



PRIOR AUTHORIZATION FORM

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.

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.

GHC-SCW CARE MANAGEMENT RESERVES THE RIGHT TO CHANGE REFERRAL TYPE SHOULD REQUEST NOT MATCH DEFINITIONS LISTED ABOVE

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION

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 Health - Meriter 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 #: <input type="checkbox"/> Patient's Request	FACILITY NPI ID# N/A FACILITY PHONE #: (608) 417-6667 FACILITY FAX #: (608) 417-6364 FACILITY TAX ID # 390806367

SERVICES REQUESTED (Supporting clinical documentation MUST accompany this request)

<input type="checkbox"/> Consult Only <input type="checkbox"/> DME (Durable Medical Equipment) <input type="checkbox"/> Inpatient Services <input type="checkbox"/> Outpatient Surgical Services <input type="checkbox"/> MRI/PET/CT <input type="checkbox"/> Infusion/Injectable <input type="checkbox"/> Home Care/Hospice <input type="checkbox"/> Inpatient SNF <input type="checkbox"/> Lab <input type="checkbox"/> Diagnostics <input type="checkbox"/> Other _____	
DIAGNOSIS CODE:	PROCEDURE CODE:
DIAGNOSIS DESCRIPTION:	PROCEDURE 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 Radiology
20-week Anomaly Scan/Anatomy Scan (Level I Ultrasound)	GHC-SCW Radiology EXCEPT for patients with a pre-pregnancy BMI \geq 30 (with no rounding) or risk factors in List 1 below.
Targeted Ultrasound*	Unity Point Health - Meriter Center for Perinatal Care (one follow-up allowed to complete the targeted exam if anatomic assessment was not complete). *See List 1 below for covered indications.
Growth Scan/ Follow-Up Scan	GHC-SCW Radiology. EXCEPT for patients who have transferred care to MFM, or patients who have abnormal fetal ultrasound findings, then follow-up should be at UPH - Meriter Center for Perinatal Care
Biophysical Profile (BPP)	GHC-SCW Radiology
Cervical Length	GHC-SCW Radiology. EXCEPT for diagnoses of incompetent cervix or cerclage, which should be at UPH - Meriter Center for Perinatal Care
Dating Ultrasound	GHC-SCW Radiology
Non-Stress Tests (NST)	Ok to take place at the office of the Primary OB provider
12- to 14-Week Ultrasound	GHC-SCW Radiology (including dichorionic twin gestation). EXCEPT twins with unknown chronicity, monochorionic twin pregnancies, abnormal NIPS results, previous abnormal ultrasound findings in current pregnancy, then should be at Unity Point Health - Meriter Center for Perinatal Care. With full transfer of care to MFM, this can be at GHC or MFM per MFM 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 UPH - 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 screening). Meriter genetic counselors when member has transferred care to MFM, with abnormal ultrasound findings, or in conjunction with CVS or amniocentesis. Abnormal AFP counseling may be at GHC-SCW or UPH - Meriter. UW genetic counselors for oncology indications.
NIPS/ NIPT	GHC-SCW labs. Genetic counseling is required prior to testing.
Carrier Screening	GHC-SCW labs. Expanded carrier screening is available and requires pre-test genetic counseling at GHC, refer patient to GHC genetic counselor for coordination. If only cystic fibrosis and spinal muscular carrier screening desired, fax orders to GHC labs (no prior auth required, but must draw at GHC-SCW labs).
Genetic Testing	GHC-SCW Labs. Prior auth is required for all genetic testing other than CF, SMA, NIPS and any other carrier screening not ordered by the GHC genetic counselor.
Genetic Testing on Fetus	UnityPoint Health - Meriter Center for Perinatal Care for CVS and amniocentesis. Prior auth is not needed for CVS or amnio samples for karyotype, microarray, FISH prenatal panel or in cases of echogenic bowel cystic fibrosis mutation panel. Prior auth is needed for any other genetic testing from fetal samples. Parental blood samples can be collected same day as procedure at MFM clinic 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 or Meriter primary care provider: non-genetic 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 clinic. 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	Pregnant patients: Unity Point Health - Meriter center for perinatal care for pregnant patients with type 1, pre-existing type 2, pre-diabetes, gestational diabetes and preconception consult for type 1 or 2 diabetes. If patient has GHC-SCW PCP, GHC-SCW nutrition can see patients with gestational diabetes for nutrition consults and meter training, but these are also allowed at Meriter.

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 use of drugs or medications with known teratogenic effects
 - 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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