



ProCare Advantage - Diabetes Care Management (HMO-POS C-SNP) Texas 2025 Prior Authorization Chart

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

| Service Type | Details |
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| 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 | No Benefit |
| 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 |
| 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 |

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| 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 |

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| 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 Benefit |
| 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 |

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| 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 |