



**Liberty Advantage – Authorization Chart 2024**

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	No 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 and Supplies	Authorization Required	<p>No auth required for PEG tube feedings or wound care supplies</p> <ul style="list-style-type: none"> <li>• Anything under \$300 also doesn't require authorization</li> </ul>
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.
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 – Skill in Place or Treat in Place Services</u>	Authorization required for contracted facilities only (to be completed by LMA NP/PA/Case Manager). <b>Not covered in non-contracted facilities.</b>	
<u>Part A Skilled Nursing Facility: Post-Acute</u>	Authorization is not required for contracted facilities only. <b>Authorization is required for LMA CSNP and non-contracted facilities.</b>	
<u>Part B Therapy – Occupational, Physical or Speech Therapy Services</u>	No Authorization Required for I-SNP contracted facility. C-SNP Authorization Required.	
Cell Therapies and Gene Therapies	Authorization Required	
Opioid Treatment Program	I-SNP authorization Required, C-SNP no Authorization Required	
Prosthetics	Authorization Required	
Podiatry Services	No Authorization Required	
Ambulance Services	No Authorization Required	
Non-Emergent Ambulance	I-SNP no Authorization Required	**

	C-SNP see supplemental benefits	
Transportation Services	**	** See notes below
Meal Benefit	**	** See notes below
Comprehensive Dental	**	** See notes below
Hearing Aides	Not Applicable	** See notes below

NOTES:

Transportation:

- I-SNP – Facilities will schedule their own transportation – **limit of 55 one-way trips not to exceed 25 miles – this excludes dialysis.**
- C-SNP members have a flex card that allows up to \$20 per month as part of their enhanced benefits.

Meal Benefit:

- I-SNP – Not Applicable
- C-SNP meals are authorized by a member of our Clinical Team.

Comprehensive Dental:

- I-SNP – Does not cover routine dental services like cleanings, fillings, tooth extractions or items like dentures. However, in some cases, we may pay for some dental services related to specific medical procedures. Dental services integral to Medicare covered services require prior authorization.
- C-SNP members can use their Flex Card for Dental Services through Delta Dental

Hearing Aides:

- I-SNP – Authorization Required
- C-SNP members can use their Flex Card for Hearing Aides through Amplifon