AULTCARE

UTILIZATION MANAGEMENT GUIDELINES

REFERRAL PROCESS

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 Physician. When you need care outside of the physician's office, your provider 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, contact AultCare 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 AultCare Utilization Management for consideration. This request is known as 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)
   - Include address, phone number and fax number
4. Reason for the request (why the service cannot be provided within the network)
5. Any additional information to support the medical necessary reasons for the request for services outside of the network

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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 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 benefits will be covered and paid, nor does it mean 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 requested. The request is reviewed to determine if clinical guidelines and/or criteria for coverage are met. Determinations are based on plan provisions, nationally recognized and accepted guidelines and criteria, and scientifically sound and evidence based.

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HOW TO SUBMIT A REQUEST FOR PRE-CERTIFICATION OR REFERRAL

Requests must be submitted electronically through the provider portal via TTAP or fillable form. Please contact AultCare if you have questions or need assistance.

PRE-CERTIFICATION LIST

To obtain the maximum benefits available under the plan, you or your provider is required to notify AultCare of the following. (This is not an exhaustive list. Please refer to your plan document for pre-certification requirements specific to your plan or contact AultCare.)

AultCare collaborates with eviCore healthcare for members with select commercial plans. On April 1, 2021, eviCore healthcare began accepting prior authorization requests for select services with dates of service beginning on April 1, 2021.

As of June 1, 2024, eviCore will no longer be processing AultCare prior authorization requests for Medical Oncology, Lab, and Radiation Therapy services. EviCore will continue to process prior authorization requests for Radiology services. Prior authorization requests for Medical Oncology and Lab services must be submitted using AultCare's Provider portal. Radiation Therapy does not require prior authorization.

Authorization for the services listed below will be obtained through eviCore:

- **Advanced imaging (MRI, CT, PET)**
- **Nuclear cardiology**

An online tool will be available on the AultCare provider portal to assist in determining the appropriate prior authorization platform when submitting a prior authorization request. All other standard AultCare prior authorization requirements are listed below:

1. **Inpatient Stays (Admissions):**
   a. Hospital
   b. Long-term acute care hospital
   c. Skilled nursing facility
   d. Rehabilitation facility
   e. Inpatient hospice
   f. Behavioral health facility
   g. Residential treatment facility
   h. Inpatient detoxification

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2. **Reconstructive Procedures (Examples that may be considered cosmetic):**
   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 augmentation (breast reconstruction related to breast cancer does not require authorization)
   h. Breast reduction including surgery for gynecomastia
3. **Other Surgeries**
   a. Gastric restrictive surgeries and procedures (bariatric surgeries)
   b. Surgeries to correct conditions of the jaw and face related to structure, growth, TMJ disorders, malocclusion problems, osteotomies, bone grafts, repositioning of the jaw (orthognathic/ corrective jaw surgery)
   c. Bladeless surgery to treat tumors (Stereotactic Radiosurgery)
   d. Employer group specific surgical prior authorizations (please contact AultCare to confirm)
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** (when requested under medical benefit)
11. **Transplant Services**
    a. Referral for transplant evaluation
    b. Solid organ transplants
    c. Bone marrow transplants
    d. Stem cell transplants
12. **Dialysis Outside of the Network**
13. **Genetic Testing**
14. **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

15. Certain Outpatient Procedures and X-rays to Diagnose a Condition (please contact AultCare with questions)

a. Capsule endoscopy
b. Cardiac CT/CTA
c. Carotid artery CTA/MRA
d. MRI/MRA
   - Temporomandibular joint (TMJ) MRI
   - Breast MRI
   - Cardiac MRI/MRA
   - Chest MRI/MRA
   - Spine MRI
   - Upper extremities
     - » Shoulder MRI
     - » Elbow; includes MR Arthrogram/MRI
     - » Wrist MRI
   - Lower extremities
     - » Hip MRI
     - » Knee MRI
     - » Ankle MRI
     - » Foot MRI
e. PET scans/PET with CT
   - Cardiac
   - Whole body

This list may not be all-inclusive and is subject to change. Please refer to your plan document for any additional information or contact AultCare for assistance.