



Authorization Requirements Summary

SUMMARY OF SERVICES & PROCEDURES REQUIRING AUTHORIZATION

Inpatient Admissions:

All inpatient admissions require an authorization.

All non-emergent inpatient admissions must be pre-certified. Providers must notify HRINY of all emergent inpatient admissions within 48 hours of admission. HRINY does not require authorization of emergency room services or any emergent service required to provide stabilization of an emergent condition. All facility admissions are reviewed for medical necessity. This includes inpatient detoxification and mental health services, acute, sub-acute and skilled nursing rehabilitation, long term acute care, and inpatient hospice.

Questions?

Call: 888.990.5702

Mailing Address:

Health Republic Insurance
of New York
30 Broad Street, 34th Floor
New York, NY 10004

NewYork.HealthRepublic.us

Outpatient Facility Procedures:

Any use of an outpatient facility requires an authorization.

The approval for use of a facility may be obtained at the same time as approval for a procedure.

Elective Inpatient, Outpatient and Office-Based Procedures:

A broad range of complex procedures requires prior approval. Examples include bariatric surgery procedures, hernia repair, infertility treatment, chelation therapy for non-overload conditions, and cognitive rehabilitation. The examples below are representative; a complete list is included in the provider manual.

- **Ocular/Ophthalmology:** glaucoma surgical treatments, muscular degeneration and ocular tumor treatment
- **Orthopedic/Neurological:** artificial total disc replacement for the spine, autologous chondrocyte transplantation in the knee, elbow, shoulder, hip, knee replacement surgery (arthroplasty) including hip resurfacing, deep brain stimulation, and surgical treatment of spine pain
- **Pain Management:** facet joint injection, ablation treatment for spinal pain, and electrical stimulation for the treatment of pain and muscle rehabilitation
- **Reconstructive and/or Cosmetic:** abdominoplasty, lipectomy, panniculectomy, blepharoplasty, eye lid surgery, and brow ptosis repair, breast reconstruction/repair (not following mastectomy), breast reduction surgery, septoplasty, rhinoplasty, otoplasty pectus deformity repair and gynecomastia treatment, panniculectomy surgery and laser treatment for cutaneous vascular lesions

Transplants: all solid organ and bone marrow/tissue transplants require authorization at the time of the transplant evaluation

Vascular Surgery: endovenous laser vein therapy, vascular procedures, i.e. vein stripping, ligation, ablation and sclerotherapy

- **Diagnostic Catheterizations and Electrophysiology Implant Procedures**

Out of Network Professional Services:

Health Republic has an extensive network of contracted providers. If unique specialty services are not available with participating providers, referrals can be made as long as prior approval is obtained. Members of Health Republic Insurance have no out of network coverage other than emergency care.

Outpatient Services:

Home health care, home infusion services, outpatient hospice, dialysis: hemodialysis and peritoneal dialysis (outpatient or home setting), hyperbaric oxygen therapy

Outpatient Diagnostic Testing:

Breast cancer testing (BRCA) and other genetic testing such as ovarian cancer syndrome (HBOC), wireless capsule endoscopy, infertility treatment including but not limited to pre-implantation genetic diagnosis

Durable Medical Equipment:

Devices and services in excess of \$500 in aggregate require prior approval, pneumatic compression devices

Radiology:

MRA, MRI, multiple CT scans on the same date of service, and PET scans

Radiation Therapy Procedures:

ionizing radiation, brachytherapy, conventional external beam radiation therapy, three-dimensional conformal radiation therapy, intensity modulated radiation therapy, image-guided radiation therapy, proton beam therapy (PBT), and stereotactic radiosurgery (SRS)

Specialty Pharmacy:

Prior authorization is required for all medications listed as tier 4 on the Health Republic Insurance of New York formulary.

SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION:

Emergency ground transport – ALS, BLS, emergency room services, in-network gynecological and specialty physician office visits, office-based X-rays excluding CT, office-based laboratory services, office-based endoscopy procedures, physical therapy, mastectomy supplies, outpatient mental health and alcohol/substance abuse (does not include intensive outpatient or partial hospitalization)

Services performed in the following settings DO NOT require Prior Authorization:

emergency room, urgent care centers, outpatient cardiac rehabilitation, outpatient pulmonary rehabilitation

How to submit a precertification request:

Requests for prior approval should be made by calling **888-990-5702**. **Press 3 and follow prompts.**

NB: This document is only a summary.

Please reference the Utilization Management section of the online provider manual at <http://NewYork.HealthRepublic.us> for the most detailed and up to date requirements

Questions? Need help? **888-990-5702**

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