

# Nascentia Health Plus

## 2024 Prior Authorization Requirements

**Prior authorization is not required for emergency or urgent care.**

**Out of Network Providers require a Prior authorization for all services except for emergency or urgent care.**

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

Referrals and Authorization Department at 1-888-477-0090

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 Utilization 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?		
Ambulance Services (non-emergent)	Medicare covered Ambulance Services	N	N	N
Ambulatory Surgery Center Services		Y	Y	Y
Bariatric Surgery		Y	Y	Y
Blood-based biomarker test		Y	Y	Y
Cardiac & Pulmonary Rehabilitation Therapy		N	N	N
Chiropractic Services		N Routine care visits Not covered	N Routine care visits Not covered	N Routine care visits Not covered
Cognitive assessment & care plan services		N	N	N
COVID-19	<ul style="list-style-type: none"><li>• Vaccines</li><li>• Diagnostic Tests</li><li>• Antibody Tests</li></ul>	N	N	N

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Dental – Comprehensive & Preventative		N \$4000 max benefit annually	N \$4500 max benefit annually	N \$2000 max benefit annually
Diabetic Supplies & Service		N	N	N
Dialysis		N	N	N
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
Eye Exam		N	N	N
Eyewear		N \$700 upgrade yearly	N \$700 upgrade yearly	N \$600 upgrade yearly
Hearing Aids		N \$4000 max benefit every year	N \$4000 max benefit every year	N \$2500 max benefit every year
Hearing Exam		N	N	N
Home Bathroom Safety Devices (Home)		N/A	N/A	N/A
In-Home Safety Assessment				

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Home Health Services	Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services	Y	Y	Y
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
Kidney Disease Education		N	N	N
Meal Benefit	42 Meals/year immediately following surgery or inpatient hospitalization	Y	Y	Y
Medication Reconciliation	Post Discharge in Home	N/A	N/A	N/A
Mental Health Specialty Services		N	N	N
Occupational Therapy		N	N	N
Opioid treatment Program Services		N	N	N
Outpatient Diagnostic Procedures/tests/Lab services		Y For MRI, Functional MRI, Pharmacokinetic Testing, MRA, & PET Scans Only	Y For MRI, Functional MRI, Pharmacokinetic Testing, MRA, & PET Scans Only	Y For MRI, Functional MRI, Pharmacokinetic Testing, MRA, & PET Scans Only

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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
Outpatient Substance Abuse		N	N	N
Outpatient Blood Services		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
Physical Therapy (PT) & Speech Pathology (SP)		N	N	N
Physician Specialist Services		N *Authorization is required for all out of network Physician specialists	N Authorization is required for all out of network Physician specialists	N *Authorization is required for all out of network Physician specialists
Podiatry Services	Routine care not covered, Medicare covered podiatry services only	N	N	N
Prescription Drugs – Medicare Part B		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
Preventative Services	Medicare Zero Dollar	N	N	N

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Preventative Services – Other	<ul style="list-style-type: none"> <li>Glaucoma Screenings</li> <li>Diabetes Self-management</li> <li>Barium enemas</li> <li>Digital rectal Exams</li> </ul> EKG following welcome visit	N	N	N
Prosthetics/Medical Supplies		Y For customized & other prosthetics/ medical supplies	Y For customized & other prosthetics/ medical supplies	Y For customized & other prosthetics/ medical supplies
Psychiatric Services		N	N	N
Remote Access Technology	24-hour Nursing/MD hotline	N	N	N
Skilled Nursing Facility	Zero hospital day required prior to SNF admission	Y	Y	Y
Telehealth Services	May include Additional telehealth benefits for: <ul style="list-style-type: none"> <li>Primary Care Physician</li> <li>Physician Specialist Services</li> </ul> Individual Sessions for Psychiatric services	N	N	N
Transportation (non- emergent)		Y	Y 48 one-way trips per year	Y 48 one-way trips per year