



Benefit or Service	Prior Authorization	Member Cost Share	Additional Information
AIR Ambulance (<u>Non-emergency</u>)	Yes	\$350.00 copay one way	Covered, provided Medicare criteria are met.
Bone mass measurement (Bone Density)	PA Required if more often than once every 2 years.	\$0 copay	For planned preventive services that become diagnostic during the screening, cost sharing may apply. CMS limitations apply, every 2 years; or more frequently if medically necessary.
Cardiac rehabilitation services	See Prior Authorization List and Procedure Code Look Up Tool.	20% Coinsurance	Medicare covers 2 sessions per day (1 hour each), up to 36 sessions.
Chiropractor services, original Medicare	See Prior Authorization List and Procedure Code Look Up Tool.	\$20.00 copay	Only manual manipulation to correct subluxation. Massage therapy not covered. Per CMS x-rays billed by a chiropractor are not covered. X-rays are covered if performed by Radiologist. Also See supplemental benefit Health and Wellbeing.
Clinical Trials	See Prior Authorization List and Procedure Code Look Up Tool.		
Cosmetic surgery or procedures (Partial Exclusion)	See Prior Authorization List and Procedure Code Look Up Tool.		Only covered because of an accidental injury or to improve a malformed part of the body. All stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
Custodial Care (Exclusion)	Not Covered	Not Covered	Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps with activities of daily living, such as bathing or dressing. Custodial care is not <i>medically necessary</i> .
Dental Services (Medical Services, Not Routine Dental)	See Prior Authorization List and Procedure Code Look Up Tool.	20% Coinsurance	Covered services limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician.



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Diabetes self-management training, diabetic services and diabetes supplies (DME)	See Prior Authorization List and Procedure Code Look Up Tool.	\$0 cost share Self management training requires a referral.	No cost share: <ul style="list-style-type: none"> • Blood glucose monitor • Blood glucose strips • Lancet devices • Glucose-control solutions for checking accuracy of strips and monitor • One pair of diabetic shoes per calendar year • 2 sets of shoe inserts (orthotics) covered per calendar year (diabetic)
Durable medical equipment (DME) and related supplies	See Prior Authorization List and Procedure Code Look Up Tool.	*20% Coinsurance	Covered, provided Medicare criteria are met. DME includes, wheelchairs, hospital beds, walkers, oxygen. *When primary diagnosis is COPD the coinsurance is zero.
Enteral Feedings, Tube Feedings (Infusion Therapy, DME)	See Prior Authorization List and Procedure Code Look Up Tool.	20% Coinsurance	
Enteral Formula (Infusion Therapy, DME)	See Prior Authorization List and Procedure Code Look Up Tool.	20% Coinsurance	
Genetic Testing Not Related to Pregnancy	See Prior Authorization List and Procedure Code Look Up Tool.	20% Coinsurance	
Hearing exam (Routine not covered by Medicare) Exclusion	Not Covered	Not Covered	Not Covered
Hearing services (hearing aid fittings, hearing aids) Exclusion	Not Covered	Not Covered	Not Covered
Home health agency care	See Prior Authorization List and Procedure Code Look Up Tool.	\$0 coinsurance	20% coinsurance for durable medical equipment (DME) still applies when related to Home Health services.
Homemaker Services (Exclusion)	Not Covered	Not Covered	Services include basic household assistance, light housekeeping or light meal preparation.
Hospice care (inpatient and home)	No.		You pay nothing for hospice care from a Medicare certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan.



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Hyperbaric oxygen treatment	See Prior Authorization List and Procedure Code Look Up Tool.	20% Coinsurance	
Infusion Therapy, Home Infusion Therapy	Not Required for Infusion Therapy Services. Services related to the Infusion Therapy care may require prior authorization, for example medication, enteral nutrition. Review Prior Authorization list for related services.	20% coinsurance	Not Required for Infusion Therapy Services. Services related to the Infusion Therapy care may require prior authorization, for example medication, enteral nutrition. Review Prior Authorization list for related services.
Injections, Injectable drugs (Prescription drugs Medicare Part B medical benefits)	See Prior Authorization List and Procedure Code Look Up Tool.	20% Coinsurance	Covered, provided Medicare criteria are met. Includes chemotherapy related drugs, drugs related to home dialysis, B12, etc.
Inpatient hospital (acute) care	See Prior Authorization List and Procedure Code Look Up Tool.	Days: 1-4 - \$465.00 per day 5-90 - \$0 per day	All admissions, planned and urgent, require notification within 24 hrs. or next business day. Each time a member is admitted for a new inpatient stay the copay will apply. Plan covers 90 days for an inpatient stay.
Inpatient Hospital (facility) mental health, psychiatric, psychiatrist-care	See Prior Authorization List and Procedure Code Look Up Tool.	Days: 1-5 - \$330.00 per day 6-90 - \$0 per day	All admissions, planned and urgent, require notification within 24 hrs. or next business day. Each time a member is admitted for a new inpatient stay the copay will apply. Not psychiatric hospital, same cost shares as acute care. Plan covers 90 days for an inpatient stay. 190-day lifetime limitation in a psychiatric facility. <u>This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</u>
Inpatient rehabilitation services (physical, speech, occupational therapies)	See Prior Authorization List and Procedure Code Look Up Tool.	Days: 1-4 - \$465.00 per day 5-90 - \$0 per day	All admissions, planned and urgent, require notification within 24 hrs. or next business day. Each time a member is admitted for a new inpatient stay the copay will apply. Same cost shares as acute care.
Inpatient substance abuse	See Prior Authorization List and Procedure Code Look Up Tool.	Days: 1-5 - \$465.00 per day 6-90 - \$0 per day Over 90 - \$0 per day	All admissions, planned and urgent, require notification within 24 hrs. or next business day. Same cost shares as acute care.
Kidney disease and conditions (Hemodialysis, Dialysis, End Stage Renal Disease/ESRD)	NO. Notification is required.	20% coinsurance	



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Kidney disease education (on dialysis)	No.	0% cost share	Medicare covers 6 sessions of kidney disease education per lifetime per Medicare.
Mastectomy related bras and supplies (DME)	If over \$500.00	20% cost share	
Medical nutrition therapy education	No	0% cost share	Education for people with diabetes, kidney disease (patient not on dialysis) post kidney transplant. 3 hrs. for first year. 2 hrs. each year after the first year.
Organ (Living) Donation (Transplant)	See Prior Authorization List and Procedure Code Look Up Tool.	20% coinsurance	All admissions, planned and urgent, require notification within 24 hrs. or next business day.
Orthotics (Supportive Devices for feet)	Only covered for diabetic foot disease. Prior auth required for orthotics (shoe inserts) greater than \$500.00.	\$0 cost share	• 2 sets of shoe inserts (orthotics) covered per calendar year only for diabetic foot disease.
Outpatient diagnostic tests and therapeutic services (lab, radiology, x-ray)	See Prior Authorization List and Procedure Code Look Up Tool.	0% Medicare covered lab \$15 copay x-ray outpatient facility fee does not include scans (CT, MRI, PET, etc.) Does not include professional fees. 20% Other diagnostic procedures (includes scans)	
Outpatient hospital services, includes Observation	See Prior Authorization List and Procedure Code Look Up Tool.	\$370.00 copay outpatient facility fee maximum. Does not include professional services.	
Outpatient rehabilitation services (physical, PT speech, ST, occupational therapy, OT)	See Prior Authorization List and Procedure Code Look Up Tool.	\$40.00 copay	12 visits allowed for each type of therapy. 12 PT, 12 OT and 12 ST. Prior Authorization is required for additional visits after the initial 12 visits. Evaluation and reevaluation is separate from the 12 visits.
Outpatient substance disuse services	See Prior Authorization List and Procedure Code Look Up Tool.	20% coinsurance	Opioid Treatment Services, to allow codes G2067 through G2080, the provider must be certified with SAMSAH and enrolled with Medicare.
Outpatient surgery, ambulatory surgical centers (ASC)	See Prior Authorization List and Procedure Code Look Up Tool.	\$370.00 copay for ASC facility fees.	



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Over the Counter (OTC) medication/pharmacy	Not Covered	Not Covered	
Prescription drugs Medicare Part B medical benefits (injectable drugs, injections)	See Prior Authorization List and Procedure Code Look Up Tool.	20% coinsurance	Includes chemotherapy related drugs, drugs related to home dialysis, etc.
Prosthetic devices and related supplies (DME)	See Prior Authorization (PA) List	20% coinsurance	
Pulmonary rehabilitation services	See Prior Authorization List and Procedure Code Look Up Tool.	20% coinsurance	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.
Shoes, Orthopedic/Prosthetic <u>with Braces</u> (DME)	See Prior Authorization List and Procedure Code Look Up Tool.	20% coinsurance	Limited coverage. Prosthetic/Orthopedic Shoes that are part of a leg brace are covered and included in the cost of the leg brace.
Skilled nursing inpatient facility (SNF) care (Part A)	See Prior Authorization List and Procedure Code Look Up Tool.	Days: 1-20 - \$ 00.00 per day 21-100 - \$160.00 per day	No (zero) acute inpatient hospital days required prior to SNF admission. Custodial (not medically necessary) care is not covered. All admissions, planned and urgent, require notification within 24 hrs. or next business day. Each time member is admitted to a new SNF stay the copay will apply.
Sleep Studies	No.	20% coinsurance	Limited to one per year
Sterilization Reversal (Exclusion)	Not Covered	Not Covered	Reversal of sterilization procedures and non-prescription contraceptive supplies.
Transplant Evaluation/Work-Up	See Prior Authorization List and Procedure Code Look Up Tool.	Labs 0% Other professional services, related copays or coinsurance applies.	
Transplant	See Prior Authorization List and Procedure Code Look Up Tool.	20% coinsurance	Corneal transplant does not require prior authorization (PA), other transplants do require PA. All admissions, planned and urgent, require notification within 24 hrs. or next business day.



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Transportation SEE AMBULANCE	See Ambulance	See Ambulance	See Ambulance
Unlisted Codes with Charge Greater Than \$250.00	See Prior Authorization List and Procedure Code Look Up Tool.		Unlisted codes is the actual, AMA description of the service. Medical necessity documentation and pricing must be submitted with the request. Example: 43499, Unlisted procedure, esophagus.
Vision Care SEE EYE EXAM AND EYE WEAR	See Eye Exam and Eye Wear	See Eye Exam and Eye Wear	See Eye Exam and Eye Wear
Wig (DME)	Yes if +\$500.00	20% coinsurance	Must be medically necessary and meet criteria to covered by Medicare.
Alternative Medicine:* 2023 name change to Health and Well Being, Acupuncture and Naturopathy, Non-Medicare Chiropractor		0% coinsurance	New limit: 12 visit limit which is a combination of visits from Acupuncturists, Naturopaths and Chiropractor visits not covered by Medicare. Massage therapy is not covered. X-rays performed by Chiropractor are not covered.
Health and Well Being, Acupuncture and Naturopathy, Non-Medicare Chiropractor		0% coinsurance	New limit: 12 visit limit which is a combination of visits from Acupuncturists, Naturopaths and Chiropractor visits not covered by Medicare. Massage therapy is not covered. X-rays performed by Chiropractor are not covered.