

## Longevity Health Plan Authorization Chart

Service Type	Requirement	Notes
<u>Hospitalization: Inpatient Emergent</u> (Medical and Psychiatric)	Notification	Within 1 business day.
<u>Hospitalization: Inpatient Elective</u> (Medical and Psychiatric)	Prior Authorization	
<u>Hospitalization: Partial Day</u>	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.
Chiropractic Services	Prior Authorization	
Comprehensive Dental	Prior Authorization	*Preventive dental requires prior authorization for Oklahoma plan only.
Diabetic Supplies/Services	No Authorization Required	
Dialysis	Prior Authorization	
Durable Medical Equipment	Prior Authorization	See list
Hearing Aids	Prior Authorization	
Home Health Services	Prior Authorization	
Laboratory Services	No Authorization Required	
Medicare Part B Drugs	Prior Authorization	For chemotherapy: Only initial administration requires authorization.
Mental Health Specialty Services	Prior Authorization	
Other Healthcare Professionals (SW/NP/PA)	Prior Authorization	*For services outside of nursing facility only.
All Out of Network Services	Prior Approval Required	
Outpatient Diagnostic Procedures and Tests	Prior Authorization	Performed outside of a physician office or nursing facility.
Outpatient Diagnostic/ Therapeutic Radiology	Prior Authorization	MRI, MRA, CT, CTA, PET, nuclear medicine all require authorization in all places of services. X-rays do not require authorization.
Outpatient Hospital Services	No Authorization Required	
Prosthetics/Medical Supplies	Prior Authorization	
<u>Part A Skilled Nursing Facility:</u> Post-Acute	Prior Authorization	*Per policy
<u>Part B Therapy</u> - Occupational, Physical or Speech Therapy Services	Prior Authorization	*Per policy
Substance Abuse Services	Prior Authorization	
Transport/Non Emergent Ambulance	Prior Authorization	

DATE: January 2020