



Lighthouse

HEALTH PLAN

Lighthouse Health Plan, LLC

Quick Reference Guide

Services Require Prior Authorization	
Inpatient Acute Hospital Admissions: <ul style="list-style-type: none"> • Medical • Surgical • NICU 	<ul style="list-style-type: none"> • Notification Required within 24 hours of admission or next business day. • Clinical updates required with continued stay
Admissions: <ul style="list-style-type: none"> • Elective Procedures/Surgery • LTAC, Rehabilitation, SNF • Observation Stays Extending Beyond 24 hours • Radiology Procedures Requiring Inpatient or Observation • All Bariatric Procedures • All Transplants, excluding cornea 	<ul style="list-style-type: none"> • All elective admissions require PA • Admission to any long-term acute care, rehabilitation or skilled nursing facility, requires PA. • Observation Stays Extending Beyond 24 hours
Transplants	Require authorization for the initial evaluation
OB Services	<ul style="list-style-type: none"> • Induction of labor- if prior to 39 weeks gestation • OB ultrasound over 2 per pregnancy • Stays over 2 days for Vaginal delivery • Stays over 4 days for Cesarean • Termination of pregnancy • Scheduled C-Section
Services in Outpatient Hospital Facility	<ul style="list-style-type: none"> • Outpatient surgery • Cardiac Cath • Colonoscopy • EGD
Outpatient Bariatric Procedures	
Dialysis	Authorization valid for 1 year of dialysis treatments
Home Health Services	<i>Determined by Coastal Care Options</i>
Private Duty Nursing	<ul style="list-style-type: none"> • Private duty nursing for children age 20 or younger • Personal care services for children age 20 or younger

	Clinical updates required with continued review, incorporate review requirements during review process
Intensive Cardiac and Pulmonary Rehabilitation Services	<ul style="list-style-type: none"> • Inpatient • Outpatient
Home Infusion / IVT	<i>Determined by Coastal Care Options</i>
Outpatient Therapy	Physical / Occupational / Speech Therapies <ul style="list-style-type: none"> • Prior authorization after initial evaluation
Chiropractic Services	
Advanced Imaging:	<ul style="list-style-type: none"> • CT/CTA • MRI/MRA • PET/SPECT • Nuclear Medicine Studies <p>Exclusions: Imaging rendered in the following settings DOES NOT require prior authorization:</p> <ul style="list-style-type: none"> • Emergency department • Inpatient setting • Observation unit <p>(Contact number provided, CPT code list include - If not carved out)</p>
Durable Medical Equipment (DME)/External Prosthetic Appliances (EPA) and Supplies	<i>Determined by Coastal Care Options</i> Orthotics/Prosthetics >\$500
High Dollar Meds (Medications administered in office setting, otherwise through Pharmacy benefit)	>\$1000
All Potentially Cosmetic Surgery	
Any Experimental / Investigational	
Pain Management; Outpatient	
All non-participating providers (All OON services)	<ul style="list-style-type: none"> • Inpatient • Outpatient
Sleep studies	<ul style="list-style-type: none"> • Facility based only
Molecular Diagnostics Testing (DNA and genetic testing)	
Behavioral Health	<i>Determined by Access Behavioral Health (next page)</i>
Pharmacy	<i>See PDL</i>
Transportation/Transfers**	Non-emergent Ambulance Medical Transport
Dental Procedures	Those services that fall under the medical benefit (eg Orthognathic surgery)

*All out-of-network physicians and hospital and ancillary service requests require prior authorization.

** Note: OneCall Transportation may require medical necessity review

Behavioral Health Services Require Prior Authorization (Access BH)

Service Code	Description	Quantitative Limits
H2019	Psychological Testing	40 quarter hour units per member per year
96101	Neuropsych Testing	4 per day; authorization based on medical necessity
0901	Outpatient Electroconvulsive Therapy	1 per day; Authorization based on medical necessity
0100, 0101	SIPP - Statewide Inpatient Psychiatric program	No limits; Authorization based on medical necessity

Prior authorization is not required for the following services, but notification is required, preferably by the first business day after admission.

Service Code	Description	Quantitative Limits
S9485	Crisis Stabilization Services	365 days per year (considered emergent)
0114, 0124	Hospital Inpatient Psychiatric Services	365 days per year (considered emergent)
0116, 0126	Hospital Inpatient Substance Abuse Detox Services	365 days per year (considered emergent)