



# Longevity Health 2024 Authorization/Referral Chart

## Coverage Guideline for Utilization Management

This coverage guideline outlines the criteria hierarchy to be followed in Utilization Management (UM) decisions, in accordance with CMS (Centers for Medicare & Medicaid Services) guideline requirements.

### 1. CMS Coverage Policies:

- UM decisions must align with CMS coverage policies and guidelines. These policies serve as the primary source for determining the medical necessity and appropriateness of services.

### 2. National Coverage Determinations (NCDs):

- NCDs issued by CMS define whether a particular service or item is covered nationally under Medicare. UM decisions should adhere to NCDs when applicable.

### 3. Local Coverage Determinations (LCDs):

- LCDs provide guidance on Medicare coverage at the regional level. UM decisions should comply with LCDs specific to the geographic area where the service is being provided.

### 4. Medicare Benefit Policy Manual:

- The Medicare Benefit Policy Manual outlines the general principles for determining coverage and payment policies for Medicare services. UM decisions should be consistent with the provisions outlined in this manual.

### 5. Utilization Review Criteria and Plan Specific Policies:

- Plan-specific policies and guidelines established by the health plan should also be considered in UM decisions only if CMS Coverage Policies, NCDs, LCDs, or guidance from the Medicare Benefit Policy Manual are not applicable to the service being requested. These policies may include additional criteria or requirements beyond CMS guidelines.
- Utilization review criteria, such as InterQual or Milliman guidelines, provide evidence-based criteria for determining the medical necessity and appropriateness of services. UM decisions should align with these criteria when making coverage determinations.

### Conclusion:

- Adherence to the criteria hierarchy outlined in this coverage guideline ensures that UM decisions are made in accordance with CMS guidelines and best practices, ultimately promoting quality care delivery and patient outcomes.

(Note: This coverage guideline serves as a general framework and should be adapted to reflect specific CMS requirements and organizational policies.)



<b>Service Type</b>	<b>Requirement</b>	<b>Notes</b>
Hospitalization-Inpatient, Emergent (Medical and Psychiatric)	Prior Authorization Required	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 Services	Prior Authorization	
SNF Part A Stay	No Authorization Required for PAR SNF	For SNF without ISNP contract, 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 SNF without ISNP contract, Prior Authorization is required. Not greater than 7 days per authorization allowed.
Cardiac and Pulmonary Rehabilitation Services	Prior Authorization	
Part B Drugs	Prior Authorization	Prior authorization required for certain drugs. Prior authorization for chemotherapy required only for initial treatment.
Prosthetics	Prior Authorization	Only Medicare-allowable and medically necessary medical supplies covered. Wound care biologic dressings require prior authorization.
Durable Medical Equipment (DME)	Prior Authorization	Medicare allowable DME for SNF residents. For members discharging to community see home health services.
Home Health Services	Prior Authorization	For members discharging to community setting including home oxygen 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.



<b>Service Type</b>	<b>Requirement</b>	<b>Notes</b>
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.
Chiropractic Services	Prior Authorization	
Opioid Treatment Program Services and Outpatient Substance Abuse Services	Prior Authorization	
Ambulance Services, Non-emergent	Prior Authorization	Prior Authorization required if ambulance is not related to hospitalization
Dialysis Services	Prior Authorization	Prior authorization only required for initial dialysis treatment plans and then annually.
Social Needs Companion	Referral/Screening	Plan limits apply. Applies to only targeted diagnosis or health condition(s).
Hearing Exams and Hearing Aids		No Prior Authorization required but plan limits apply.
Dental		No prior authorization required but plan limits apply. Benefit available in CO, NC, MI, NY
Vision		No prior authorization required but plan limits apply. Benefit available in CO, FL, NC, MI, NY, IL, NJ
Medical Transportation		No prior authorization required but plan limits apply.
Non-medical Transportation		No prior authorization required but plan limits apply. Transportation must be to plan approved location. Benefit available in CO, NC, MI, MA, NJ. Applies to only targeted diagnosis or health condition(s).*
Therapeutic Music	Referral/Screening	No prior authorization required. Plan limits apply. Applies to only targeted diagnosis or health condition(s).*
Podiatry		No prior authorization required. Plan limits apply for routine foot care.
Over the Counter Items		No prior authorization required. Plan Limits Apply.



Service Type	Requirement	Notes
Beauty Benefit		No prior authorization required. Plan Limits Apply. Benefit available in CO, NC, MI, NY, IL, MA. Applies to only targeted diagnosis or health condition(s).*
Restorative Nursing		No prior authorization required. Plan Limits Apply. Benefit available in CO, FL, NC, MI, IL, MA, NJ. Applies to only targeted diagnosis or health condition(s).*

*\* Member must have one of the following diagnoses to qualify for benefit: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke*

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