

## PruittHealth Premier (HMO I-SNP) Georgia 2027 Prior Authorization Chart

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

| Service Type                                       | Details                                                                                                                                                                                |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEDICARE OFFERINGS</b>                          |                                                                                                                                                                                        |
| <b>Inpatient Services</b>                          |                                                                                                                                                                                        |
| 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                                                                                                                                                                 |
| <b>Outpatient Services</b>                         |                                                                                                                                                                                        |
| 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.<br>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)                                                                                                                              |

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| 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.<br>8a2: Lab Services Notes: No authorization required for lab services except for genetic testing, which does require authorization. |
| Outpatient Diagnostic and Therapeutic Radiological Services Auth                                    | 8b1: Diagnostic Radiological Services Auth: Y<br>8b2: Therapeutic Radiological Services Auth: Y<br>8b3: Outpatient X-Ray Services Auth: N                                                                                                                                    |
| Outpatient Diagnostic and Therapeutic Radiological Services Notes                                   | 8b1: Diagnostic Radiological Services Notes: Ultrasounds do not require authorization.<br>8b2: Therapeutic Radiological Services Notes:<br>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)                                                                                                                                                                                                                    |
| Non-Emergent 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 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)                                                                                                                                                                                                                    |

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| 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)                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>SUPPLEMENTAL OFFERINGS</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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 36 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                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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|-----------------------------------------|-----------------------------------------------------------|
| 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                                    |