

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.
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.
Supplemental Companion Benefit	Prior Authorization	Plan limits apply. Applies to only targeted diagnosis or health condition(s).