

# Prior Authorization Short List

***This is a non-exhaustive “short list,” which means that there are more services that require prior authorization that may not be included here.*** This document outlines important information about the CGHC prior authorization policy. In-network providers have access to the entire list of services and codes that are required for Prior Authorization, here: <https://www.commongroundhealthcare.org/providers/resources/>

Additional information can be found in your Certificate of Coverage at [www.CGCares.org/certificate](http://www.CGCares.org/certificate).

- Behavioral Health, Including Alcohol & Chemical Dependency Services: Inpatient, Residential, Partial Hospitalization
- Cardiovascular Imaging Studies Including Echocardiography, Electrophysiology Studies and other Specialized Cardiac Nuclear Imaging or Similar Studies
- Routine Care Associated with Clinical Trials
- Cochlear Implants
- Certain Durable Medical Equipment (DME) Items (including but not limited to certain assistive devices, wheelchairs, scooters or similar power mobility devices, hospital beds, specialized support surfaces such as air-fluidized beds, infusion pumps, medical supplies to administer medications, and certain other durable medical equipment and supplies)
- Elective Inpatient Admissions including, but not limited to, Acute Hospital, Skilled Nursing Facilities (SNF), Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC) Facilities
- Experimental/Investigational Procedures or Certain Treatments that Have not been Proven by Contemporary, Evidence-Based Literature to be Safe, Effective, or Consistent with the Established Standard of Care as Determined by National Consensus Guidelines
- Genetic Testing
  - Exception: BRCA1/BRCA2; sickle cell anemia for newborns up to 12 mos
- Hyperbaric/Wound Therapy
- Certain Imaging/Radiology Testing (including MRI, CT, PET scans)
- Miscellaneous and Unlisted Codes. (CGHC requires standard, generally accepted codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale for the service must be submitted with the prior authorization request)
- Certain Pain Management Services, Particularly Involving Invasive Procedures or Specialized Injections or the Implantation of Pain Pumps
- Certain Prosthetics/Orthotics and Supplies (including limb or other prostheses)
- Certain Psychological Testing and Neuropsychological Testing
- Reconstructive or Plastic Surgery Procedures
- Sleep Studies
- Certain Specialty Medications Administered in an Office or Outpatient Setting
- Certain Surgery Procedures – performed at an Outpatient Hospital, Freestanding Surgical Center and Ambulatory Surgery Centers
- Temporomandibular Joint (TMJ) Disorder Procedures or Services
- Transplant Services Including Pre-Transplant Evaluations and Procedures