



Align Thrive (HMO I-SNP) - California

Prior Authorization Chart

Service Type	Requirement	Notes
Inpatient Hospitalization (Medical and Psychiatric)	Prior Authorization – In Network Only	
Inpatient Elective (Medical and Psychiatric)	Prior Authorization	
Observation	Prior Authorization – In Network Only	
Partial Hospitalization	Prior Authorization	
Ambulatory Surgery Center	Prior Authorization	
Cardiac and Pulmonary Rehab Services	Prior Authorization	
Chiropractic Services	*Prior Authorization	* Prior Authorization is required only for Medicare-covered chiropractic services
Dental - Comprehensive	Not Covered	
Dental-Medicare Coverage	Prior Authorization	
Dental - Preventive	No Authorization Required	The following preventive dental services are covered by the Plan and do not require PA: Oral exams- Limited to 2 oral exams per year Prophylaxis (cleaning)- Limited 2 cleanings per year Dental X-rays- Limited to 2 x-rays per year
Diabetic Supplies/Services	*Prior Authorization	*Prior authorization is only applicable to glucometers and supplies
Dialysis	No Authorization Required	
Durable Medical Equipment	Prior Authorization	
Genetic Testing	Prior Authorization	
Hearing Aids	No Authorization Required	
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	

Service Type	Requirement	Notes
Non-Emergent Ambulance Transportation	Prior Authorization	
Opioid Treatment Services	Prior Authorization	
Out of Network Services	Prior Approval Required	
Outpatient Diagnostic Procedures and Tests	*Prior Authorization	*Prior authorization is not required when services are rendered in a Nursing Facility or Physician Office.
Outpatient Diagnostic/Therapeutic Radiology	*Prior Authorization	*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 – In Network Only	*Prior authorization is required for Non-Capitated Providers only
Skilled Nursing Facility - Skill in Place	*Prior Authorization	*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	Referral & 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 For Non Capitated Providers Only	
DATE: March 2022		