

# Nascentia Health Plus

## 2025 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 fax, 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		Y	Y	Y
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 \$800 upgrade yearly	N \$800 upgrade yearly	N \$700 upgrade yearly
Hearing Aids		N \$4000 max benefit every year	N \$4000 max benefit every year	N \$4000 max benefit every year
Hearing Exam		N	N	N
Home Bathroom Safety Devices (Home)  In-Home Safety Assessment		N/A	N/A	N/A

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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	N	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, 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

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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	Y 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 for DSNP and MAP, Medicare covered podiatry services only	N	N 12 Visits per Year	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> <li>• EKG following welcome visit</li> </ul>	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
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> <li>• Individual Sessions for Psychiatric services</li> </ul>	N	N	N
Transportation (non-emergent)		Not Covered	Not Covered	Not Covered