

## SERVICES REQUIRING PREAUTHORIZATION

Below is a list of services that require referral notification, pre-authorization and/or medical appropriateness review:

**PLEASE NOTE:** There are additional procedures that require pre-authorization for EMPLOYER-FUNDED PLANS (AS0). Please contact the Customer Service Department at The Health Plan, St. Clairsville, - OH 740-695-7902 or (888) 847-7902, or Massillon, OH - 330-837-6880 or (800) 426-9013, for assistance on handling of authorizations for self-funded product lines. Either location is available to assist you.

Admissions (elective)	Bariatric Surgery
Tertiary Care	Cosmetic Procedure
Hysterectomy	Varicose Vein Treatment
Imaging (PET, PET-CT Fusion, SPECT of Brain)	Botox Injections
Chiropractic Care	Infertility
Podiatric Care	Speech Therapy
Audiology	Home Health Services
Hyperbaric Oxygen	Hospice
TMJ Care	Home Infusion Therapy
All Genetic Testing	Durable Medical Equipment:
Urinary/Fecal Incontinence Treatment	Greater than \$500
Wound Care Clinic	Non-Emergent Ambulance
All Out-of-Area Wound Care Clinic	Behavioral Health Services (except when related to biologically based mental illnesses)
	Addictionology :

**Whenever you need medical care**, except for emergency care and some urgent care instances when a call is not practical, call or see your PCP **FIRST**. Your PCP will determine if you need any additional health care services. When appropriate, your PCP may arrange for additional services from other in-Plan providers. The Plan does not cover any services not provided or arranged for by your PCP **and approved** by the Plan.

### Out-of-Plan/Out-of-Area Referrals.

Usually, you can receive medically appropriate care from your PCP or a Plan specialist. However, a member may require specialty care or services not available through our in-Plan network of providers. His/Her physician may submit an out-of-Plan referral to one of the Plan tertiary providers. **This referral is subject to review and approval by the Plan. Referrals to non-Plan providers will not be authorized if the Plan determines services can be provided in-Plan or by a Plan tertiary provider.** If the Plan determines that Plan providers are unable to provide a service, the Plan will arrange for services to a non-contracting provider. These services, consistent with the terms of this Agreement, will be provided at no additional cost to the member. Out-of-area referrals to both Plan and non-Plan providers must be **pre-approved** by the Plan. Referrals **will not** be approved after the fact.

The Plan may enter into contractual arrangements with out-of-Plan/out-of-area providers for the purpose of facilitating certain out-of-network services which may not be available through the contracted in-Plan and tertiary care network. Such arrangements do not make these providers Plan Providers for other referrals.

**Other services may require Preauthorization. If you, or your physician, have a question regarding Preauthorization, please contact a Plan Customer Service Representative at St. Clairsville/Morgantown areas: (740) 695-7902, (888) 847-7902, TDD: (740) 695-7919, (800) 622-3925, Massillon area: (330) 837-6880, (800) 426-9013 or TDD (877) 236-2291.**

**NOTE: TRUE EMERGENCY OR URGENT CARE SERVICES ARE COVERED WITHOUT REGARD TO PREAUTHORIZATION.**