

## **Renown Health Prior Authorization Requirements**

### **REFERRAL AND PRIOR AUTHORIZATION REQUIREMENTS**

**Compliance Requirements** -A referral from a covered person's Primary Care Physician (PCP) and prior authorization from Hometown Health Providers Insurance Company is required for the following:

- All inpatient stays and services in any type of facility, including acute and skilled care, mental health care, and drug or alcohol detoxification, rehabilitation.
- Inpatient, same day or in-office surgical services with a cost greater than \$750.00 (total billed charges) (excluding diagnostic and screening colonoscopies and breast biopsies)
- Anesthesiology and physiatrist, including pain management
- Autism services
- Certain infertility laboratory and diagnostic tests
- Chemotherapy (Please see the Medical Benefit Drug matrix for auth requirements)
- Gastric restrictive services (including office visits)
- Genetic counseling services
- Health care services and supplies including but not limited to oxygen, oxygen-related equipment and all durable medical equipment (DME) with the exception of Prosthetic and Orthopedic devices with a cost greater than \$1000
- Prosthetic and Orthopedic devices (DME) with a cost greater than \$850
- Infusion therapy
- Outpatient speech, occupational and physical therapy greater than 20 visits per calendar year
- Radiation Therapy
- Special food products
- Second-opinion services
- Transplant Services
- Wound therapy in an outpatient setting greater than 12 visits
- Wound biologics and/or hyperbaric treatments
- Varicose vein treatment
- Certain medications specified by Hometown Health as Specialty Drugs (Please see the Medical Benefit Drug matrix for auth requirements)
- Certain high cost pharmaceuticals and biological meds. (Please see the Medical Benefit Drug matrix for auth requirements)