

Self-Funded Auth Matrix

| Medical Services | Renown Health | Douglas County School District | Atlantis | Caesars | NDOC |
|---|--------------------------------------|---|--|---|--|
| Acupuncture | No | Not Covered | Not Covered | No | ALL SERVICES REQUIRE PRIOR AUTH OBTAIN WITH THE BELOW EMAIL For Medicaid email medicaidbilling@doc.nv.gov and for Hometown Health medicalbilling@doc.nv.gov |
| ADD/ADHD | No | Yes | Not Covered | No | |
| Anesthesia or Monitored Anesthesia rendered in ASC | No | No | No | Yes | |
| Autism Services | No | No | Not Covered | No | |
| Botox Injections | No | No | No | Yes | |
| Cardiac Rehabilitation | No | No | No | Yes | |
| Cardiac Studies | No | No | No | Yes | |
| Chemotherapy | Yes | Yes- if performed in freestanding ASC or Hospital | No | Yes | |
| Cochlear Implants | Yes | Not Covered | Not Covered | Yes | |
| Dialysis Treatment | No | Yes- if performed in freestanding ASC or Hospital | No | Yes | |
| Drugs - Medical Specialty Drugs | Yes- see Medical Benefit Drug Matrix | Yes- if performed in freestanding ASC or Hospital | No | Yes- see Medical Benefit Drug Matrix | |
| Durable Medical Equipment | Yes- Greater than \$500 | No | No | Yes - Greater than \$500 for Rental Greater than \$1500 for purchase | |
| Experimental/investigational and benefit related procedures* | Not Covered | Not Covered | Not Covered | Yes | |
| Gastric Restrictive | Yes | Not Covered | Not Covered | Yes | |
| Gender Assignment/Reassignment | Yes - ALL SERVICES | Yes | Not Covered | Yes - ALL SERVICES | |
| Gene Therapy | No | No | No | Yes | |
| Genetic Counseling & Testing | Yes | Yes | Not Covered | Yes | |
| Hearing Aids | Not Covered | Not Covered | Not Covered | No | |
| Home Health Care | No | No | No | Yes | |
| Hospice | No | No | No | No | |
| Infertility Diagnostic X-Ray Screening | Yes | Not Covered | No | No | |
| Infertility Laboratory Screening | Yes | Not Covered | No | NO | |
| Infusion Therapy | Yes | Yes- if performed in freestanding ASC or Hospital | No | Yes | |
| Labs/X-ray Services (NON ROUTINE) To include anything that is billed outside of an annual exam, Urgent Care, or Emergent situation, or for the treatment of Diabetes. This includes but is not limited to diagnostic X-rays, Ultrasounds, labs, and Stress tests. | No | No | No | Yes | |
| Hospital - Inpatient | Yes | Yes | Yes EXCEPTION: Pre-certification review will not be required for an Inpatient admission for Pregnancy delivery that does not exceed 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery. However, if/when the Pregnancy confinement for the mother or newborn is expected to exceed these limits, prior authorization for such extended confinement is required. | Yes | |
| Hospital - Observation | No | Yes | Yes | Yes | |
| Mental Health - Inpatient | Yes | Yes | Not Covered | Yes | |
| Mental Health - Outpatient | No | No | Not Covered | No | |
| Nutrition - Medical Therapy/ Special Food Products | Yes | No | Nutritional Counseling covered under Diabetic Counseling. Special food products- NOT COVERED | Yes | |

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|---|---|--|--|--|--|
| Occupational Therapy - Outpatient | Yes- Greater than 20 visits | No | Yes- Greater than 30 visits | No | ALL SERVICES REQUIRE PRIOR AUTH OBTAIN WITH THE BELOW EMAIL For Medicaid email medicaidbilling@doc.nv.gov and for Hometown Health medicalbilling@doc.nv.gov |
| Organ Transplants - All Services | Yes | Yes | Yes - ALL SERVICES | Yes - ALL SERVICES | |
| Ostomy Supplies | Yes | No | No | Yes - Greater than \$500 for Rental Greater than \$1500 for purchase | |
| Out of Network Services | No | No | No | No | |
| Oxylite | No | No | No | Yes | |
| Pain Management / Physiatry - Outpatient | Yes | No | Not Covered | Yes | |
| Physical Therapy - Outpatient | Yes- Greater than 20 Visits | No | Yes- Greater than 30 visits | No | |
| Prosthetic & Orthopedic Devices | Yes- Greater than \$800 | No | No | Yes- Greater than \$500 | |
| Pulmonary Rehabilitation - Outpatient | No | No | No | No | |
| Radiation Therapy | Yes | Yes- if performed in freestanding ASC or Hospital | No | Yes | |
| Second Opinion Services | Yes | Yes | No | No | |
| Skilled Nursing Facilities | Yes | Yes | No | Yes | |
| Sleep Studies | No | No | No | Yes | |
| Specialist Office Visits | No - Exception: if the specialty office visit is with a plastic surgery provider, prior authorization (PA) is required. | No | No | No | |
| Speech Therapy - Outpatient | Yes- greater than 20 visits | No | Yes- Greater than 30 visits | Yes | |
| Substance Abuse Detoxification - Inpatient | Yes | Yes | Not Covered | Yes | |
| Substance Abuse - Partial Stay/Day Hospitalization | Yes | Yes | Not Covered | Yes | |
| Substance Abuse Treatment - Outpatient | No | No | Not Covered | Yes | |
| Surgical Services - In Office | Yes- Greater than \$750 (total billed) | No | No | No | |
| Surgical Services - Outpatient Hospital Facility or Ambulatory Surgery Center | Yes - Greater than \$750 (total Billed) EXCEPTION: diagnostic and screening colonoscopies and breast biopsies. | Yes | Yes EXCEPTION: diagnostic and screening colonoscopies and breast biopsies. | Yes - Greater than \$750 (total Billed) EXCEPTION: diagnostic and screening colonoscopies and breast biopsies. | |
| Spinal Procedures/Conditions/Services, including but not limited to: discograms/ discography; MRIs (cervical to sacrum); CT Scans (cervical to sacrum); trigger point injections (related to back and spine); epidurals; medial branch blocks; facet injections; electromyography/nerve conduction studies; Inpatient admissions related to the spine/spinal procedures; elective hospitalizations and procedures for spinal conditions; Inpatient and Outpatient surgery of the spine; physical/occupational therapy related to the spine beyond 15 visits per diagnosis per body part; chiropractic care beyond 15 visits per diagnosis per body part; passive modalities for spinal conditions where there is a question of the curative nature of the treatment, including, but not limited to: acupuncture, DME modalities, pool therapy, TENS/PENS units, electrical stimulators, hot/cold therapy and traction; and specialist referrals for consultation, including but not limited to referrals to orthopedic specialists and neurosurgeons, for spinal conditions. | No | No | No | Yes | |
| Transportation - Air Ambulance (Emergent) | Yes | Yes | No | No | |
| Transportation - Non Emergent | Yes | Yes | Yes | Yes | |
| Varicose Veins | Yes | No | Yes | Yes | |
| Wound Therapy - Outpatient clinic visits | Yes - greater than 12 visits | No | No | Yes | |
| Wound Therapy - Hyperbaric Treatment | Yes | No | No | Yes | |
| Wound Therapy - Biological skin therapies | Yes | No | No | Yes | |

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Hometown Health performs Utilization Review only to precertified 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.

*Definitions are per the Plan Evidence of Coverage

Pre-certification does not guarantee that all charges are covered. Benefits are subject to all of the terms of the Plan.