

## **AULTCARE UTILIZATION MANAGEMENT GUIDELINES**

### **REFERRAL PROCESS**

**NOTE: If you are outside of the AultCare service area and need emergency care, you do not need a referral. Please go to the nearest hospital emergency room or urgent care center. Emergency care should not be delayed!**

As an AultCare member, you may see any network primary care physician, specialty physician or behavioral health practitioner without a referral from your Primary Care Practitioner (PCP). When you need care outside of the physician's office, your practitioner will refer you to a network provider or facility. If you are not certain whether or not the provider you are referred to is in the AultCare network, call Customer Service at the number on your member ID card.

When services cannot be provided within the AultCare's network, it may be necessary to seek care outside of the network. For services to be covered and/or paid at the highest level of benefit, a request must be submitted by your provider to the Utilization Management Department for consideration. This request is called a REFERRAL and must include at least the following information:

1. Provider requesting the service outside of the network (Referring FROM Provider)
2. Service or treatment requested
3. Provider who will be rendering the service (Referring TO Provider)
  - a. Address, phone and fax
4. Reason for the request (Why the service cannot be provided within the network)
5. Any additional information that helps to support the medical necessary reasons for the request for services outside of the network

### **PRE-CERTIFICATION / PRE-AUTHORIZATION / PRE-APPROVAL**

These words are used interchangeably to define the process of notification and review before an elective hospital stay, surgery procedure, or obtaining any service that requires AultCare's approval. The process helps to determine that the requested services are covered under your benefit plan and delivered in the appropriate setting based on your care needs. The process has two parts: (1) Notification and, (2) Determination of coverage and verification of eligibility. Pre-certification does not mean that benefits will be covered and paid, nor does it mean that the service will be paid at the highest level of benefit. All claims are subject to review upon receipt of the actual claim.

1. Notification is the first step in the process when AultCare receives the request for services from your provider. At this point, information about the request is entered into our electronic system and triggers the review process next step. There is no decision or interpretation made relative to benefit coverage or eligibility.
2. Determination of coverage and verification of eligibility requires review of the plan document and clinical information that was submitted as it relates to the services that were requested.

The request is reviewed to determine if clinical guidelines and/or criteria for coverage are met. Determinations are based on plan provisions, guidelines and criteria that are nationally recognized and accepted, and that are scientifically sound and evidence-based.

### **HOW TO SUBMIT A REQUEST FOR PRE-CERTIFICATION OR REFERRAL**

Requests should be submitted by phone, fax, or in writing to:

AultCare Utilization Management

PO Box 6910

Canton, Ohio 44706

Phone: 330-363-6360 or 1-800-344-8858

**PLEASE CONTACT THE AULTCARE SERVICE CENTER IF YOU HAVE QUESTIONS OR NEED ASSISTANCE.**

### **PRECERTIFICATION LIST**

To obtain the maximum benefits available under the plan, you or your provider is required to notify AultCare of the following. [NOTE: This is not an exhaustive list. Please refer to your Plan Document for pre-certification requirements specific to your Plan or contact the AultCare Service Center.

#### **1. Inpatient Stays (admissions) to:**

- a. Hospital
- b. Long-term Acute Care Hospital (LTACH)
- c. Skilled Nursing Facility
- d. Rehabilitation Facility
- e. Inpatient Hospice
- f. Behavioral Health Facility
- g. Residential Treatment Facility
- h. Inpatient Detoxification

#### **2. Reconstructive Procedures that may be Considered Cosmetic (Examples):**

- a. Varicose vein surgery (sclerotherapy)
- b. Removal of excess skin with or without lipectomy
- c. Surgical repair to the eyelids, eye brows, forehead
- d. Weight loss procedures
- e. Reconstruction of the chest (pectus excavatum)
- f. Tummy Tuck (panniculectomy and/or abdominoplasty)
- g. Breast reconstruction
- h. Breast reduction including surgery for gynecomastia

#### **3. Other Surgeries**

- a. Gastric Restrictive Surgeries and Procedures (Bariatric Surgeries)
- b. Oral surgeries to correct conditions of the jaw and face related to structure, growth, TMJ disorders, malocclusion problems, osteotomies bone grafts, repositioning of the
- c. Bladeless surgery to treat tumors (Stereotactic Radiosurgery)
- d. Employer Group – specific surgical prior authorizations – (Please call the Service Center to confirm)

**4. Experimental Treatments and Surgery**

**5. New Technology**

**6. Artificial Lumbar Disc Surgery** Last Reviewed 9/2019

**7. Surgery for Snoring Including Laser Assisted Procedures (UPPP)**

**8. Air Ambulance Transport by Fixed Wing Aircraft**

**9. Non-emergent Ground Transport by Ambulance**

**10. Dental Care**

a. When requested under the medical benefit

**11. Hyperbaric Oxygen Therapy**

**12. Transplant Services**

a. Referral for transplant evaluation

b. Solid organ transplants

c. Bone marrow transplants

d. Stem Cell Transplants

**13. Dialysis Outside of the Network**

**14. Genetic Testing**

**15. Durable Medical Equipment and External Prosthetic Devices**

a. Wound Vacuum Pumps (Negative pressure wound care)

b. Vest Airway Clearance Systems

c. Cochlear devices and/or implants

d. Electric Beds

e. Electric or motorized wheelchairs and scooters

f. Limb prosthesis

g. Customized braces

h. Diabetic Supplies/Services/Shoes and Inserts

i. Bone Growth Stimulators

j. External Cardiac Defibrillator

k. Pneumatic compression garments and devices

l. Prosthetic limbs and devices

m. Speech generating devices

n. Wound products such as platelet gels, human allograft and skin replacement products

o. Spinal cord stimulator and associated surgery to implant

p. Ventilators (Respirators) for home use

**16. Certain Outpatient Procedures and X-rays to Diagnose a Condition (Please call the Service Center with any questions.)**

a. Capsule Endoscopy

b. Cardiac CT/CTA

c. Carotid Artery CTA

d. MRI/MRA

- Temporomandibular joint (TMJ)
- Breast
- Cardiac
- Chest

- Spine
  - Upper Extremities
    - Shoulder
    - Elbow; includes MR Arthrogram
    - Wrist
  - Lower Extremities
    - Hip
    - Knee
    - Ankle
    - Foot
- e. PET Scans/PET with CT
- Cardiac
  - Whole body

f. SPECT Scans

**17. Surgeries**

- a. Gastric Restrictive Surgeries and Procedures (Bariatric Surgeries)
- b. Oral surgeries to correct conditions of the jaw and face related to structure, growth, TMJ disorders, malocclusion problems, osteotomies bone grafts, repositioning of the
- c. Bladeless surgery to treat tumors (Stereotactic Radiosurgery)
- d. Employer Group – specific surgical prior authorizations – (Please call the Service Center to confirm)

IMPORTANT NOTE: This list may not be all-inclusive and is subject to change. Please refer to your Plan Document for any additional information or contact the AultCare Service Center for assistance