

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	Prior Authorization is required; Emergent CT Scan performed and/or ordered by LH Advanced Practice Provider or participating/contracted provider does not require prior authorization
Ambulatory Surgical Center	Prior Authorization	
SNF Part A Stay	No Authorization Required	For non-network SNF, Prior Authorization is required; No greater than 7 days per authorization
SNF Part B Therapy (PT, OT, ST)	No Authorization Required	For non-network SNF, Prior Authorization is required; No greater than 7 days per authorization
Cardiac & Pulmonary Rehab	Prior Authorization	
ALL Out of Network Services	Prior Authorization	Excludes New Jersey PPO; For New Jersey, pre-service, pre-certification is strongly recommended
Specific Prescription Drugs	Prior Authorization	Refer to Part D Plan; Step Therapy List
Part B Drugs	Prior Authorization for Certain Drugs	Prior authorization for chemo therapy required only for initial treatment
Chiropractic Services	Prior Authorization	
Diabetic Supplies & Services	No Authorization Required	Includes Medicare approved diabetic supplies only
Dialysis	Prior Authorization	Prior authorization is only required for initial treatment, then annually
Durable Medical Equipment (DME)	Prior Authorization	Medicare allowable DME for members transitioning out of SNF or member specific Medicare allowable DME for SNF resident only
Prosthetics	Prior Authorization	Full set of prosthetics every 3 years based on medical necessity; Components may be more often based on medical necessity
Home Health Services	Prior Authorization	
Home Infusion	Prior Authorization	
Podiatry Services	Prior Authorization	Plan limits apply; Applies to only targeted diagnosis or health condition
Laboratory Services		Prior authorization required for genetic testing only
Transportation/Non Emergent	Prior Authorization	Plan limits apply
Physician Specialty Services	Prior Authorization	
Outpatient Substance Treatment Services	Prior Authorization	
Interventional Radiology Services	Prior Authorization	

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Mental Health Services	Prior Authorization	Prior authorization not required for initial evaluation; Prior authorization required for all counseling/psychotherapy services and psychological testing. Authorization no more than 6 weeks in duration per auth. Collaboration with LH Advanced Practice Provider required.
Outpatient Diagnostic Procedures and Testing	Prior Authorization	No authorization required for X-Ray; MRI, MRA, CT, CTA, PET, nuclear medicine all required prior authorization in all places of service; Outpatient CT scans performed for emergent workup related to member fall with potential of head injury do not require prior authorization
Wound Care	Prior Authorization	Initial consultation and up to 5 treatments are allowed without authorization. Wound care exceeding 5 treatments requires prior authorization.
Supplemental Music Therapy Benefit	Referral Required	Plan limits apply; Applies to only targeted diagnosis or health condition
Supplemental Companion Benefit	Prior Authorization	Plan limits apply; Applies to only targeted diagnosis or health condition
Supplemental Dental Benefit	Prior Authorization	Oral Exams, Prophylaxis, Cleaning, Fluoride Treatment, Dental X-Rays; Plan Limits Apply; Only certain plans cover dental
Supplemental Hearing Benefit	Prior Authorization	Preventative Exams, Hardware, and Fittings; Plan limits apply
Supplemental Vision Benefit	Prior Authorization	Preventative Exams, Hardware, and Fittings; Plan limits apply
Supplemental Podiatry Benefit	Prior Authorization	Plan limits apply; prior authorization is not required for initial consultation