

Prior Authorization Short List

This list contains frequently requested services that require prior authorization; it is not the full list.

Other services may require prior authorization that are not included below.

Additional information about Common Ground Healthcare Cooperative's Prior Authorization requirements can be found in your [Certificate of Coverage](#).

In-network providers have access to the entire list of services and codes that require Prior Authorization on the [CGHC website, Provider Resources and Training](#).

- **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**
- **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 months
- **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** – Including 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 or Ambulatory Surgery Center
- **Temporomandibular Joint (TMJ) Disorder Procedures or Services**
- **Transplant Services** – Including pre-transplant evaluations and procedures