

# Authorization Guidelines

Group Health Cooperative requires that you get a prior authorization from our Health Management team to see a non-GHC provider, inpatient admissions and other specified services.

Authorization for service 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.

Your provider should handle your authorization for you; however, you should always check with Member Services before you receive the treatment if you are unsure about the status of an authorization request.

Prior authorization is required for the following services:

## Admissions

- Admissions to a hospital for non-emergent issues
- Admissions to rehabilitation facilities
- Admissions to skilled nursing facilities
- Admissions for sub-acute care
- Admissions for behavioral health, including admissions to residential treatment facilities
- Admissions for emergencies: authorization must be received within 24 hours following admission
- Admissions for emergency observation: authorization must be received within 24 hours following admission

## Ambulance Transportation

An authorization is required for transportation by ambulance that is not due to an emergency. This includes both air and ground services.

## Outpatient Services

### Outpatient Laboratory

- Chromosomal analysis/cytogenetic studies
- Any genetic testing, such as DNA testing, except when billed in conjunction with amniocentesis or prenatal triple test or alpha-fetoprotein (AFP), human chorionic gonadotropin (hCG), and estriol

### Outpatient Care

- Home care, except for one maternity follow-up visit within 48 hours after being discharged from the hospital for a vaginal delivery or 96 hours after being discharged from the hospital for a C-section
- Hospice services

### Outpatient Therapies

- Speech therapy  
*Note: Your health plan may not offer speech therapy. Please verify coverage with Member Services.*
- Physical and occupational therapy  
*Note: Authorization is not required for the first six visits, including the initial evaluation. These services must be provided within 60 days of the first visit. If additional visits beyond the first six are needed, the therapist must submit a plan of care to GHC.*

### Outpatient Radiology (not performed at the time of an emergency department evaluation)

- PET scans

## Non-Emergent Surgeries and Procedures

- All plastic or reconstructive surgery
- Cancer clinical trials
- Circumcision not performed within one week of birth
- Gastric surgery for obesity

- Sclerotherapy
- Pain management services in an outpatient setting
- Soft tissue and trigger point injections
- Intradiscal electrothermal annuloplasty (IDET)
- Uvulopalatopharyngoplasty (UVPP, UPPP)
- Dental anesthesia procedures or oral surgery not performed in an office setting
- Temporomandibular joint (TMJ) treatment
- Organ transplant — including bone marrow transplant/stem cell transplant
- Non-cardiac radiofrequency ablation for treatment of chronic pain
- Abortion
- Podiatric surgery not performed in the doctor's office
- Any service billed with an unlisted CPT or Category III procedure code

### ***Prosthetics and Durable Medical Equipment (DME)***

- All DME rental beyond 30 days or with accumulated \$500 rental charges, per item
- New or used DME purchases over \$500 in billed charges, per item
- External and implantable infusion pumps and supplies, including insulin infusion pumps
- Electric breast pumps, either portable or hospital grade, not provided during postpartum hospitalization
- Vision hardware for special conditions

### ***Behavioral Health and Chemical Dependency Services***

Authorization is not required for the initial visit when services are received from a GHC contracted provider. Ongoing care, inpatient admission, psychological testing, day treatment and transitional care require prior authorization.

### ***Specialized Pharmacy Services***

- Outpatient injections or infusion of medications, except routine immunizations, analgesics, initial antibiotic doses and antiemetics
- Pharmaceuticals with billed charges of \$500 and above, excluding cancer chemotherapy
- Medications as follows:
  - Alphanate
  - Botulinum toxin type A and B for injection
  - Human growth hormone
  - Humate-P
  - Hyalgan
  - Intravenous Immunoglobulin (IVIG)
  - Lupron (leuprolide)
  - Nutritional supplements
  - Orthovisc
  - Remicade (infliximab for IV injection)
  - Supartz
  - Synvisc
  - Synagis (palivizumab for injection)
  - Xolair (omalizumab)
  - Zoladex (goserelin)

### ***Out-of-Network Providers***

If your health care provider believes you need to obtain professional services from a provider that is outside the GHC network of contracted providers, you must obtain a Referral Event Authorization. Contact a Member Service Advocate at (715) 552-4300 or (888) 203-7770 if you need additional information on this process.