

ProCare Advantage (HMO-POS I-SNP) Texas

2025 Prior Authorization Chart

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

Service Type	Details
MEDICARE OFFERINGS	
Inpatient Services	
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 is required for services provided by non-capitated providers. All out-of-network post-acute SNF requests will be sent for MD review.
Skill-In-Place (SIP) Auth	Authorization Required
Partial Hospitalization Auth	Authorization Required
Observation Services Auth	Authorization Required
Outpatient Services	
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	Prior authorization is only required for services provided by non-capitated providers. All evaluations do not require an authorization (In-Network and Out-of-Network).
Physician Specialist Services Auth	Authorization Required
Physician Specialist Services Notes	**Plan is currently waiving this requirement (In-Network and Out-of-Network)
Mental Health Specialty Services Auth	Authorization Required
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	Authorization Required
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
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. 8a2: Lab Services Notes: No authorization required for lab services rendered in any place of service, except for Genetic Testing, which requires authorization.
Outpatient Diagnostic and Therapeutic Radiological Services Auth	Authorization Required
Outpatient Diagnostic and Therapeutic Radiological Services Notes	8b1: Diagnostic Radiological Services Notes: 8b2: Therapeutic Radiological Services Notes: 8b3: Outpatient X-Ray Services Notes: X-rays do not require authorization when service rendered in a nursing facility, physician office or mobile X-Ray. All other diagnostic and therapeutic radiological services require authorization.
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	Authorization Required
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
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)
SUPPLEMENTAL OFFERINGS	
Routine Chiropractic Care Auth	No Benefit
Podiatry Services - Routine Foot Care Auth	No Authorization Required (In-Network and Out-of-Network)
Transportation Services - Plan Approved Health-related Location Auth	No Benefit
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 Authorization Required (In-Network and Out-of-Network)
In-Home Support Service Notes	Benefit provides assistance with general tasks such as errands, light housekeeping, accompaniment to appointments, technology assistance, and setting appointments.
Oral Exams Auth	No Authorization Required (In-Network and Out-of-Network)
Oral Exams Notes	Two preventive oral exams, x-ray coverage, two prophylaxis services, and two fluoride treatments are carved out from the benefit maximum. Plan will only cover 2 of periodic, limited, periodontal or comprehensive oral evaluation every calendar year.
Dental X-Rays Auth	No Authorization Required (In-Network and Out-of-Network)
Dental X-Rays Notes	Two bitewing radiograph is a covered benefit every year. One (1) panoramic radiograph or One (1) complete series is a covered benefit once every three years. Intraoral occlusal radiographs are a covered benefit twice every year.
Other Diagnostic Dental Services Auth	No Authorization Required (In-Network and Out-of-Network)
Other Diagnostic Dental Services Notes	Plan will cover cone beam CT capture and interpretation, pulp vitality tests and caries risk assessments.

Prophylaxis (Cleaning) Auth	No Authorization Required (In-Network and Out-of-Network)
Flouride Treatment Auth	No Authorization Required (In-Network and Out-of-Network)
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 Benefit
Eyeglass frames Auth	No Benefit
Upgrades Auth	No Benefit
Routine Hearing Exams Auth	No Benefit
Fitting/Evaluation for Hearing Aid Auth	No Benefit
Hearing Aids (all types) Auth	No Benefit