ALIGN SENIOR CARE

Senior Care (HMO I-SNP) Florida

2027 Prior Authorization Chart

**Detailed limits and exclusions can be found in the Evidence of Coverage (EOC).*

Service Type	Details
MEDICARE OFFERINGS	
Inpatient Services	
Inpatient Hospital-Acute Auth	Authorization Required
Inpatient Hospital Psychiatric Auth	Authorization Required
Skilled Nursing Facility (SNF) Auth	Authorization Required
Skilled Nursing Facility (SNF) Notes	Prior authorization is only required for services provided by non-capitated providers. Auto-approval for initial In-network SNF requests for the first 7 days following a post-acute hospitalization if one of the following are met: IP stay greater than 5 days, ICU admission, status post operation. Clinical documentation required.
Skill-In-Place (SIP) Auth	Authorization Required
Skill-In-Place (SIP) Notes	Auto-approval for Initial In-network SIP requests for the first 5 days. Clinical required for documentation purposes. All OON requests require prior auth.
Partial Hospitalization Auth	Authorization Required
Intensive Outpatient Program Services Auth	No Authorization Required (In-Network and Out-of-Network)
Observation Services Auth	Authorization Required
Outpatient Services	
Cardiac and Pulmonary Rehabilitation Services Auth	Authorization Required
Emergency Services Auth	No Authorization Required (In-Network and Out-of-Network)
Home Health Services Auth	Authorization Required
Primary Care Physician Services Auth	No Authorization Required (In-Network and Out-of-Network)
Chiropractic Services Auth	Authorization Required
Chiropractic Services Notes	Prior authorization is only required for Medicare-covered chiropractic services.
Therapy Services Auth	Authorization Required
Therapy Services Notes	Prior authorization is only required for services provided by non-capitated providers. All evaluations do not require an authorization (In-Network and Out-of-Network).
Physician Specialist Services Auth	No Authorization Required (In-Network and Out-of-Network)
Physician Specialist Services Notes	Minimum coinsurance for dermatology only. All other services are maximum coinsurance.
Mental Health Specialty Services Auth	No Authorization Required (In-Network and Out-of-Network)

Podiatry Services Auth	No Authorization Required (In-Network and Out-of-Network)
Other Health Care Professional Auth	No Authorization Required (In-Network and Out-of-Network)
Psychiatric Services Auth	No Authorization Required (In-Network and Out-of-Network)
Additional Telehealth Benefits Auth	No Authorization Required (In-Network and Out-of-Network)
Opioid Treatment Program Services Auth	Authorization Required
Outpatient Diagnostic Procedures Tests and Lab Services Auth	Authorization Required
Outpatient Diagnostic and Therapeutic Radiological Services Auth	Authorization Required
Outpatient Diagnostic and Therapeutic Radiological Services Notes	8b1: Diagnostic Radiological Services Notes: 8b2: Therapeutic Radiological Services Notes: 8b3: Outpatient X-Ray Services Notes: X-rays do not require authorization when service rendered in a nursing facility, physician office or mobile X-Ray. All other diagnostic and therapeutic radiological services require authorization.
Outpatient Hospital Services Auth	Authorization Required
Ambulatory Surgical Center (ASC) Services Auth	Authorization Required
Outpatient Substance Abuse Services Auth	Authorization Required
Outpatient Blood Services Auth	No Authorization Required (In-Network and Out-of-Network)
Non-Emergent Ambulance Services Auth	Authorization Required
Durable Medical Equipment (DME) Auth	Authorization Required
Prosthetics/Medical Supplies Auth	Authorization Required
Diabetic Supplies and Services and Diabetic Therapeutic Shoes or Inserts and Diabetic Monitors Auth	No Authorization Required (In-Network and Out-of-Network)
Dialysis Services Auth	No Authorization Required (In-Network and Out-of-Network)
Medicare-covered Zero Dollar Preventive Services Auth	No Authorization Required (In-Network and Out-of-Network)
Kidney Disease Education Services Auth	No Authorization Required (In-Network and Out-of-Network)
Glaucoma Screening Auth	No Authorization Required (In-Network and Out-of-Network)
Diabetes Self-Management Training Auth	No Authorization Required (In-Network and Out-of-Network)
Digital Rectal Exams Auth	No Authorization Required (In-Network and Out-of-Network)

EKG following Welcome Visit Auth	No Authorization Required (In-Network and Out-of-Network)
Medicare Part B Insulin Drugs Auth	No Authorization Required (In-Network and Out-of-Network)
Medicare Part B Rx Drugs and Home Infusion Drugs Auth	Authorization Required
Medicare Part B Rx Drugs and Home Infusion Drugs Notes	Prior authorization is required for some medications. For chemotherapy, the initial administration only requires authorization.
Medicare Dental Services Auth	Authorization Required
Eye Exams Auth	No Authorization Required (In-Network and Out-of-Network)
Eyewear Auth	No Authorization Required (In-Network and Out-of-Network)
Hearing Exams Auth	No Authorization Required (In-Network and Out-of-Network)
SUPPLEMENTAL OFFERINGS	
Routine Chiropractic Care Auth	No Benefit
Podiatry Services - Routine Foot Care Auth	No Authorization Required (In-Network and Out-of-Network)
Transportation Services - Plan Approved Health-related Location Auth	No Benefit
Transportation Services - Any Health-related Location Auth	No Authorization Required (In-Network and Out-of-Network)
Acupuncture Auth	No Benefit
Enhanced Disease Management Auth	No Benefit
In-Home Support Service Auth	No Authorization Required (In-Network and Out-of-Network)
In-Home Support Service Notes	Members have access to an In-Home Support Benefit that provides In-home support services that may include support with ADLs or IADLs including personal hygiene needs, light housekeeping, laundry tasks, meal preparation, feeding, bathing, and toileting. This may also include general tasks such as errands, light housekeeping, accompaniment to appointments, technology assistance, and setting appointments. The benefit is limited to 60 hours annually.
Diagnostic and Preventative Dental Auth	No Authorization Required (In-Network and Out-of-Network)
Oral Exams Auth	No Authorization Required (In-Network and Out-of-Network)
Oral Exams Notes	Plan will only cover 2 of periodic, limited, periodontal or comprehensive oral evaluation every calendar year.
Dental X-Rays Auth	No Authorization Required (In-Network and Out-of-Network)

Dental X-Rays Notes	Two bitewing radiograph is a covered benefit every year. One (1) panoramic radiograph or One (1) complete series is a covered benefit once every three years. Intraoral occlusal radiographs are a covered benefit twice every year.
Other Diagnostic Dental Services Auth	No Authorization Required (In-Network and Out-of-Network)
Prophylaxis (Cleaning) Auth	No Authorization Required (In-Network and Out-of-Network)
Flouride Treatment Auth	No Authorization Required (In-Network and Out-of-Network)
Other Preventative Dental Services Auth	No Benefit
Restorative Services Auth	No Authorization Required (In-Network and Out-of-Network)
Restorative Services Notes	Service may not be payable if treatment has been rendered on tooth in the past 12 months.
Endodontics Auth	No Authorization Required (In-Network and Out-of-Network)
Endodontics Notes	Service may not be payable if treatment has been rendered on tooth in the past 12 months.
Periodontics Auth	No Authorization Required (In-Network and Out-of-Network)
Periodontics Notes	Service may not be payable if treatment has been rendered on tooth in the past 12 months.
Prosthodontics removable Auth	No Authorization Required (In-Network and Out-of-Network)
Prosthodontics removable Notes	Service may not be payable if treatment has been rendered on tooth in the past 12 months.
Maxillofacial Prosthetics Auth	No Benefit
Implant Services Auth	No Authorization Required (In-Network and Out-of-Network)
Prosthodontics Fixed Auth	No Authorization Required (In-Network and Out-of-Network)
Prosthodontics Fixed Notes	Service may not be payable if treatment has been rendered on tooth in the past 12 months.
Oral and Maxillofacial Surgery Auth	No Authorization Required (In-Network and Out-of-Network)
Oral and Maxillofacial Surgery Notes	Service may not be payable if treatment has been rendered on tooth in the past 12 months.
Orthodontics Auth	No Benefit
Adjunctive General Services Auth	No Authorization Required (In-Network and Out-of-Network)
Adjunctive General Services Notes	Service may not be payable if treatment has been rendered on tooth in the past 12 months.
Routine Eye Exams Auth	No Authorization Required (In-Network and Out-of-Network)
Eyewear Auth NonMedicare	No Authorization Required (In-Network and Out-of-Network)

Contact Lenses Auth	No Authorization Required (In-Network and Out-of-Network)
Eyeglasses (lenses and frames) Auth	No Authorization Required (In-Network and Out-of-Network)
Eyeglass lenses Auth	No Authorization Required (In-Network and Out-of-Network)
Eyeglass frames Auth	No Authorization Required (In-Network and Out-of-Network)
Upgrades Auth	No Authorization Required (In-Network and Out-of-Network)
Routine Hearing Exams Auth	No Authorization Required (In-Network and Out-of-Network)
Fitting/Evaluation for Hearing Aid Auth	No Authorization Required (In-Network and Out-of-Network)
Hearing Aids (all types) Auth	No Authorization Required (In-Network and Out-of-Network)