psychiatric)</b>	Prior Authorization	
<b>Hospitalization: Observation</b>	Prior Authorization	Prior authorization is required for In Network Providers only
<b>Partial Hospitalization</b>	Prior Authorization	
<b>Ambulatory Surgery Center</b>	Prior Authorization	
<b>Cardiac and Pulmonary Rehab Services</b>	Prior Authorization	
<b>Chiropractic Services</b>	Prior Authorization	Prior authorization is only required for Medicare covered chiropractic services
<b>Dental - Comprehensive</b>	No Authorization Required	
<b>Dental - Medicare Coverage</b>	Prior Authorization	
<b>Dental - Preventive</b>	No Authorization Required	
<b>Diabetic Supplies/Services (Shoes, Strips, Glucometer)</b>	Prior Authorization	Prior authorization is only applicable to glucometers and supplies
<b>Dialysis</b>	No Authorization Required	
<b>Durable Medical Equipment</b>	Prior Authorization	
<b>Genetic Testing</b>	Prior Authorization	
<b>Hearing Aids</b>	NO BENEFIT	
<b>Home Health Services</b>	Prior Authorization	
<b>Laboratory Services</b>	No Authorization Required	
<b>Medicare Part B Drugs and Step Therapy</b>	Prior Authorization	Prior authorization is required for some medications. For chemotherapy, prior authorization is required for the initial drug approval only.
<b>Mental Health Specialty Services</b>	Prior Authorization	
<b>Non-Emergent Ambulance Transportation</b>	Prior Authorization	
<b>Opioid Treatment Services</b>	Prior Authorization	

<b>Service Type</b>	<b>Requirement</b>	<b>Notes</b>
<b>Other Healthcare Professionals (CRNA/NP/PA/Clinical Specialists) in the home</b>	No Authorization Required	
<b>Out of Network Services</b>	Prior Approval Required	
<b>Outpatient Diagnostic Procedures and Tests</b>	Prior Authorization	Authorization Exemption: Prior authorization is not required when services are rendered in a Nursing Facility or Physician Office.
<b>Outpatient Diagnostic/Therapeutic Radiology</b>	Prior Authorization	Authorization Exemption: X-rays do not require authorization when service rendered in Nursing Facility, hospital, or physician office. Authorization is required for diagnostic radiological services and therapeutic radiological services.
<b>Outpatient Hospital Services</b>	Prior Authorization	
<b>Prosthetics/Medical Supplies</b>	Prior Authorization	
<b>Psych Services</b>	No Authorization Required	
<b>Skilled Nursing Facility - Post-Acute</b>	Prior Authorization	Prior authorization is required for Non-Capitated Providers only
<b>Skilled Nursing Facility - Skill in Place</b>	Prior Authorization	Authorization Exemption: Notification only for initial request up to seven (7) days. Initial request greater than seven days and request for additional skilled days requires prior authorizations
<b>Specialist Services</b>	Prior Authorization	Prior authorization is required for certain surgeries and radiology procedures.
<b>Substance Abuse Services</b>	Prior Authorization	
<b>Telehealth</b>	Referral	
<b>Therapy - PT, OT, ST (Part B)</b>	Prior Authorization	Prior authorization is required for Non-Capitated Providers only (Internal note: Applicable for all ASC plans)
<b>DATE: January 2022</b>		