

- Prior authorization applies to all Group Health Cooperative plans including Commercial, Badger Care Plus, Medicaid SSI plans and Medicare Advantage plans.
- Authorization for services does not guarantee payment for services. Payment for services is dependent on other non-medical criteria such as the benefits associated with a member's specific plan and eligibility issues.
- Please note: If a member receives services that require an approved authorization by the Cooperative and such authorization was not obtained, or the prior authorization was denied because services were not deemed medically necessary, all related services and/or follow-up care related to the services will be denied. This includes any ancillary, facility, and professional charges.
- Prior authorization requirements apply whether or not the Cooperative is primary or secondary coverage.
- The following list is not all-inclusive

## **SERVICES REQUIRING PRIOR AUTHORIZATIONS**

- Abdominoplasty
- Abortion
- Allografts
- Ambulance if not due to an emergency; both air and ground services
- Autologous cultured chondrocytes
- Bariatric surgery
- Blepharoplasty and brow repair
- Bone conduction hearing implants
- Botox
- Breast reconstruction
- Cancer supportive care such as colony stimulating factors, IV antiemetics, IV steroids
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- Cardiac and pulmonary rehabilitation services
- Chemotherapy
- Circumcision not performed at time of birth
- Clinical trials
- Cosmetic services
- Day treatment
- Dental anesthesia for children age > 5 years old
- Durable medical equipment: All DME items require a prior authorization except:
  - DME purchases less than or equal to \$300 unless specifically listed
  - DME rentals less than or equal to 30 days
  - Nebulizers
- Enteral nutrition and supplies
- Genetic testing
- High end imaging (CT, PET, MRI)
- Home health services

- Hospital inpatient admissions - elective
- Hyaluronic acid
- Hyperbaric oxygen therapy
- Infertility services
- Injections or infusions with billed charges of \$500 or more
- Lipectomy
- Long-term acute care hospital admission (LTACH)
- Medial branch blocks
- Occupational therapy
- Office based procedures performed in a non-office setting
- Oral appliances
- Oral surgery
- Orthotics
- Out of network services
- Panniculectomy
- Peripheral nerve blocks
- Phototherapy
- Physical therapy - prior authorization required after 6 visits
- Plastic and reconstructive surgery
- Podiatric surgeries
- Prosthetics
- Psychological and Neuropsychologic testing
- Radiofrequency ablation
- Reduction mammoplasty
- Residential treatment services
- Rhinoplasty
- Sclerotherapy/Endovenous ablation
- Septoplasty
- Services with unlisted CPT code or category III procedure code
- Skilled nursing facility admission
- Skin substitutes
- Specialty medications
- Speech therapy
- Surgical consult regarding low back pain (for ETF members)
- Swing bed admission
- Synagis
- Temporomandibular joint (TMJ) treatment
- Transplants
- Uvulopalatopharyngoplasty (UPPP)
- Viscosupplementation



# Prior Authorization Guidelines

## **HOSPITAL ADMISSION NOTIFICATION**

1. Emergent hospital admissions require notification and clinical review within one business day to determine medical necessity and length of stay.
2. Notification of hospital admissions associated with labor and delivery is only required if discharge is greater than two (2) days following vaginal delivery or is greater than four (4) days following cesarean delivery.

## **BEHAVIORAL HEALTH AND ALCOHOL AND OTHER DRUG ABUSE (AODA) SERVICES**

### **No prior authorization required:**

- Outpatient Behavioral Health Counseling
- Outpatient AODA Counseling

### **Services requiring prior authorization include but are not limited to:**

- Day Treatment/Partial/Hospitalization Programs
- Family Stabilization Services
- Intensive In-Home Therapy
- Intensive Outpatient Therapy (9+Hours)
- Inpatient Admissions
- Neuropsychological and Psychological Testing
- Electroconvulsive Therapy
- Psychophysiological Therapy incorporating Biofeedback
- Procedures including Transcranial Magnetic Stimulation (TCMS/TMS)
- Residential Treatment

\*Marriage counseling is NOT a covered benefit for commercial plans.