

## 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)

### **4. Experimental Treatments and Surgery**

### **5. New Technology**

### **6. Artificial Lumbar Disc Surgery**

### **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. PET scans outside of the network
- b. 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)

IMPORTANT NOTE: Please refer to your Plan Document for any additional information or contact the AultCare Service Center for assistance

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-577-5084 (TTY 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-577-5084 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-577-5084 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-577-5084 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-577-5084 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-577-5084 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-577-5084 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-577-5084 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-577-5084 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-577-5084 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول **Arabic:** . سيقوم شخص ما (711) 1-800-577-5084 (TTY) على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية يتحدث العربية

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपलब्ध हैं. एक दुभाकिया प्राप्त करने के लिए, बस हमें 1-800-577-5084 (TTY 711) पर फोन करें. कोई व्यक्ति जो कहन्दी बोल्ता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-577-5084 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-577-5084 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-577-5084 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-577-5084 (TTY 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-577-5084 (TTY 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

