



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] Targeted Ultrasound [76811] 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

Where should GHC-SCW members go for scans/services?

SERVICE	LOCATION
Amniotic Fluid Index (AFI)	GHC-SCW Medical Imaging
20-week Anomaly Scan/Anatomy Scan (Level I Ultrasound)	GHC-SCW Medical Imaging EXCEPT for patients with a pre-pregnancy BMI \geq 30 risk or factors in List 1 below.
Targeted Ultrasound*	UnityPoint Health - Meriter Center for Perinatal Care *See List 1 below for covered indications
Growth Scan/ Follow-Up Scan	GHC-SCW Medical Imaging EXCEPT for patients who have transferred care to Maternal-Fetal Medicine, or patients who have abnormal ultrasound findings, then follow-up should be at UnityPoint Health - Meriter Center for Perinatal Care.
Biophysical Profile (BPP)	GHC-SCW Medical Imaging
Cervical Length	GHC-SCW Medical Imaging EXCEPT for diagnoses of incompetent cervix or cerclage, which should be at UnityPoint Health - Meriter Center for Perinatal Care.
Dating Ultrasound	GHC-SCW Medical Imaging
Non-Stress Tests (NST)	Ok to take place at the office of the Primary OB provider
12- to 14-Week Ultrasound	GHC-SCW Medical Imaging (including dichorionic twin gestation). EXCEPT unknown chorionicity, monochorionic twin pregnancies, abnormal NIPS results, previous abnormal ultrasound findings in current pregnancy then should be at UnityPoint Health - Meriter Center for Perinatal Care. With full transfer of care to Maternal-Fetal Medicine, can be at GHC-SCW or Maternal-Fetal Medicine, per Maternal-Fetal Medicine provider recommendation.
NT Ultrasound	NT ultrasound has been replaced by NIPS. NT ultrasound is not authorized. EXCEPT for situations of twin demise, repeated non-reportable NIPS testing, or visibly abnormal nuchal area; in those cases NT ultrasound as part of the first trimester screen should be done at UnityPoint Health - Meriter Center for Perinatal Care, with Meriter genetic counseling
Genetic Counseling	GHC-SCW for prenatal genetic counseling (e.g. NIPS, abnormal quad, family history, carrier screen). Meriter genetic counselors when member has transferred care to MFM, with abnormal ultrasound findings, or in conjunction with CVS or amniocentesis. UW genetic counselors for general genetics or cancer indications.
NIPS/ NIPT	GHC-SCW labs
Carrier Screening	GHC-SCW labs. No prior authorization is required for cystic fibrosis and spinal muscular carrier screening done at GHC-SCW labs, fax order to GHC labs. For other carrier screening refer patient to GHC-SCW genetic counselor for coordination.
Genetic Testing	GHC-SCW labs. Prior authorization is required for all genetic testing other than CF, SMA and NIPS.
Genetic Testing on Fetus	UnityPoint Health - Meriter Center for Perinatal Care for CVS and amniocentesis. Prior authorization is not needed for CVS or amnio samples for karyotype, microarray, FISH prenatal panel or cystic fibrosis mutation panel in cases of echogenic bowel. Prior authorization is needed for any other genetic testing from fetal samples. Parental blood samples can be collected same day as procedure at Meriter to accompany fetal samples as needed.
Non-Genetic Lab Tests	If patient has GHC-SCW Primary Care Provider (PCP): labs at GHC-SCW. If patient has UW-Health or UnityPoint Health - Meriter PCP: labs can be at the PCP office, OB office or at GHC-SCW labs. For full transfer of care to MFM: routine labs (not genetic testing) can be done at MFM. If a lab is needed for same day care (e.g. antibody screen for a procedure happening that day): labs can be done at the specialist's office that day, regardless of PCP.
Diabetes Management	UnityPoint Health - Meriter Center for Perinatal Care for pregnant patients with type 1 diabetes, pre-existing type 2 diabetes, gestational diabetes requiring insulin, pre-preconception consult for type 1 or type 2 diabetes. For pre-diabetes and gestational diabetes not requiring insulin, GHC-SCW if OB provider is a GHC-SCW Provider and UnityPoint Health - Meriter Center for Perinatal Care if OB Provider is a non-GHC-SCW Provider.

Questions? Please call GHC Care Management at (608) 257-5294

List 1: Indications for a Targeted Ultrasound at Perinatal Center

1. Previous fetus or child with a congenital, genetic, or chromosomal abnormality, with potential for prenatal ultrasound findings
2. Known or suspected fetal anomaly or known or suspected fetal growth restriction in the current pregnancy
3. Fetus at increased risk for a congenital anomaly, genetic, or chromosomal condition, such as the following:
 - a. Maternal pregestational diabetes or gestational diabetes diagnosed before 24 weeks' gestation
 - b. Pregnancy conceived via in vitro fertilization (IVF)
 - c. Pre-pregnancy maternal body mass index of 30 kg/m² or higher
 - d. Multiple gestations
 - e. Abnormal maternal serum analytes, abnormal or indeterminate NIPS/cell free DNA results
 - f. Teratogen exposure
 - g. First-trimester cystic hygroma or nuchal translucency measurement of 3.0 mm or greater
 - h. Parental carrier of a chromosomal or genetic abnormality with potential for prenatal ultrasound findings
 - i. Maternal age of 35 years or older at delivery without normal NIPS results (Note that if a patient has normal NIPS, GHC-SCW does not consider targeted ultrasound medically necessary for the indication of advanced maternal age)
 - j. Positive screening test results for aneuploidy
 - k. Aneuploidy marker noted on an ultrasound examination (excluding isolated finding of choroid plexus cyst, intracardiac echogenic focus or pyelectasis)
 - l. First-trimester cystic hygroma or nuchal translucency measurement of 3.0 mm or greater
 - m. Family history of 1st or 2nd degree relative to the fetus of congenital anomaly when both an increased risk to the fetus and potential for prenatal ultrasound detection are present (e.g. open neural tube defect, cleft lip/palate, congenital heart defect)
4. Other conditions affecting the fetus, including the following:
 - a. Congenital infections with known teratogenic effects
 - b. Maternal drug use
 - c. Alloimmunization
 - d. Oligohydramnios / Polyhydramnios
5. Suspected placenta accreta spectrum (PAS) or risk factors for PAS such as placenta previa in the third trimester or placenta overlying a prior cesarean scar site

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