

## Services Requiring Authorization Desk Procedure

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### **Abstract Purpose:**

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS) Utilization Management (UM) Department maintains and updates a list of services for which contracted Commercial, Marketplace and Medicare Advantage providers and practitioners are required to obtain prior authorization from the health plan.

#### **Procedure Detail:**

Contractually, it is the responsibility of the contracted provider and/or practitioner to obtain authorization. Contracted providers/practitioners may not hold the member/participant financially responsible for services rendered when prior authorization is not requested as required.

Commercial, Marketplace and Self-Insured members/participants are required to obtain authorization for out of network services per their Certificate of Coverage, Individual and Family Policy, Summary Plan Description and/or Rider. A list of POS out-of-network services requiring prior notification is contained in the POS rider and is updated through the Rider revision process.

#### **Procedure:**

- I. The listing of Services Requiring Authorization is reviewed at least annually.
- II. Updates (additions/deletions) to the Services Requiring Authorization list are based upon the following considerations:
  - consistency with Medicare Advantage Evidence of Coverage (EOC), Certificate of Coverage (COC), Summary Plan Description (SPD) Rider, Medicare bid and/or employer group authorization requirements
  - newly covered technology
  - over/high utilization or increased utilization trend
  - high cost
  - appropriateness of treatment
  - potentially cosmetic procedure
  - potentially experimental procedure
  - case management candidate trigger
- III. The updated Commercial, Marketplace, Self-Insured and Medicare Prior Authorization Lists are presented to the Code and Edit Committee for review and approval.

**Regulatory Body:**

CMS

**Regulatory Reason:**

- CFR 422.202(a)(2)

<b>Department:</b> Health Management	<b>Origination Date:</b> 05-15-2003	<b>Next Review Date:</b> 03-01-2021
<b>Revision Number:</b> 3		
<b>Revision Reason:</b> 02-14-2017: Annual Review, 3.21.18: annual review, 3.11.19 annual review, 3.6.20 annual review		