



PruittHealth Premier (HMO I-SNP) Georgia 2026 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	Authorization required (notification/request within 2 business days of SNF start).
Skill-In-Place (SIP) Auth	Authorization Required
Skill-In-Place (SIP) Notes	Authorization is Not Required in PruittHealth Skilled Nursing Facilities; Plan Provider notification required.
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	Authorization is not required when service is provided in PruittHealth Skilled Nursing Facilities. 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)
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 Procedures Tests and Lab Services Notes	8a1: Diagnostic Procedures/Tests Notes: No Authorization required when services are rendered in a Nursing Facility or Physician Office. 8a2: Lab Services Notes: No authorization required for lab services rendered in any place of service. Authorization required for genetic testing only.
Outpatient Diagnostic and Therapeutic Radiological Services Auth	8b1: Diagnostic Radiological Services Auth: Y 8b2: Therapeutic Radiological Services Auth: Y 8b3: Outpatient X-Ray Services Auth: N
Outpatient Diagnostic and Therapeutic Radiological Services Notes	8b1: Diagnostic Radiological Services Notes: Ultrasounds do not require authorization. 8b2: Therapeutic Radiological Services Notes: 8b3: Outpatient X-Ray Services Notes: X-Rays do not require authorization in nursing facility, physician office, or hospital.
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)
Ambulance Services Auth	No Authorization Required (In-Network and Out-of-Network)
Durable Medical Equipment (DME) Auth	Authorization Required
Prosthetics/Medical Supplies Auth	Authorization Required
Diabetic Supplies and Services and Diabetic Therapeutic Shoes or Inserts 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 Authorization Required (In-Network and Out-of-Network)
Transportation Services - Any Health-related Location Auth	No Benefit
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 30 hours annually.
Diagnostic and Preventative Dental Auth	No benefit
Oral Exams Auth	No Benefit
Dental X-Rays Auth	No Benefit
Other Diagnostic Dental Services Auth	No Benefit
Prophylaxis (Cleaning) Auth	No Benefit
Flouride Treatment Auth	No Benefit
Other Preventative Dental Services Auth	No Benefit
Restorative Services Auth	No Benefit
Endodontics Auth	No Benefit
Periodontics Auth	No Benefit
Prosthodontics removable Auth	No Benefit
Maxillofacial Prosthetics Auth	No Benefit

Implant Services Auth	No Benefit
Prosthodontics Fixed Auth	No Benefit
Oral and Maxillofacial Surgery Auth	No Benefit
Orthodontics Auth	No Benefit
Adjunctive General Services Auth	No Benefit
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	Authorization Required