






Medical Services	 IFP HMO Plans	 Group Commercial HMO Plans	 EPO Plans	 PPO Plans	 SCP HMO Plans
Acupuncture	Not a Covered Benefit	Not a Covered Benefit	Not a Covered Benefit	Not a Covered Benefit	Yes, Authorization Required except for Washoe County (EGWP)
Autism Services	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required	N/A
Cardiac Rehabilitation	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required
Cardiac Studies	Yes, Authorization Required - See Radiology & Cardiac Studies Authroization Matrix	Yes, Authorization Required - See Radiology & Cardiac Studies Authroization Matrix	Yes, Authorization Required - See Radiology & Cardiac Studies Authroization Matrix	Yes, Authorization Required - See Radiology & Cardiac Studies Authroization Matrix	Yes, Authorization Required - See Radiology & Cardiac Studies Authroization Matrix
Chemotherapy Drugs	Yes, Authorization Required- See Medical Benefit Drug Matrix	Yes, Authorization Required- See Medical Benefit Drug Matrix	Yes, Authorization Required- See Medical Benefit Drug Matrix	Yes, Authorization Required- See Medical Benefit Drug Matrix	Yes, Authorization Required- See Medical Benefit Drug Matrix
Dialysis Treatment	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required
Dry Needling (CPT 20560-20561)	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Drugs - Medical Specialty Drugs	Yes, Authorization Required- See Medical Benefit Drug Matrix	Yes, Authorization Required- See Medical Benefit Drug Matrix	Yes, Authorization Required- See Medical Benefit Drug Matrix	Yes, Authorization Required- See Medical Benefit Drug Matrix	Yes, Authorization Required- See Medical Benefit Drug Matrix
Durable Medical Equipment	Yes, Authorization Required- Cost Greater than \$500 per Item	Yes, Authorization Required- Cost Greater than \$500 per Item	Yes, Authorization Required- Cost Greater than \$500 per Item	Yes, Authorization Required- Cost Greater than \$500 per Item	Yes, Authorization Required- Cost Greater than \$500 per Item
Experimental/investigational and benefit related procedures	Plan Exclusion	Plan Exclusion	Plan Exclusion	Plan Exclusion	Plan Exclusion
Gastric Restrictive Surgery	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Genetic Counseling & Testing, except CPT 81420)	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Hearing Aids	See Plan Document for Coverage	See Plan Document for Coverage	See Plan Document for Coverage	See Plan Document for Coverage	See Plan Document for Coverage
Home Health Care	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required
Hospice	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required	Billed under Medicare Fee For Service
Infertility Services	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Not a Covered Benefit
Infusion Therapy Drugs	Yes, Authorization Required - See Medical Benefit Drug Matrix	Yes, Authorization Required - See Medical Benefit Drug Matrix	Yes, Authorization Required - See Medical Benefit Drug Matrix	Yes, Authorization Required - See Medical Benefit Drug Matrix	Yes, Authorization Required - See Medical Benefit Drug Matrix
Hospital - Inpatient or Observation	Yes, Authorization Required- Notification Required Within 24 Hours	Yes, Authorization Required- Notification Required Within 24 Hours	Yes, Authorization Required- Notification Required Within 24 Hours	Yes, Authorization Required- Notification Required Within 24 Hours	Yes, Authorization Required- Notification Required Within 24 Hours
Hospital - Pregnancy Delivery	Yes, Authorization Required- <i>Except for Newborn and Maternity Care up to 48 hours for a vaginal delivery and 96 hours for a cesarean section</i>	Yes, Authorization Required- <i>Except for Newborn and Maternity Care up to 48 hours for a vaginal delivery and 96 hours for a cesarean section</i>	Yes, Authorization Required- <i>Except for Newborn and Maternity Care up to 48 hours for a vaginal delivery and 96 hours for a cesarean section</i>	Yes, Authorization Required- <i>Except for Newborn and Maternity Care up to 48 hours for a vaginal delivery and 96 hours for a cesarean section</i>	Yes, Authorization Required- <i>Except for Newborn and Maternity Care up to 48 hours for a vaginal delivery and 96 hours for a cesarean section</i>
Mental Health - Inpatient	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Mental Health - Outpatient (Only CPT 90867-90869)	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Nutrition - Medical Therapy/ Special Food Products (CPT B4161, S9434, S9435)	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	No
Occupational Therapy - Outpatient	Yes, Authorization Required greater than 20 Visits per Calendar Year	Yes, Authorization Required greater than 20 Visits per Calendar Year	Yes, Authorization Required greater than 20 Visits per Calendar Year	Yes, Authorization Required greater than 20 Visits per Calendar Year	Yes, Authorization Required greater than 20 Visits per Calendar Year
Organ Transplants - All Services	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Ostomy Supplies	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required
Out of Network Services (OON)	Not a Covered Benefit	Not a Covered Benefit	Not a Covered Benefit	Authorization Requirements Apply per Authorization Matrix OON Benefits Apply	Not a Covered Benefit
Pain Management / Physiatry - Outpatient	Yes, Authorization Required - See Pain Management Authorization Matrix (If done in a specialist office all line items will require authorization)	Yes, Authorization Required- See Pain Management Authorization Matrix	Yes, Authorization Required- See Pain Management Authorization Matrix	Yes, Authorization Required- See Pain Management Authorization Matrix	Yes, Authorization Required- See Pain Management Authorization Matrix
Physical Therapy - Outpatient	Yes, Authorization Required greater than 20 Visits per Calendar Year	Yes - Greater than 20 Visits per Calendar Year	Yes - Greater than 20 Visits per Calendar Year	Yes - Greater than 20 Visits per Calendar Year	Yes - Greater than 20 Visits per Calendar Year
Prosthetic & Orthopedic Devices	Yes, Authorization Required for cost greater than \$800	Yes, Authorization Required for cost greater than \$800	Yes, Authorization Required for cost greater than \$800	Yes, Authorization Required for cost greater than \$800	Yes, Authorization Required for cost greater than \$800
Pulmonary Rehabilitation - Outpatient	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required
Radiation Therapy	Yes, Authorization Required- Refer to Radiation Therapy Authorization Matrix	Yes, Authorization Required- Refer to Radiation Therapy Authorization Matrix	Yes, Authorization Required- Refer to Radiation Therapy Authorization Matrix	Yes, Authorization Required- Refer to Radiation Therapy Authorization Matrix	Yes, Authorization Required- Refer to Radiation Therapy Authorization Matrix
Radiology Studies	Yes, Authorization Required- Refer to Radiology, Cardiac Studies and Radiation Therapy Authroization Matrix	Yes, Authorization Required- Refer to Radiology, Cardiac Studies and Radiation Therapy Authroization Matrix	Yes, Authorization Required- Refer to Radiology, Cardiac Studies and Radiation Therapy Authroization Matrix	Yes, Authorization Required- Refer to Radiology, Cardiac Studies and Radiation Therapy Authroization Matrix	Yes, Authorization Required- Refer to Radiology, Cardiac Studies and Radiation Therapy Authroization Matrix
Second Opinion Services	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Skilled Nursing Facilities	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required

Medical Services	 Brought to you by Hometown Health <b>IFP HMO Plans</b>	 Brought to you by Hometown Health <b>Group Commercial HMO Plans</b>	 <b>EPO Plans</b>	 <b>PPO Plans</b>	 <b>SCP HMO Plans</b>
Specialist Office Visits	Yes, Authorization Required Referral required from a HMO Network PCP, OB/GYN, or Pediatrician for all specialist visits Note: All specialist office services require line-item authorization for each service requested	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required
Speech Therapy - Outpatient	Yes, Authorization Required greater than 20 Visits per Calendar Year	Yes, Authorization Required Greater than 20 Visits per Calendar Year	Yes, Authorization Required Greater than 20 Visits per Calendar Year	Yes, Authorization Required Greater than 20 Visits per Calendar Year	Yes, Authorization Required Greater than 20 Visits per Calendar Year
Substance Abuse Detoxification - Inpatient	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Substance Abuse - Partial Stay/Day Hospitalization	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required
Substance Abuse Treatment - Outpatient	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required
Surgical Services - In Office	Yes, Authorization Required Cost Greater than \$750	Yes, Authorization Required Cost Greater than \$750	Yes, Authorization Required Cost Greater than \$750	Yes, Authorization Required Cost Greater than \$750	No Authorization Required
Surgical Services - Outpatient Hospital Facility or Ambulatory Surgery Center <i>(Except Breast Biopsies (CPT 19081 - 19086; 19100 - 19101) &amp; Diagnostic/Screening Colonoscopies (CPT 44388 - 44408; 45378 - 45398) Diagnostic and Screening Endoscopies (CPT 43192-47538) &amp; Cystourethroscopy (CPT 52353, 52332, 52356))</i>	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Transportation - Air Ambulance (Emergent)	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required	No Authorization Required
Transportation - Non Emergent	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Wound Therapy - Outpatient clinic visits	Yes, Authorization Required greater than 12 Visits per Calendar Year	Yes, Authorization Required Greater than 20 Visits per Calendar Year	Yes, Authorization Required Greater than 20 Visits per Calendar Year	Yes, Authorization Required Greater than 20 Visits per Calendar Year	Yes, Authorization Required Greater than 20 Visits per Calendar Year
Wound Therapy - Hyperbaric Treatment	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Wound Therapy - Biological skin therapies	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required	Yes, Authorization Required
Hometown Health performs Utilization Review only to precertify the medical necessity of the requested services for the care and treatment of an illness or injury. Hometown Health will also review for alternative methods of medical care or treatment. Precertification by Hometown Health does not guarantee that all charges are covered under the policy. Charges submitted for payment are subject to all terms of the policy.					
For additional details and definitions, refer to the Plan Evidence of Coverage					