

AultCare Utilization Review Policy

PRE-CERTIFICATION

Pre-Certification, also known as pre-authorization or pre-approval, is the process of notification prior to an elective hospital stay or elective surgery procedure, to aid in determining that all medical care possibilities have been explored and are within acceptable time elements. The process has two parts: (1.) Notification and, (2.) determination of coverage and verification of eligibility. The fact that a hospital stay, surgical or other procedure, or any other service is pre-approved, does not mean that benefits will be covered and paid at the highest level of benefit, or at all. All claims are subject to review upon receipt of the actual claim or documentation, and are subject to updates in eligibility upon receipt of the actual claim.

1. **NOTIFICATION** is the process in which AultCare receives the request for services from your provider. At this point, information is entered. There is no decision or interpretation made relative to benefit coverage or eligibility.
2. **DETERMINATION OF COVERAGE AND VERIFICATION OF ELIGIBILITY** requires review of your plan document and clinical information that was submitted as it relates to the request for services in the notification phase. The request is reviewed to determine if clinical guidelines and/or criteria for coverage are met. Determinations are based on your plan, scientifically sound nationally developed and recognized guidelines and criteria, and AultCare policies for coverage.

The process of pre-certification requires interaction with many service providers, including, but not limited to treating Practitioners, facilities, suppliers of durable medical equipment, and sometimes the member as well, prior to the service being provided.

Members should refer to their PLAN DOCUMENT or contact the AultCare Service Center to determine if their particular plan has additional requirements. Precertification is a member requirement and is included in their Plan Document.

HOW TO SUBMIT A REQUEST FOR PRE-CERTIFICATION

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

AultCare Utilization Management

PO Box 6910

Canton, Ohio 44706

Phone: 330-363-6360

800-344-8858

Fax: 330-454-9635

PLEASE CONTACT THE AULTCARE SERVICE CENTER IF YOU HAVE QUESTIONS REGARDING THIS PROCESS.

PRE-CERTIFICATION LIST

To obtain the maximum benefits available under the Plan, the member is required to notify AultCare of the following: **NOTE: This is not an exhaustive list. The member should refer to his/her Plan Document for pre-certification requirements specific to the individual plan.]**

1. Inpatient confinements (AultCare must be notified within two business days):
 - a. Surgical and non-surgical
 - b. Skilled nursing facility
 - c. Rehabilitation facility
 - d. Inpatient hospice
 - e. Observation days greater than 23 hours
 - f. Maternity admission
2. Reconstructive procedures that may be considered cosmetic:
 - a. Sclerotherapy or surgery for varicose veins
 - b. Excision of excess skin with or without lipectomy
 - c. Blepharoplasty/canthopexy/canthoplasty
 - d. Rhinoplasty/rhyntidectomy
 - e. Gastric restrictive procedures
 - f. Repair of pectus excavatum
 - g. Breast reconstruction
 - h. Breast reduction, including surgery for gynecomastia
3. Artificial lumbar disc surgery
4. Uvulopalatopharyngoplasty, including laser assisted procedures
5. Orthognathic surgery procedures, bone grafts, osteotomies and surgical intervention for the temporomandibular joint
6. Dental implants and oral appliances
7. Non-emergent transport by ambulance, ambulette
8. Non-emergent Air ambulance or air transport

9. Services that are conditionally eligible and require review to determine exclusion when not recognized as a professional standard for effectiveness or safety in the United States for the requested condition or diagnosis

- a. Intensity modulated radiation therapy (IMRT)
- b. Stereotactic surgery
- c. Hyperbaric oxygen therapy
- d. Osteochondral allograft of the knee
- e. Cochlear devices and/or implants
- f. Osseointegrated implants
- g. Percutaneous implants of neuroelectrodes
- h. Capsule endoscopy of the GI tract for imaging
- i. Botox injections for diagnoses other than blepharospasm and cerebral palsy
- j. Alpha1-proteinase inhibitor
- k. Wound vacuum pumps
- l. High frequency chest wall oscillation systems (vest airway clearance system)

10. Transplants

- a. Solid Organ
- b. Bone Marrow

11. Medical Injectables

- a. IVIG
- b. Synagis
- c. Growth hormone
- d. Clotting factors
- e. Interferons
 - i. Peagsys
 - ii. Peg Intron
 - iii. Rebetron
 - iv. Roferon A
 - v. Intron A
 - vi. Infergen
- f. Infertility medications
- g. Betaseron
- h. Glolan
- i. Xolair
- j. Flolan

12. Other Medications

- a. Opana
- b. Opana ER

- c. Solodyn
- d. Oracea
- e. Oral Contraceptives used for medical treatments

13. All Home Care services

14. Home pre-natal monitoring and care

15. Durable Medical Equipment

- a. Electric or motorized wheelchairs and scooters
- b. Electric beds
- c. Limb prosthesis
- d. Customized braces

16. Behavioral Health Services

- a. Inpatient Admissions
- b. Partial Hospital Programs (PHP)
- c. Intensive Outpatient Programs (IOP)
- d. Psychiatric home care services
- e. Inpatient detoxification
- f. Outpatient detoxification

IMPORTANT NOTE: MEMBERS SHOULD REFER TO THEIR PLAN DOCUMENT FOR ADDITIONAL ITEMS REQUIRING PRE-CERTIFICATION.