Services That Require Prior Authorization

Some of the services listed in the Medical Benefits Chart are covered *only* if your doctor or other network provider gets approval in advance (sometimes called "prior authorization") from us. Covered services that need approval in advance are listed in the Medical Benefits Chart below. In addition, the following services not listed in the Benefits Chart require prior authorization:

Area	**Require Prior Authorization**	
	PCP	**Specialist**
Cataract Surgery	Y	Y
DME (>$300 only)	Y	Y
Epidural Injections	Y	Y
Genetic Testing/ Counseling	Y	Y
Home Infusion Infusion (> $800/dose) Injectable drugs (>$600/dose)	Y	Y
Hyperbaric Oxygen	Y	Y
Infertility Testing/Assessment	Y	Y
Lithotripsy	Y	Y
Myelogram	Y	Y
Observation Bed (<24 hours)	Y	Y
Organ Transplant/Evaluation	Y	Y
Pain Clinic	Y	Y
Pill Endoscopy	Y	Y
Reduction Mammoplasty	Y	Y
Sleep Study	Y	Y
Supplies (>$300)	Y	Y
TMJ	Y	Y
Uvuloplasty	Y	Y
Wound Care	Y	Y
Radiology		
Computerized Tomography (CT)	Y	Y
Computerized Tomography Angiography (CTA)	Y	Y
CT Heart for Calcium Scoring	Y	Y
CT Heart for Structure & Morph	Y	Y
CTA Heart Add-on Procedures	Y	Y

CTA Heart Including Structure & Morph	Y	Y
Diagnostic CT Colonography	Y	Y
Echo Add-On Codes	Y	Y
Echocardiogram	Y	Y
Functional MRI Brain	Y	Y
Magnetic Resonance Angiography (MRA)	Y	Y
Magnetic Resonance Imaging (MRI)	Y	Y
Magnetic Resonance Spectroscopy (MRS)	Y	Y
Nuclear Cardiology	Y	Y
PET and PET/CT Fusion	Y	Y
Positron Emission Tomography (PET)	Y	Y
QCT Bone Densitometry	Y	Y
Screening CT Colonoscopy	Y	Y
Referrals Required		
Behavioral Health	N	N
Emergency Medicine	N	N
OB/GYN	N	N
Network Specialist referrals	N	N
Non-network Specialist referrals	N	N

Services That Require Prior Authorization

Medical Benefits Chart

Services that are covered for you	**What you must pay** when you get these services
Ambulance services Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by the plan. Non-emergency transportation by ambulance is appropriate if it is documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required.	20% coinsurance Deductible applies; for one-way trip
Cardiac rehabilitation services Comprehensive programs of cardiac rehabilitation services that include exercise, education, and counseling are covered for members who meet certain conditions with a doctor's referral. The plan also covers intensive cardiac rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.	20% coinsurance Deductible applies
Chiropractic services Covered services include: We cover only manual manipulation of the spine to correct subluxation	20% coinsurance Deductible applies

Services that are covered for you	**What you must pay** when you get these services
Durable medical equipment and related supplies (For a definition of "durable medical equipment," see Chapter 12 of this booklet.) Covered items include, but are not limited to: wheelchairs, crutches, hospital bed, IV infusion pump, oxygen equipment, nebulizer, and walker. We cover all medically necessary durable medical equipment covered by Original Medicare. If our supplier in your area does not carry a particular brand or manufacturer, you may ask them if they can special order it for you. The most recent list of suppliers is available on our website at www.agerightadvantage.com.	20% coinsurance Deductible applies
Home health agency care Prior to receiving home health services, a doctor must certify that you need home health services and will order home health services to be provided by a home health agency. You must be homebound, which means leaving home is a major effort. Covered services include, but are not limited to: Part-time or intermittent skilled nursing and home health aide services (To be covered under the home health care benefit, your skilled nursing and home health aide services combined must total fewer than 8 hours per day and 35 hours per week) Physical therapy, occupational therapy, and speech therapy Medical and social services Medical equipment and supplies	There is no copayment or coinsurance.

Services That Require Prior Authorization

Services that are covered for you	**What you must pay** when you get these services
Inpatient mental health care Covered services include mental health care services that require a hospital stay. • 190 day lifetime limit for inpatient services in a psychiatric hospital. • The 190 day lifetime limitation does not apply to inpatient psychiatric services furnished in a psychiatric unit of a general hospital. The benefit days used under the Original Medicare program will count toward the 190-day lifetime reserve days when enrolling in a Medicare Advantage plan	$1,316 deductible per benefit period • Days 1-60: $0 coinsurance • Days 61-90: $329 coinsurance per day of each benefit period. • Days 91 and beyond $658 coinsurance per each "lifetime reserve day". After day 90 for each benefit period (up to 60 days over your lifetime) The above costs may change in alignment with Original Medicare cost sharing for 2018. Annual benefit period.
Inpatient services covered during a non-covered inpatient stay If you have exhausted your inpatient benefits or if the inpatient stay is not reasonable and necessary, we will not cover your inpatient stay. However, in some cases, we will cover certain services you receive while you are in the hospital or the skilled nursing facility (SNF). Covered services include, but are not limited to: Physician services Diagnostic tests (like lab tests) X-ray, radium, and isotope therapy including technician materials and services Surgical dressings Splints, casts and other devices used to reduce fractures and dislocations Prosthetics and orthotics devices (other than dental) that replace all or part of an internal body organ (including contiguous tissue), or all or part of the function of a permanently inoperative or malfunctioning internal body organ, including replacement or repairs of such devices Leg, arm, back, and neck braces; trusses, and artificial legs, arms, and eyes including adjustments, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition Physical therapy, speech therapy, and occupational therapy	20% coinsurance Deductible applies

Services that are covered for you	**What you must pay** when you get these services
Medicare Part B prescription drugs These drugs are covered under Part B of Original Medicare. Members of our plan receive coverage for these drugs through our plan. Covered drugs include: Drugs that usually aren't self-administered by the patient and are injected or infused while you are getting physician, hospital outpatient, or ambulatory surgical center services Drugs you take using durable medical equipment (such as nebulizers) that were authorized by the plan Clotting factors you give yourself by injection if you have hemophilia Immunosuppressive Drugs, if you were enrolled in Medicare Part A at the time of the organ transplant Injectable osteoporosis drugs, if you are homebound, have a bone fracture that a doctor certifies was related to postmenopausal osteoporosis, and cannot self-administer the drug Antigens Certain oral anti-cancer drugs and anti-nausea drugs Certain drugs for home dialysis, including heparin, the antidote for heparin when medically necessary, topical anesthetics, and erythropoiesis-stimulating agents (such as EpogenÒ or AranespÒ) Intravenous Immune Globulin for the home treatment of primary immune deficiency diseases Chapter 5 explains the Part D prescription drug benefit, including rules you must follow to have prescriptions covered. What you pay for your Part D prescription drugs through our plan is explained in Chapter 6.	20% coinsurance Deductible applies

Services That Require Prior Authorization

Services that are covered for you	**What you must pay** when you get these services
Outpatient diagnostic tests and therapeutic services and supplies Covered services include, but are not limited to: X-rays Radiation (radium and isotope) therapy including technician materials and supplies Surgical supplies, such as dressings Splints, casts and other devices used to reduce fractures and dislocations Laboratory tests Blood - including storage and administration. Coverage of whole blood and packed red cells begins only with the fourth pint of blood that you need - you must either pay the costs for the first 3 pints of blood you get in a calendar year or have the blood donated by you or someone else. All other components of blood are covered beginning with the first pint used. Other outpatient diagnostic tests	20% coinsurance; deductible applies You pay nothing for Medicare approved medically necessary laboratory services.

Services that are covered for you	**What you must pay** when you get these services
Outpatient hospital services We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. Covered services include, but are not limited to: • Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery • Laboratory and diagnostic tests billed by the hospital • Mental health care, including care in a partialhospitalization program, if a doctor certifies that inpatient treatment would be required without it • X-rays and other radiology services billed by the hospital • Medical supplies such as splints and casts • Certain screenings and preventive services • Certain drugs and biologicals that you can't give yourself **Note:** Unless the provider has written an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient hospital services. Even if you stay in the hospital overnight, you might still be considered an "outpatient." If you are not sure if you are an outpatient, you should ask the hospital staff. You can also find more information in a Medicare fact sheet called "Are You a Hospital Inpatient or Outpatient? If You Have Medicare – Ask!" This fact sheet is available on the Web at http://www.medicare.gov/Publications/Pubs/pdf/11435.pdf or by calling 1-800-MEDICARE (1-800-633-4227). TTY users call 1877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.	20% coinsurance Deductible applies
Outpatient mental health care Covered services include: Mental health services provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other Medicare-qualified mental health care professional as allowed under applicable state laws.	20% coinsurance Deductible applies

Services That Require Prior Authorization

Services that are covered for you	**What you must pay** when you get these services
Outpatient rehabilitation services Covered services include: physical therapy, occupational therapy, and speech language therapy. Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs).	20% coinsurance Deductible applies
Outpatient substance abuse services Coverage for treatment services that are provided in the outpatient department of a hospital	20% coinsurance Deductible applies
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers **Note:** If you are having surgery in a hospital facility, you should check with your provider about whether you will be an inpatient or outpatient. Unless the provider writes an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient surgery. Even if you stay in the hospital overnight, you might still be considered an "outpatient."	20% coinsurance Deductible applies
Partial hospitalization services "Partial hospitalization" is a structured program of active psychiatric treatment provided in a hospital outpatient setting or by a community mental health center, that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization. Note: Because there are no community mental health centers in our network, we cover partial hospitalization only in a hospital outpatient setting.	20% coinsurance Deductible applies

Services that are covered for you	**What you must pay** when you get these services
Prosthetic devices and related supplies Devices (other than dental) that replace all or part of a body part or function. These include, but are not limited to: colostomy bags and supplies directly related to colostomy care, pacemakers, braces, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy). Includes certain supplies related to prosthetic devices, and repair and/or replacement of prosthetic devices. Also includes some coverage following cataract removal or cataract surgery – see "Vision Care" later in this section for more detail.	20% coinsurance Deductible applies
Pulmonary rehabilitation services Comprehensive programs of pulmonary rehabilitation are covered for members who have moderate to very severe chronic obstructive pulmonary disease (COPD) and a referral for pulmonary rehabilitation from the doctor treating the chronic respiratory disease.	20% coinsurance Deductible applies
Services to treat kidney disease and conditions Covered services include: Kidney disease education services to teach kidney care and help members make informed decisions about their care. For members with stage IV chronic kidney disease when referred by their doctor, we cover up to six sessions of kidney disease education services per lifetime. Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area, as explained in Chapter 3) Inpatient dialysis treatments (if you are admitted as an inpatient to a hospital for special care) Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments) Home dialysis equipment and supplies Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply) Certain drugs for dialysis are covered under your Medicare Part B drug benefit. For information about coverage for Part B Drugs, please go to the section, "Medicare Part B prescription drugs."	20% coinsurance Deductible applies