



Align Thrive (HMO I-SNP) - Florida

Prior Authorization Chart

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

Service Type	Requirement	Notes
Other Healthcare Professionals (CRNA/NP/PA/Clinical Specialists) in the home	No Authorization Required	
Out of Network Services	Prior Approval Required	
Outpatient Diagnostic Procedures and Tests	Prior Authorization	Authorization Exemption: Prior authorization is not required when services are rendered in a Nursing Facility or Physician Office.
Outpatient Diagnostic/Therapeutic Radiology	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.
Outpatient Hospital Services	Prior Authorization	
Prosthetics/Medical Supplies	Prior Authorization	
Psych Services	No Authorization Required	
Skilled Nursing Facility - Post-Acute	Prior Authorization	Prior authorization is required for Non-Capitated Providers only
Skilled Nursing Facility - Skill in Place	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
Specialist Services	Prior Authorization	Prior authorization is required for certain surgeries and radiology procedures.
Substance Abuse Services	Prior Authorization	
Telehealth	Referral	
Therapy - PT, OT, ST (Part B)	Prior Authorization	Prior authorization is required for Non-Capitated Providers only (Internal note: Applicable for all ASC plans)
DATE: January 2022		