

HMO, EPO, PPO, SCP Auth Matrix

Medical Services	 HEALTH PLAN Brought to you by Hometown Health	 Plan	 Providers	 Senior Care Plus	 PREFERRED PLAN Brought to you by Senior Care Plus
	HMO Plans	EPO Plans	PPO Plans	SCP HMO Plans	
Acupuncture	No	No	No	Yes - except for Washoe County (EGWP)	
Autism Services	No	No	No	N/A	
Cardiac Rehabilitation	No	No	No	No	
Cardiac Studies	Yes - see Radiology and Cardiac Codes	Yes - see Radiology and Cardiac Codes	Yes - see Radiology and Cardiac Codes	Yes - see Radiology and Cardiac Codes	
Chemotherapy	Yes- see Medical Benefit Drug Matrix	Yes- see Medical Benefit Drug Matrix	Yes- see Medical Benefit Drug Matrix	Yes- see Medical Benefit Drug Matrix	
Dialysis Treatment	No	No	No	No	
Drugs - Medical Specialty Drugs	Yes- see Medical Benefit Drug Matrix	Yes- see Medical Benefit Drug Matrix	Yes- see Medical Benefit Drug Matrix	Yes- see Medical Benefit Drug Matrix	
Durable Medical Equipment	Yes - Cost greater than \$500 per item	Yes - Cost greater than \$500 per item	Yes - Cost greater than \$500 per item	Yes - Cost greater than \$500 per item	
Experimental/investigational and benefit related procedures*	Yes	Yes	Yes	Yes	
Gastric Restrictive	Yes - All Services	Yes - All Services	Yes - All Services	Yes - All Services	
Genetic Counseling & Testing	Yes - All Services	Yes - All Services	Yes - All Services	Yes - All Services	
Hearing Aids	No - See Plan Document for Coverage	No - See Plan Document for Coverage	No - See Plan Document for Coverage	No - See Plan Document for Coverage	
Home Health Care	No	No	No	No	
Hospice	No	No	No	No	
Infertility Diagnostic X-Ray Screening	Yes	Yes	Yes	N/A	
Infertility Laboratory Screening	Yes	Yes	Yes	N/A	
Infusion Therapy	Yes- see Medical Benefit Drug Matrix	Yes- see Medical Benefit Drug Matrix	Yes- see Medical Benefit Drug Matrix	Yes- see Medical Benefit Drug Matrix	
Hospital - Inpatient	Yes - except for Newborn and Maternity Care up to 48 hours for a vaginal delivery and 96 hours for a cesarean section	Yes - except for Newborn and Maternity Care up to 48 hours for a vaginal delivery and 96 hours for a cesarean section	Yes - except for Newborn and Maternity Care up to 48 hours for a vaginal delivery and 96 hours for a cesarean section	Yes	
Hospital - Observation	Yes	Yes	Yes	Yes	
Mental Health - Inpatient	Yes	Yes	Yes	Yes	
Mental Health - Outpatient	Yes - CPT 90867-90869	Yes - CPT 90867-90869	Yes - CPT 90867-90869	Yes - CPT 90867-90869	
Nutrition - Medical Therapy/ Special Food Products	Yes - CPT B4161, S9434, S9435	Yes - CPT B4161, S9434, S9435	Yes - CPT B4161, S9434, S9435	No	

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Occupational Therapy - Outpatient	Yes - Greater than 20 visits/cal yr	Yes - Greater than 20 visits/cal yr	Yes - Greater than 20 visits/cal yr	Yes - Greater than 20 visits/cal yr
Organ Transplants - All Services	Yes	Yes	Yes	Yes
Ostomy Supplies	No	No	No	No
Out of Network Services	Yes	Yes	No	Yes
Pain Management / Physiatry - Outpatient	Yes - see Pain Management Codes	Yes - see Pain Management Codes	Yes - see Pain Management Codes	Yes - see Pain Management Codes
Physical Therapy - Outpatient	Yes - Greater than 20 visits/cal yr	Yes - Greater than 20 visits/cal yr	Yes - Greater than 20 visits/cal yr	Yes - Greater than 20 visits/cal yr
Prosthetic & Orthopedic Devices	Yes - Cost greater than \$800	Yes - Cost greater than \$800	Yes - Cost greater than \$800	Yes - Cost greater than \$800
Pulmonary Rehabilitation - Outpatient	No	No	No	No
Radiation Therapy	Yes - see Radiation Therapy Codes	Yes - see Radiation Therapy Codes	Yes - see Radiation Therapy Codes	Yes - see Radiation Therapy Codes
Radiology Studies	Yes - see Radiology and Cardiac Codes	Yes - see Radiology and Cardiac Codes	Yes - see Radiology and Cardiac Codes	Yes - see Radiology and Cardiac Codes
Second Opinion Services	Yes	Yes	Yes	Yes
Skilled Nursing Facilities	Yes	Yes	Yes	Yes
Specialist Office Visits	Yes - IFP HMO Plans ONLY Except OB/GYN, Pediatrician and contracted walk-in clinics Must have office visit auth on file for ALL SERVICES provided in the office	No	No	No
Speech Therapy - Outpatient	Yes - Greater than 20 visits/cal yr	Yes - Greater than 20 visits/cal yr	Yes - Greater than 20 visits/cal yr	Yes - Greater than 20 visits/cal yr
Substance Abuse Detoxification - Inpatient	Yes	Yes	Yes	Yes
Substance Abuse - Partial Stay/Day Hospitalization	No	No	No	No
Substance Abuse Treatment - Outpatient	No	No	No	No
Surgical Services - In Office	Yes - Cost greater than \$750	Yes - Cost greater than \$750	Yes - Cost greater than \$750	No
Surgical Services - Outpatient Hospital Facility or Ambulatory Surgery Center	Yes Except Breast Biopsies (cpt 19081 - 19086; 19100 - 19101) & Diagnostic/Screening Colonoscopies (cpt 44388 - 44408; 45378 - 45398) & Cystourethroscopy (cpt 52353, 52332, 52356)	Yes Except Breast Biopsies (cpt 19081 - 19086; 19100 - 19101) & Diagnostic/Screening Colonoscopies (cpt 44388 - 44408; 45378 - 45398) & Cystourethroscopy (cpt 52353, 52332, 52356)	Yes Except Breast Biopsies (cpt 19081 - 19086; 19100 - 19101) & Diagnostic/Screening Colonoscopies (cpt 44388 - 44408; 45378 - 45398) & Cystourethroscopy (cpt 52353, 52332, 52356)	Yes Except Breast Biopsies (cpt 19081 - 19086; 19100 - 19101) & Diagnostic/Screening Colonoscopies (cpt 44388 - 44408; 45378 - 45398) & Cystourethroscopy (cpt 52353, 52332, 52356)
Transportation - Air Ambulance (Emergent)	No	No	No	No
Transportation - Non Emergent	Yes	Yes	Yes	Yes
Wound Therapy - Outpatient clinic visits	Yes- Greater than 12 visits/ cal yr	Yes- Greater than 12 visits/ cal yr	Yes- Greater than 12 visits/ cal yr	Yes- Greater than 12 visits/ cal yr

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Wound Therapy - Hyperbaric Treatment	Yes	Yes	Yes	Yes
Wound Therapy - Biological skin therapies	Yes	Yes	Yes	Yes
<p>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.</p> <p>*Definitions are per the Plan Evidence of Coverage</p>				