

**Longevity Health Plan
Prior Authorization Chart**

Service Type	Requirement	Notes
Hospitalization: Inpatient Emergent (Medical and Psychiatric)	Notification	Within 1 business day.
Hospitalization: Inpatient Elective (Medical and Psychiatric)	Prior Authorization	
Hospitalization: Observation	Prior Authorization	
Hospitalization: Partial Day	Prior Authorization	
Ambulatory Surgery Center	Prior Authorization	
Cardiac and Pulmonary Rehab Services	Prior Authorization	
Certain Prescription Drugs	Prior Authorization	Limited number of drugs require authorization. See Formulary
Chiropractic Services	Prior Authorization	
Medicare Dental Coverage	Prior Authorization	*Preventive dental and supplemental dental where available, requires prior authorization. Annual Benefit Limit
Diabetic Supplies/Services	No Authorization Required	
Dialysis	Prior Authorization	For initial treatment plan
Durable Medical Equipment	Prior Authorization	
Hearing Aids	Prior Authorization	
Home Health Services	Prior Authorization	
Laboratory Services	No Authorization Required	Except for Genetic Testing, PA required
Medicare Part B Drugs	Prior Authorization	For chemotherapy: Only initial administration requires authorization.
Mental Health Specialty Services	Prior Authorization	Psychological Testing, Counseling
All Out of Network Services	Prior Approval Required	NY, NC, FL, MI, IL, CO
Outpatient Diagnostic Procedures including interventional radiology and Tests	Prior Authorization	Regardless of where procedure is conducted <i>EXCEPT</i> where an outpatient CT Scan performed for emergent workup related to a member fall with potential head injury do not require Prior Auth
Outpatient Diagnostic/ Therapeutic Radiology	Prior Authorization	X-rays do not require authorization when service is rendered in Nursing Facility, physician office, or hospital.

Service Type	Requirement	Notes
Outpatient Hospital Services	Prior Authorization	
Prosthetics/Medical Supplies	Prior Authorization	
Primary Care Services	No Authorization is Required	Only one initial visit allowed every three years per CMS/AMA E and M Guidelines
Part A Skilled Nursing Facility: Post-Acute	No Authorization Required	Must coordinate with Plan NP
Part B Therapy - Occupational, Physical or Speech Therapy Services	No Authorization Required	Must coordinate with Plan NP
Specialist Services	Prior Authorization for Certain Specialty Services	Specifically Interventional Radiology Procedures, Interventional Cardiology Procedures, MRI, MUGA Scans, PET Scans, Non emergent cardiac cath, nuclear medicine studies
Substance Abuse Services	Prior Authorization	
Music Therapy & Tai Chi	NP Referral	Annual Benefit Limit
Companion Services	Prior Authorization by NP or Plan Authorized Telehealth provider	Annual Benefit Limit
Transport/Non-Emergent Ambulance	Prior Authorization	Annual Benefit Limit
Plan Sponsored Telehealth Services	No Authorization Required	No Limit
DATE: January 2022		