

Liberty Advantage  
Authorization Chart 2022

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)	Prior Authorization	3 days, 7 days
<u>Hospitalization:</u> Observation		
Partial Hospitalization	Prior Authorization	
Ambulatory Surgery Center	Prior Authorization	
Primary Care Physician Services	No Authorization Required	
Physician Specialty Services and Psychiatric Services	No Authorization Required	
Mental Health Services	No Authorization Required	
Other Health Care Professional Services	No Authorization Required	
Home Health Services	Prior Authorization	
Tele-Health Services	No Authorization Required	
Cardiac and Pulmonary Rehab Services	Prior Authorization	
Chiropractic Services	Prior Authorization	
Diabetic Supplies and Services including Therapeutic Shoes or Inserts		<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	Prior Authorization	No auth required for PEG tube feedings or wound care supplies
Genetic Testing/Screening Labs	Prior Authorization	
Home Health Services	Prior Authorization	
Laboratory Services	No Authorization Required	Genetic testing noted above does require authorization
Dialysis Services	Authorization Required	Only required for initial dialysis service
Medicare covered zero cost sharing preventative services	No Authorization Required	
Medicare Part B Drugs and Home Infusion Drugs	Prior Authorization	Chemo Drugs only require authorization for initial service
Out of Network Services	Prior Approval Required	Out of Network Providers with multiple requests should be sent to

		network development for contracting
Outpatient Diagnostic Procedures and Tests	Prior Authorization	No auth when services are rendered in nursing facility or physician's office.
Outpatient Diagnostic Therapeutic Radiology Services	Prior Authorization	X-Rays and point of care ultrasound do not require authorization.
Outpatient Hospital Services	Prior Authorization	Blood transfusions do not require authorization. Wound care requires authorization for services performed but no authorization required for office visit.
Outpatient Substance Abuse Services	Prior Authorization	
Outpatient Blood Services	No Authorization Required	
<u>Part A Skilled Nursing Facility Services – Skill in Place or Treat in Place Services</u>	Prior Authorization	See SIP Criteria
<u>Part A Skilled Nursing Facility: Post-Acute</u>	Prior Authorization	Required for all non-capitated facilities
<u>Part B Therapy – Occupational, Physical or Speech Therapy Services</u>	Prior Authorization	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	Prior Authorization	
Opioid Treatment Program	I-SNP Authorization Required, C-SNP No Authorization Required	
Prosthetics/Medical Supplies	Authorization Required	
Podiatry Services	No Authorization Required	
Non-Emergent Ambulance	No Authorization Required	
Transportation Services	No Authorization Required	**See notes on C-SNP criteria
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
- 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 – Prior Authorization Required
- C-SNP – Includes preventative as well as comprehensive refer to [Enhancedbenefits@libertyhcare.com](mailto:Enhancedbenefits@libertyhcare.com)

Hearing Aides:

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