



**PRIOR AUTHORIZATION FOR SERVICES AT:**

**UNITYPOINT HEALTH – MERITER  
CENTER FOR PERINATAL CARE**

GHC-SCW Administrative Offices  
Care Management Department  
1265 John Q Hammons Dr. Ste 200  
Madison, Wisconsin 53717  
(608) 257-5294 or (800) 605-4327

- Routine:** (Applies to routine service requests. These should be submitted **at least 15 days ahead** of scheduled service. This applies to most requests. Request must be approved before service can be performed).
- Administratively Urgent** (Routine service scheduled prior to the 15 days allowed to review, reserved for filling cancellations)
- Urgent** (Urgent means there is imminent risk to the member’s health if service is not received within 72 hours. This box should not be used for scheduling conveniences.) Fax urgent requests to 608-662-4910

**GHC-SCW Care Management reserves the right to change referral type should request not match definitions listed above**

PATIENT INFORMATION	
NAME	DATE OF BIRTH
ADDRESS	MEMBER NUMBER
CITY/STATE	ZIP
REFERRED BY PROVIDER	REFERRED TO FACILITY/PROVIDER
ORDERING PROVIDER’S NAME	FACILITY: <b>UNITYPOINT CENTER FOR PERINATAL CARE [26628]</b>
PROVIDER’S ADDRESS	FACILITY ADDRESS: <b>202 S PARK ST</b>
CITY/STATE/ZIP	CITY/STATE/ZIP: <b>MADISON, WI 53715</b>
PROVIDER’S NPI #:	FACILITY NPI ID# N/A
FORM SUBMITTED BY:	FACILITY PHONE #: <b>608-417-6667</b>
REFERRING PROVIDER PHONE #:	FACILITY FAX #: <b>608-417-6364</b>
REFERRING PROVIDER FAX #:	FACILITY TAX ID # <b>390806367</b>

**SERVICES REQUESTED**

<input type="checkbox"/> Pre- Pregnancy Consult (One Visit) <input type="checkbox"/> Prenatal Consultation <input type="checkbox"/> Perinatal Consult + Transfer of Care	
<input type="checkbox"/> Perinatal Consult + Shared Care <input type="checkbox"/> Fetal Echocardiogram [76826] <input type="checkbox"/> Targeted Ultrasound [76811] <input type="checkbox"/> Amniocentesis <input type="checkbox"/> CVS	
<input type="checkbox"/> Certified Diabetes Educator <input type="checkbox"/> Other _____	
DIAGNOSIS CODE(S):	DESCRIPTION:
# Of Visits _____ Frequency _____	DATE(S) OF SERVICE:
COMMENTS:	

***A referral is not a guarantee of eligibility or benefits under the member’s health plan. Payment will be made in accordance with the member’s plan benefits at the time the service is rendered. Please call Member Services at (800) 605-4327 if you have questions about benefits. Retrospective requests will not be accepted.***

**Prior Authorization and Clinical Information Fax Number: (608) 831-6099**

**Table 1: Where should GHC-SCW members go for scans/services?**

SERVICE	LOCATION
<b>Amniotic Fluid Index (AFI)</b>	GHC Radiology
<b>20-week Anomaly Scan/Anatomy Scan (Level I Ultrasound)</b>	GHC Radiology <i>EXCEPT</i> for patients with a BMI <u>greater than 35</u> or risk factors in Table 2 below
<b>Biophysical Profile (BPP)</b>	GHC Radiology
<b>Cervical Length</b>	GHC Radiology <i>EXCEPT</i> for Diagnoses: Incompetent Cervix or Cerclage, which should be routed to Perinatal Center
<b>Dating Ultrasound</b>	GHC Radiology
<b>Genetic Counseling</b>	GHC for standard prenatal testing (e.g. 1 <sup>st</sup> trimester Screen, NIPT, abnormal quad, family history)
<b>Growth Ultrasound (OB Follow Up Ultrasound)</b>	GHC Radiology <i>EXCEPT</i> for patients who had an <u>abnormal</u> Targeted Ultrasound
<b>Fetal Non-Stress tests (NST)</b>	Ok to take place at the office of the Primary OB provider
<b>Nuchal Ultrasound/1<sup>st</sup> Trimester Screen</b>	GHC Radiology (including twin gestation)
<b>Targeted Ultrasound*</b>	UnityPoint Health - Meriter Center for Perinatal Care *See Table 2 for covered indications  <i>(All follow up ultrasounds should return to GHC Radiology, unless abnormal Targeted Ultrasound)</i>
<b>Ultrasounds ordered by Perinatology</b>	UnityPoint Health - Meriter Center for Perinatal Care

**Table 2: Indications for a Targeted Ultrasound at Perinatal Center**

MATERNAL INDICATIONS	FETAL INDICATIONS
<ul style="list-style-type: none"> <li>• Congenital cardiovascular disease</li> <li>• Diabetes Mellitus</li> <li>• Maternal Disease complicating pregnancy</li> <li>• Isoimmunization</li> <li>• Multiple Gestation</li> <li>• Pregnancy resulting from Assisted Reproductive Technology (e.g. IVF or ICSI)</li> <li>• Unspecified obstetrical trauma</li> <li>• Pre- pregnancy BMI (<math>\geq 35</math>) at provider discretion</li> </ul> <p>Note: <i>Targeted Ultrasounds for advanced maternal age (AMA) are <u>not</u> a covered benefit for patients who have had normal advanced screening (e.g. NIPT) or diagnostic testing (e.g. CVS)</i></p>	<ul style="list-style-type: none"> <li>• Abnormal fetal heart rate (suspected)</li> <li>• Amniotic band syndrome</li> <li>• Central nervous system abnormality</li> <li>• Chromosome abnormality</li> <li>• Hereditary disease in family possibly affecting fetus</li> <li>• Hydrocephalus or other abnormality causing fetal disproportion</li> <li>• Increased 1<sup>st</sup> Trimester nuchal translucency (3.5 mm or greater)</li> <li>• Oligohydramnios/Polyhydramnios</li> <li>• Others known or suspected fetal abnormality</li> <li>• Poor fetal growth</li> <li>• Suspected damage to fetus from drugs, radiation, maternal viral disease or other maternal disease</li> <li>• Umbilical cord complication</li> </ul>

Questions? Please call GHC Care Management at (608)831-6099