

Longevity Health
2023
Authorization/Referral Chart

| Service Type | Requirement | Notes |
|---|---------------------------------------|---|
| Hospitalization - Inpatient, Emergent (Medical & Psychiatric) | Prior Authorization/Notification | LTACs require a referral in addition to prior authorization. |
| Hospitalization, Inpatient, Elective (Medical & Psychiatric) | Prior Authorization | |
| Hospitalization, partial | Prior Authorization | |
| Outpatient Hospital Services including Observation Status | Prior Authorization | |
| Ambulatory Surgical Center | Prior Authorization | |
| SNF Part A Stay | No Authorization Required for PAR SNF | For non-network SNF, Prior Authorization is required. Not greater than 7 days per authorization allowed. |
| SNF Part B Therapy (PT, OT, ST) | No Authorization Required for PAR SNF | For non-network SNF, Prior Authorization is required. Not greater than 7 days per authorization allowed. |
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| Part B Drugs | Prior Authorization | Prior authorization required for certain drugs. Prior authorization for chemo therapy required only for initial treatment. |
| Prosthetics | Prior Authorization | Full set of prosthetics every 3 years based on medical necessity. Components may be more often based on medical necessity. |
| Durable Medical Equipment (DME) | Prior Authorization | Medicare allowable DME for SNF residents <i>does not</i> require prior authorization. For members discharging to community see home health services. |
| Home Health Services | Prior Authorization | For members discharging to community setting including home O2 and affiliated DME/Supplies. |
| Interventional Radiology Services | Prior Authorization | |
| Mental Health Services | Prior Authorization | Prior authorization not required for initial evaluation. Prior authorization required for all counseling/psychotherapy services exceeding 5 sessions and for all psychological testing. Authorization no more than 12 weeks or 12 sessions in duration per auth. Collaboration with LH Advanced Practice Provider required. |
| Wound Care | Prior Authorization | Initial consultation and up to 5 treatments are allowed without authorization. Wound care exceeding 5 treatments requires prior authorization. ALL Biologicals require Prior Authorization. |
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| Supplemental Companion Benefit | Prior Authorization | Plan limits apply. Applies to only targeted diagnosis or health condition(s). |