



**Liberty Advantage – Authorization Chart 2023**

Service Type	Requirement	Notes
<u>Hospitalization</u> : Inpatient Emergent (Medical and Psychiatric)	Notification	Within 1 business day
<u>Hospitalization</u> : Inpatient Elective (Medical and Psychiatric)	Authorization Required	
<u>Hospitalization</u> : Observation	Authorization Required	
Partial Hospitalization	Authorization Required	
Ambulatory Surgery Center	Authorization Required	
Primary Care Physician Services	No Authorization Required	
Physician Specialty Services and Psychiatric Services	No Authorization Required	
Mental Health Services	ISNP – no Authorization Required CSNP – Authorization Required	
Other Health Care Professional Services	No Authorization Required	
Home Health Services	Authorization Required	
Tele-Health Services	No Authorization Required	
Cardiac and Pulmonary Rehab Services	Authorization Required	
Chiropractic Services	Authorization Required	
Diabetic Supplies and Services including Therapeutic Shoes or Inserts	Authorization Required	<p>Our Preferred vendors are Abbott (FreeStyle, Precision), Life Scan (One Touch) and Arkray (Assure Prism).</p> <ul style="list-style-type: none"> <li>• <b>Insulin</b> up to 100 test strips and lancet every month, 1 Lancet device every 6 months</li> <li>• <b>Non-Insulin</b> 100 test strips and lancets every 3 months, 1 lancet device every 6 months</li> <li>• <b>Shoes</b> – 1 pair of depth inlay shoes and 3 pairs of inserts, or 1 pair of custom molded shoes if member cannot wear depth inlay and 2 additional pairs of inserts</li> </ul>
Durable Medical Equipment	Authorization Required	No auth required for PEG tube feedings or wound care supplies
Genetic Testing/Screening Labs	Authorization Required	
Laboratory Services	No Authorization Required	Genetic testing noted above does require authorization

Dialysis Services	Authorization Required	Plan may approve 12 months of treatment at one time once the initial authorization received.
Medicare covered zero cost sharing preventative services	No Authorization Required	
Medicare Part B Drugs and Home Infusion Drugs	Authorization Required	Plan will approve a full course of chemo treatment at one time. Any change in treatment would require a new authorization.
Out of Network Services	Authorization Required	Out of Network Providers with multiple requests should be sent to network development for contracting.
Outpatient Diagnostic Procedures and Tests	Authorization Required	No auth when services are rendered in nursing facility or physician's office.
Outpatient Diagnostic Therapeutic Radiology Services	Authorization Required	X-Rays, CT's, and point of care ultrasound do not require authorization.
Outpatient Hospital Services	Authorization Required	Blood transfusions do not require authorization. Wound care requires authorization for services performed in wound care clinics but no authorization required for office visit or in nursing home setting.
Outpatient Substance Abuse Services	Authorization Required	
Outpatient Blood Services	No Authorization Required	
<u>Part A Skilled Nursing Facility Services</u> – Skill in Place or Treat in Place Services	Authorization Required	
<u>Part A Skilled Nursing Facility: Post-Acute</u>	Authorization Required	Required for all non-capitated facilities
<u>Part B Therapy</u> – Occupational, Physical or Speech Therapy Services	Authorization Required for I-SNP. C-SNP Authorization Required.	No authorization required if in a capitated facility with previous hospital stay. Review will take place every 12 <sup>th</sup> visit.
Substance Abuse Services	Authorization Required	
Opioid Treatment Program	I-SNP Authorization Required, C-SNP No Authorization Required	
Prosthetics/Medical Supplies	Authorization Required	
Podiatry Services	No Authorization Required	
Ambulance Services	No Authorization Required	
Non-Emergent Ambulance	I-SNP no Authorization Required C-SNP Authorization Required	
Transportation Services	**	** See notes below
Meal Benefit	**	** See notes below

Comprehensive Dental	**	** See notes below
Hearing Aides	**	** See notes below

NOTES:

Transportation:

- I-SNP – Facilities will schedule their own transportation – limit of 20 one way trips not to exceed 25 miles
- C-SNP – refer to [Enhancedbenefits@libertyhcare.com](mailto:Enhancedbenefits@libertyhcare.com)

Meal Benefit:

- I-SNP – Not Applicable
- C-SNP – refer to [Enhancedbenefits@libertyhcare.com](mailto:Enhancedbenefits@libertyhcare.com)

Comprehensive Dental:

- I-SNP – Authorization Required
- C-SNP – Includes preventative as well as comprehensive refer to [Enhancedbenefits@libertyhcare.com](mailto:Enhancedbenefits@libertyhcare.com)

Hearing Aides:

- I-SNP – Authorization Required
- C-SNP – refer to [Enhancedbenefits@libertyhcare.com](mailto:Enhancedbenefits@libertyhcare.com)