

# Referrals and Precertifications/Prior Authorizations

## Inpatient Hospitalization



### GHP requires prior authorization for all planned hospital admissions.

Providers need to request prior authorization for planned admissions of all GHP members, including Geisinger Gold (Medicare Advantage) and GHP Family (Managed Medicaid) members.

The prior authorization form is available online through the GHP plan central page on NaviNet.net.

### Timeframes for planned inpatient admission prior authorization and notification requirements

- Prior authorization is required no less than 2 business days prior to the planned date of admission.
- The participating admitting facility will continue to be responsible for notifying GHP of member hospitalization within 1 business day of admission. A determination of continued coverage and a subsequent assigned concurrent review date will be provided by GHP medical management.
- GHP will also continue to require notification for any observation stay expected to exceed 23 hours

Question about this policy can be made by calling GHP medical management at 800-544-3907, Monday through Friday, 8:00 a.m. — 5:00 p.m.

### Information required when requesting precertification;

- Demographics: member name, Geisinger Health Plan identification number, admission date, admitting participating provider's full name, name of hospital, requestor's name, fax number and telephone number
- Reason for admission: all pertinent diagnoses and applicable diagnosis code(s), procedure scheduled/to be performed, procedure codes, date scheduled (if available)
- Severity of illness indicators:
  - 1) Clinical findings
  - 2) Pertinent imaging/ECG findings
  - 3) Pertinent laboratory findings
- Intensity of Service Indicators:
  - 1) Pertinent treatment/medication ordered, including frequency of administration
  - 2) Discharge planning/case management/social service's assessment and plan

## Audits

Providers are expected to maintain all necessary medical record documentation in accordance with contractual and regulatory guidelines for inpatient admissions. GHP will conduct regular audits, and if it is determined that prior authorization was not obtained appropriately for admissions requiring it, or if an inpatient admission is determined clinically inappropriate by a GHP medical director, claims may be subject to adjustment.

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*Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.*

*All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.*

*Publication history:*