



of South Central Wisconsin

**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

ALL OF THE FOLLOWING MUST BE COMPLETED

| PATIENT INFORMATION | |
|---------------------|---------------|
| NAME | DATE OF BIRTH |
| ADDRESS | MEMBER NUMBER |
| CITY/STATE | ZIP |

| REFERRED BY PROVIDER | REFERRED TO FACILITY/PR |
|---|---|
| ORDERING PROVIDER'S NAME | FACILITY: UNITYPOINT CENTER FOR PERINATAL CARE [26628] |
| PROVIDER'S ADDRESS | FACILITY ADDRESS: 202 S PARK ST |
| CITY/STATE/ZIP | CITY/STATE/ZIP: MADISON, WI 53715 |
| PROVIDER'S NPI #: FORM SUBMITTED BY: REFERRING PROVIDER PHONE #: REFERRING PROVIDER FAX #: | FACILITY NPI ID# N/A FACILITY PHONE #: 608-417-6667 FACILITY FAX #: 608-417-6364 FACILITY TAX ID # 390806367 |

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 [7682] <input type="checkbox"/> Targeted Ultrasound [76811] <input type="checkbox"/> Amniocentesis <input type="checkbox"/> CVS <input type="checkbox"/> Certified Diabetes Educator Other _____ | |
| DIAGNOSIS CODE(s): | PROCEDURE CODE: |
| Description: | 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 |
|--|--|
| Amniotic Fluid Index (AFI) | GHC Radiolo |
| 20-week Anomaly Scan/Anatomy Scan (Level I Ultrasound) | GHC Radiology EXCEPT for patients with a BMI \geq 30 risk or factors in Table 2 below |
| Targeted Ultrasound* | UnityPoint Health - Meriter Center for Perinatal Care *See Table 2 for covered indications (All follow up ultrasounds should return to GHC Radiology, unless abnormal Targeted Ultrasound) |
| Biophysical Profile (BPP) | GHC Radiology |
| Cervical Length | GHC Radiology EXCEPT for Diagnoses: Incompetent Cervix or Cerclage, which should be routed to Perinatal Center |
| Dating Ultrasound | GHC Radiology |
| Growth Scan/ Follow-Up Scan | GHC Radiology EXCEPT for patients who had an <u>abnormal</u> Targeted Ultrasound |
| Fetal Non-Stress tests (NST) | Ok to take place at the office of the Primary OB provider |
| 12-14-week ultrasound | GHC Radiology (including twin gestation) |
| NT ultrasound | NT ultrasound has been replaced by NIPT. The only covered indication for NT ultrasound is as part of the first trimester screen if there is a demise of a twin, or if NIPT is repeatedly unsuccessful, then can be done at UnityPoint Health - Meriter Center for Perinatal Care |
| Ultrasounds ordered by Perinatology | UnityPoint Health - Meriter Center for Perinatal Care |
| Genetic Counseling | GHC for standard prenatal testing (e.g. NIPT, abnormal quad, family history, carrier screen) |
| NIPT | GHC, with GHC genetic counseling. If abnl ultrasound, can be done with Meriter counselors |
| Carrier screening | Cystic fibrosis and spinal muscular carrier screening: GHC labs (no prior auth is required) Other carrier screening: refer patient to GHC genetic counseling for coordination |

Table 2: Indications for a Targeted Ultrasound at Perinatal Center

| MATERNAL INDICATIONS | FETAL INDICATIONS |
|--|---|
| <ul style="list-style-type: none"> ▪ Congenital cardiovascular disease ▪ Diabetes Mellitus ▪ Maternal Disease complicating pregnancy ▪ Isoimmunization ▪ Multiple Gestation ▪ Pregnancy resulting from Assisted Reproductive Technology (e.g. IVF or ICSI) ▪ Unspecified obstetrical trauma ▪ Pre- pregnancy BMI (>30) <p>Note: Targeted Ultrasounds for advanced maternal age (AMA) are not a covered benefit for patients who have had normal advanced screening (e.g. NIPT) or diagnostic testing (e.g. CVS)</p> | <ul style="list-style-type: none"> ▪ Abnormal fetal heart rate (suspected) ▪ Amniotic band syndrome ▪ Central nervous system abnormality ▪ Chromosome abnormality ▪ Hereditary disease in family possibly affecting fetus ▪ Hydrocephalus or other abnormality causing fetal disproportion ▪ Increased 1st Trimester nuchal translucency (3.5 mm or greater) ▪ Oligohydramnios/Polyhydramnios ▪ Others known or suspected fetal abnormality ▪ Poor fetal growth ▪ Suspected damage to fetus from drugs, radiation, maternal viral disease or other maternal disease ▪ Umbilical cord complication |

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