

Prior Authorization – Frequently Requested Services

Prior authorization (PA) is the practice of getting approval for certain services before receiving treatment or filling a prescription in order for the service or prescription to be covered under your plan. This list contains frequently requested services that require prior authorization approval by Common Ground Healthcare Cooperative (CGHC). Other services may require prior authorization that are not included below. Providers have access to the complete list of services and codes that require prior authorization on the [CGHC website, Provider Resources and Training page](#). You can find more details about prior authorization requirements in your [Certificate of Coverage](#).

- **Behavioral Health** – Including alcohol and chemical dependency services: inpatient, residential, partial hospitalization
- **Certain Cardiovascular Imaging Studies** – Including echocardiography, electrophysiology studies and other specialized cardiac nuclear imaging or similar studies
- **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, infusion pumps, 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, and 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
- **Hospital Admission** – For an urgent or emergency hospital admission, please call 1.877.825.9293 within 24 hours of being admitted. If CGHC is closed, call us on the next business day.
- **Hyperbaric/Wound Therapy**
- **Certain Imaging/Radiology Testing** – Including MRI, CT, and 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 Prescription Drugs** – see the list of [covered medications \(formulary\)](#) for details
- **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