

Nascentia Health Plus

2021 Prior Authorization Requirements

Prior authorization is not required for emergency or urgent care.

To request prior authorization, please submit your request via fax or phone:

Referrals and Authorization Department at 1-888-477-4663

Outpatient Authorizations Fax: 1-315-870-7788

Inpatient Admissions Fax: 1-315-870-7788

A Prior Authorization is not a guarantee of payment; Payment is subject to member eligibility and benefits at the time of service.

The Medical Management Department will notify you of their decision by secure email, mail or phone.

Benefit	Details	Nascentia Medicaid Advantage Plus	Nascentia Skilled Nursing Facility	Nascentia Dual Advantage
		MAP	I-SNP	D-SNP
		Is Prior Authorization Required?		
Inpatient Hospital Acute	Includes Substance Abuse and Rehabilitation Services	Y For elective and scheduled admissions only	Y For elective and scheduled admissions only	Y For elective and scheduled admissions only
Inpatient Psychiatric		N	N	N
Skilled Nursing Facility	Zero hospital day required prior to SNF admission	Y	Y	Y
Cardiac & Pulmonary Rehabilitation Therapy		N	N	N
Partial Hospitalization	Partial hospitalization program is a structured program of active outpatient psychiatric treatment that is more intense than the care received in a doctor's or therapist's office and is an alternative to inpatient hospitalization	N	N	N

Home Health Services	Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services	Y	Y	Y
Chiropractic Services		N 12 Routine care visits covered	N Routine care visits Not covered	N 12 Routine care visits covered
Occupational Therapy		N	N	N
Physician Specialist Services		N *Authorization is required for all out of network Physician specialists	Y	N *Authorization is required for all out of network Physician specialists
Mental Health Specialty Services		N	N	N
Podiatry Services	Routine care not covered, Medicare covered podiatry services only	N	N	N
Other Health Care Professional		N	N	N
Psychiatric Services		N	N	N
PT & SP Services		N	N	N
Telehealth Services	May include Additional telehealth benefits for: <ul style="list-style-type: none"> • Primary Care Physician • Physician Specialist Services • Individual Sessions for Psychiatric services 	Y	Y	Y
Opioid treatment Program Services		N	N	N
Outpatient Diagnostic Procedures/tests/Lab services		Y For MRI, Functional MRI, Pharmokinetic Testing, MRA, & PET Scans Only	Y For MRI, Functional MRI, Pharmokinetic Testing, MRA, & PET Scans Only	Y For MRI, Functional MRI, Pharmokinetic Testing, MRA, & PET Scans Only
Outpatient Diagnostic Procedures/Radiation		Y For MRI, Functional MRI, Pharmokinetic Testing, MRA, & PET Scans Only	Y For MRI, Functional MRI, Pharmokinetic Testing, MRA, & PET Scans Only	Y For MRI, Functional MRI, Pharmokinetic Testing, MRA, & PET Scans Only

Outpatient Hospital Services		Y For Hyperbaric Oxygen Therapy only	Y For Hyperbaric Oxygen Therapy only	Y For Hyperbaric Oxygen Therapy only
Ambulatory Surgery Center Services		Y	Y	Y
Outpatient substance abuse		N	N	N
Outpatient blood services		N	N	N
Ambulance Services (non-emergent)	Medicare covered Ambulance Services	N	N	N
Transportation (non-emergent)		Y Included in MLTC benefits	N/A	Y 8 one-way plan-approved transports via taxi or medical transport
Durable Medical Equipment	For Customized equipment, motorized & manual wheelchairs, scooters, hospital beds & support surfaces, apnea monitors, continuous positive airway pressure, bi-level positive airway, pressure devices (CPAP/BIPAP), external infusion pumps, infusion supplies, lymphedema pumps, osteogenesis stimulators, oxygen therapy, parenteral/enteral nutrition, seat lift mechanisms, specialty wound care, wound care supplies/dressings (i.e. alginate & collagen dressings)	Y	Y	Y
Prosthetics/Medical Supplies		Y For customized & other prosthetics/medical supplies	Y For customized & other prosthetics/medical supplies	Y For customized & other prosthetics/medical supplies
Diabetic Supplies & Service		N	N	N
Dialysis		N	N	N

Medicare Zero Dollar Preventative Services		N	N	N
Kidney Disease Education		N	N	N
Other Medicare Covered Preventative Services	<ul style="list-style-type: none"> • Glaucoma Screenings • Diabetes Self-management • Barium enemas • Digital rectal Exams • EKG following welcome visit 	N	N	N
Medicare Part B Prescription Drugs		Y For Medicare Part B chemotherapy drugs and other Part B drugs	Y For Medicare Part B chemotherapy drugs and other Part B drugs	Y For Medicare Part B chemotherapy drugs and other Part B drugs
Remote Access Technology	24 hour Nursing/MD hotline	N	N	N
Home Bathroom Safety Devices	For DSNP Plan Only	N/A	N/A	N \$300/yr
In home Safety Assessment	For DSNP Plan only	N/A	N/A	N \$200/yr
Post Discharge In Home Medication Reconciliation	For DSNP plan only	N/A	N/A	N \$200/yr
Preventative Dental		N Covered under MLTC benefit	N/A	N \$1000 max benefit annually
Comprehensive Dental		N Medicare covered benefits only	N Medicare covered benefits only	N \$1000 max benefit annually
Eye Exam		N	N	N
Eyewear		N \$355 upgrade yearly	N \$355 upgrade yearly	N \$355 upgrade yearly
Hearing Exam		N Covered under MLTC services	N/A	N
Hearing Aids		Y Covered under MLTC benefit	N \$1200 max benefit every year	N \$1200 max benefit every year