Health Republic Insurance of New York
Current Preauthorization Requirements

Non-Participating Provider Services Are Not Covered Except As Required For Emergency Care
Please Also Refer To The "Exclusions and Limitations" Section Of The Certificate of Coverage For Services That Are Not Covered By The Health Plan.
Requirements below are effective through 12/31/2014.

Authorization Determination Timeframes:
Health Republic Insurance of New York requires the following timeframes to make a determination once we have been provided all of the necessary information***:

Non-urgent Pre-service requests---Within 3 business days of receipt of request
Urgent Pre-service requests---Within 72 hours of receipt of request
Urgent Concurrent Review---Within 24 hours of receipt of request
Post-service request---Within 30 calendar days of receipt of request
***Please note that we may extend the determination timeframe if we do not have all of the necessary information to make a determination**

EMERGENCY CARE AND AMBULANCE SERVICES	
Non-Emergency Ambulance Services	• **Preauthorization Required**
INPATIENT CONFINEMENTS & SERVICES	
Inpatient Hospital For Continued Confinement	• **Preauthorization Required ***(Preauthorization is Not Required for Emergency Admissions, But Plan Must Be Notified Within 1 Business Day of Admission)**
Skilled Nursing Facility	• **Preauthorization Required---***Coverage For Up To 200 Days Per Plan Year**
End of Life Care	• **Preauthorization Required**
Inpatient Hospice	• **Preauthorization Required---***Coverage of Up To 210 Days Per Plan Year**
Cardiac and Pulmonary Rehabilitation	• **Preauthorization Required**
RADIOLOGY SERVICES	
Diagnostic Radiology Services • Performed in a PCP Office	• **Preauthorization Required**

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• Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Services (Ambulatory)	• **Preauthorization Required** • **Preauthorization Required**
Therapeutic Radiology Services (Radiation Therapy) • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Services	• **Preauthorization Required** • **Preauthorization Required**
PROFESSIONAL SERVICES AND OUTPATIENT CARE	
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office • Performed as Outpatient Hospital Services • Performed by a Non Par Provider Out Of The Service Area	• **Preauthorization Required** • **Preauthorization Required** • **Preauthorization Required** • **Preauthorization Required (***Stipulations / Limits Apply---See Certificate of Coverage)**
Home Health Care (Nursing, PT/OT/ST, Infusion Therapy)	• **Preauthorization Required (***40 Visits Per Plan Year—Total For All Disciplines)**
Hospice Care • Inpatient • Outpatient	• **Preauthorization Required---***Coverage of Up To 210 Days Per Plan Year** • **Preauthorization Required---***Coverage of Up To 5 Visits For Family Bereavement Counseling**

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Requirements below are effective through 12/31/2014.

Infertility Services	• **Preauthorization Required** (***Exclusions Apply—See Certificate Of Coverage))
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services	 • **Preauthorization Required** • **Preauthorization Required** • **Preauthorization Required**
Outpatient Hospital Surgery Facility Charge	• **Preauthorization Required**
Surgical Services: Including, But Not Limited To: Oral Surgery (Limits Apply), Reconstructive Breast Surgery, Other Reconstructive & Corrective Surgery (Stipulations Apply), Transplants, Sclerotherapy, and Interruption of Pregnancy (Limits Apply) • Inpatient Hospital Surgery • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery	****Based On Medical Necessity** *****See Certificate of Coverage For Limits / Stipulations** • **Preauthorization Required** • **Preauthorization Required** • **Preauthorization Required** • **Pre-Authorization**
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES	
Inpatient Mental Health Care (Continuous Confinement in a Hospital)	• **Preauthorization Required. ***(Preauthorization is Not Required for Emergency Admissions But Plan Must Be Notified Within 1 Business Day of Admission)**
Inpatient Alcohol / Substance Use Services (Continuous Confinement in a Hospital)	• **Preauthorization Required**