

PRIOR AUTHORIZATION SERVICES

Prior Authorization is the process by which GHC-SCW provides prior written approval for coverage of specific Benefits, treatments, Durable and Disposable Medical Equipment (DME), Prescription Drugs and supplies.

The purpose of Prior Authorization is to determine and authorize the following:

1. The specific type and extent of care, Durable and Disposable Medical Equipment, Prescription Drug or supply that is necessary;
2. The number of visits, or the time-period during which care will be provided;
3. The Provider to whom the Member is being referred; and
4. Whether the Member should receive coverage for the services from an Out-of-Network Provider because necessary services are not available from an In-Network Provider.

Prior Authorization does not guarantee that services will be fully covered. Coverage is determined by the terms and conditions of the Certificate. Services and items requiring Prior Authorization are listed on website at www.ghcscw.com. Contact GHC-SCW's Member Services Department at (608) 828-4853 for details on the Prior Authorization process.

Members must receive care from In-Network Providers. If a GHC-SCW Provider or GHC-SCW Clinic offers specialty medical care required by a Member, a Member shall utilize the GHC-SCW Provider or GHC-SCW Clinic. Specialty medical care provided by a non-GHC-SCW Provider, whether the Provider is an In-Network Provider or not, is not covered if the service requested may be provided by a specialty GHC-SCW Provider. Use of Out-of-Network Providers will result in the Member being financially responsible for full payment of services unless the Member has obtained Prior Authorization for such Out-of-Network services from GHC-SCW.

Additional services recommended by a Provider after rendering the services authorized by the original Prior Authorization are covered only if a new Prior Authorization is issued by GHC-SCW prior to receiving additional services from the Provider.

Member Responsibility Regarding Prior Authorization

It is the Member's responsibility to ensure a Prior Authorization has been obtained when required. Failure to obtain Prior Authorization when required may result in the Member receiving a reduction in or no Benefit. If Prior Authorization is not received prior to the date of service and/or receipt of supplies, Your Provider should contact GHC-SCW's Care Management Department for a determination of Medical Necessity.

Prior Authorization Guidance

Members should be aware that many services, treatments, supplies and procedures will overlap multiple Benefits and, therefore, Members are encouraged to always contact GHC-SCW for a Prior Authorization regarding their own unique medical needs.

SECOND OPINIONS are a covered Benefit when provided by another In-Network Provider. Members should contact their Primary Care Provider and GHC-SCW Care Management for a Prior Authorization for a second opinion.