



**PruittHealth Premier (HMO I-SNP) South Carolina  
2025 Prior Authorization Chart**

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

| <b>Service Type</b>  | <b>Details</b>   |
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| <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   |
| Partial Hospitalization Auth                                 | Authorization Required   |
| 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  | Authorization Required   |
| Therapy  | 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)  |
| Opioid Treatment Program Services Auth                       | Authorization Required   |
| Outpatient Diagnostic Procedures Tests and Lab Services Auth | Authorization Required   |

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| 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 rendered in any place of service. Authorization required for genetic testing only. |
| Outpatient Diagnostic and Therapeutic Radiological Services Auth              | Authorization Required  |
| 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)   |
| 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)   |
| Barium Enemas 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  |

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| 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                                       | Authorization Required  |
| 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 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  |
| Periodontics 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)   |
| 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)   |

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| 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                                    |