UNDERSTANDING PRIOR AUTHORIZATION

It’s important to note there are certain medical services or provider visits that will require prior authorization by Common Ground Healthcare Cooperative. We require these authorizations so our Medical Affairs team can review the medical necessity of the recommended service or visit and make sure you are getting appropriate care. Medically urgent authorizations, as determined by your physician, are handled as a priority. Keep in mind, a prior authorization can only be obtained for services that are covered under your plan benefits.

Network Providers are responsible for obtaining Prior Authorization before they provide these services to you. Ultimately it is your responsibility to ensure Prior Authorization was obtained. Before receiving these services from a Network Provider, you may want to contact Us to verify that the Hospital, Physician and other providers are Network Providers and that they have obtained the required Prior Authorization. If you choose to receive covered health services from a non-network provider, you are responsible for obtaining Prior Authorization before you receive these services.

COVERED HEALTH SERVICES WHICH REQUIRE PRIOR AUTHORIZATION

The Prior Authorization request must be received by Us at least five (5) business days prior to the anticipated date of your service/procedure. Please note that urgent or emergency admissions, Prior Authorization must be obtained within 24 hours of the admission or the next business day. Approval of an elective inpatient admission to a facility is required prior to the elective services being received. Please note that a verbal request for Prior Authorization does not guarantee approval. We will notify you in writing of the decision regarding a determination for elective outpatient services.

If your Provider determines that additional care beyond the services specified or the length of time originally authorized is medically indicated, We must be contacted to request an extension of the original authorization. You and your Provider will be notified whether the request for an extension is approved or denied.

Prior Authorization must be obtained regardless of whether Common Ground Healthcare Cooperative is your primary or secondary health insurance carrier. Prior Authorization does not guarantee coverage and/or payment if a benefit maximum has been reached or coverage has been terminated.

- Ambulance — non-emergency air and ground
- Any procedure that could be considered cosmetic
- Autism Spectrum Disorder Services (In-Home Intensive and Non-Intensive Therapy)*
- Biofeedback
- Botox injections
- Chemotherapy — outpatient and inpatient
- Clinical trials

*Autism Spectrum Disorder review is for a determination of benefit eligibility only. Please see the certificate of coverage for plan exclusions and limitations.
Cochlear Implants
Congenital heart disease surgery
Dental services - accidental
Dental/Anesthesia - Hospital Ambulatory Surgery Services
Dialysis

**Durable Medical Equipment** over $1,000 in cost (either retail purchase cost or cumulative retail rental cost of a single item). Some examples include but are not limited to:

- Continuous glucose monitoring device
- CPAP machine for sleep apnea
- Insulin pump (not for supplies only)
- Feeding pump
- Transcutaneous Electronic Nerve Stimulator (TENS)
- Infusion pumps
- Hospital bed(s)
- Wheelchair(s)
- Ventilator(s)
- Continuous Passive Motion (CPM) machines
- Pneumatic compressors for Lymphedema
- Wound V.A.C. (Vacuum-Assisted Closure)

**Genetic Testing**, including BRCA Genetic Testing except as authorized under Section 17 (below)

Habilitation services
Home health care
Hospital inpatient care (not including observation stay which is less than two (2) midnights)
**Mental Health Services** - inpatient services only
MRI, MRA, PET, CT Scans and Echocardiogram
Occupational therapy
Physical therapy
Prosthetics
Pulmonary or cardiac rehabilitation
Radiation therapy — outpatient and inpatient
Reconstructive procedures, including breast reconstruction surgery following mastectomy
**Skilled Nursing Facility and Inpatient Rehabilitation Facility services**
Speech Therapy
**Substance Use Disorder Services** - inpatient services only
Surgery - Outpatient hospital, free standing surgical center and ambulatory surgery centers (does not include physician office procedures).
Temporomandibular joint disorder services
Transplants

If you fail to obtain written Prior Authorization for designated services, eligible charges will be reduced by 50% up to a maximum penalty of $1500. The 50% penalty will apply first, before Deductibles, Coinsurance, or any other plan payment or action. The 50% penalty does not apply toward your Maximum Out-of-Pocket.

**To obtain Prior Authorization, call 1-877-779-7598. This call starts the utilization review process.**