

Use this form beginning 1/01/08



**Prior Authorization Form for GHI HMO, GHI Medicare Choice  
and GHI Family Health Plus PPO**

Phone: GHI Medicare Choice (866) 557-7300 - FHP PPO and GHI HMO (877) 244-4466

**Fax :GHI Medicare Choice: (866) 725-6603 Fax: FHP PPO and GHI HMO 877-508-2643**

Please Note: All services requiring prior authorization for the products referenced above (other than for an emergency) must be approved in advance by a GHI or GHI HMO Medical Director or designee. Prior authorization is subject to all terms and conditions of the member's contract and is only valid for eligible health plan members at the time of service.

**Please Print Legibly or Type:**

PATIENT/MEMBER IDENTIFICATION	
Member Name:	Date of Birth: <span style="float: right;">Male _ Female _</span>
GHI ID Number:	Workers Comp _ No Fault _ Other Insurance _
Is this a GHI Medicare Choice Member? _ Yes _ No	
REQUESTING PRIMARY CARE PROVIDER (OR OB/GYN) INFORMATION	
Provider Full Name:	Phone: ( ) (required)
NPI Number: _____ Tax ID Number: _____	Fax: ( ) (required)
REQUESTED SERVICE	
_ Ambulatory Surgery: see <b><i>Focused List</i></b> for procedures that require prior authorization _ Bariatric Surgery/Lap Banding _ Biofeedback _ Cardiac Rehabilitation _ Center of Excellence/Specialty Care Center (non-par) _ Durable Medical Equipment _ Home Care, Home IV Therapy _ Hospice _ Infertility	_ Inpatient (Hospital, Rehab, SNF) _ Non-participating provider _ Pain Management _ Specialist Acting as Primary Care Coordinator _ Sleep Study _ Speech Therapy _ Chiropractic, PT, OT (see reverse side for details) _ Radiology (see reverse side for details ) _ Other (i.e. select services per Medical Policy. See Provider Manual and policies on <a href="http://www.ghi.com">www.ghi.com</a> or contact GHI for copy)
Provider Rendering Service if different from above: (Full Name, Phone Number w/ area code required)  NPI Number: _____ <b>Tax ID Number (required):</b> _____ If non-participating, indicate specialty:	Facility where service is to be performed:  NPI Number: _____ <b>Tax ID Number (required):</b> _____ Date of Procedure: (required)
Surgery/Procedure/Supply/Med Requested:	Address of Facility where service to be performed:
Indications for Surgery/Procedure/Supply/Medication: (Attach Consult/diag., x-ray, progress report etc.)	
ICD-9 CM Codes(s): (required)	Two surgeon (modifier 62) requested? Check one <input type="checkbox"/> YES <input type="checkbox"/> No
CPT-4 Billing Code(s): (required)	
<p><b><u>Please note:</u></b> urgent requests are those where a delay in treatment/service could seriously jeopardize the life or health of the member or the member's ability to regain maximum function or would subject the member to severe pain that cannot be adequately managed without the care or treatment requested.</p> <p><b><u>For Medicare Members Only:</u></b> A request for expedited determination is when the enrollee or his/her physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy; and the enrollee believes that the Medicare Advantage organization should directly or arrange for service to be provided (when the enrollee has not already received the services outside of the Medicare Advantage organization).</p>	
<b>Required: If an urgent/expedited condition exists, you must provide detailed justification here:</b>	
<b>Signature of Requesting Provider:</b>	<b>Date:</b>

Please refer to the GHI HMO or GHI Medicare Choice PPO Provider Manual for Medical Coverage Policies. Additional details furnished upon request by calling GHI at (877) 508-2643. This authorization does not guarantee payment of benefits or verify eligibility. Payment of benefits is subject to all terms, conditions, limitations, and exclusions of the member's contract. Regardless of a determination, medical decisions regarding a course of treatment are solely between the provider and his or her patient.

Revised 1/1/2008

See Reverse for Quick Reference To GHI/GHI HMO Authorizations  
GHI Medicare Choice: (866) 557-7300 FHP PPO and GHI HMO 24 hour phone: (877) 244-4466

**QUICK REFERENCE REFERRAL AND PRIOR AUTHORIZATION REQUIREMENTS  
GHI HMO, MEDICARE CHOICE PPO, AND GHI FAMILY HEALTH PLUS PPO**

**Important:** This is an abbreviated list of the most common services requested and is intended as a quick reference tool only. For complete information, refer to the GHI Medical Coverage policies. A list of policies may be found in the GHI HMO Provider Manual or the GHI Medicare Choice PPO Provider Manual on GHI.com or may be requested by calling Customer Service at (877) 244-4466.

**TO LOCATE A PARTICPATING PROVIDER GO TO GHI.com.**

Service	Referral/Authorization Requirement		
	Prior Authorization Needed	Referral Needed	No Authorization
Ambulance (non-emergent)	X (see coverage policy)		
Ambulatory Surgery	X For select procedures only (See Focused Amb/Surg Prior Auth Code List)		
Bariatric Surgery/Lap Banding	X		
Biofeedback	X		
Cardiac Rehabilitation	X By provider of service after initial evaluation	X Initial eval only	
Chiropractic Care Contact Prism Health Network at (866) 284-2901	X After initial 6 visits (after 8 for Medicare Advantage)	X	
Potentially Cosmetic Procedures	X		
Diagnostic/Imaging – CT, MRI, MRA, Nuclear Medicine, PET Scans, OB Ultrasounds in excess of 3	X CareCore National at (800) 533-1206		
Diagnostic/Imaging - routine			X
Durable Medical Equipment (DME)	X In excess of \$2000 (\$500 Medicare Advantage)		
Emergency Care			X
Erectile Dysfunction Treatment, supplies, drugs	X		
Experimental/Investigational	X Not covered under some contracts		
Hyperbaric Oxygen	X		
Home Care/Home IV	X		
Hospice	X		
Infertility Treatment	X Not covered under some contracts		
Inpatient Care (hospital, rehabilitation, skilled nursing facility)	X		
Medications: growth hormone, Factor XIII, IV, Algulcerase, Interferones, Cox2 Inhibitors, Retinoids, cosmetic meds, fertility agents and meds for erectile dysfunction, Amevive, Erythroid stimulants, Lamisil, Provigil, Regranex, Raptiva, Revatio, Synagis Xolair, Zyvox. Note: List is subject to change.	X		
Non-participating providers	X Refer to GHI.com to locate a par provider		
Pain Management	X		
Physical/Occupational Therapy Contact Prism Health Network at (866) 284-2901, Fax# 716-712-2817 Contact GHI HMO for Medicare	X After first 6 (after first 20 Medicare Advantage)	X For initial 6 visits	X For Medicare Advantage
Sleep Studies	X		
Participating Specialist		X	
Speech Therapy	X		
Wireless Endoscopy	X		
Behavioral Health/Substance Abuse	Call Magellan Behavioral Health Care at (877) 244-4466. For Medicare Advantage and FHP PPO call Value Options at (877) 244-4466		
Optometry – Routine Annual Eye Exams	Call Davis Vision at (800) 999-5431		

The information contained in this grid should not be used as a substitute for the policies and procedures found in the Provider Manual and if any information in this grid differs from the Provider Manual or the member contract, the Provider Manual or the member contract shall control.