



## Good Things to Know about the City's Health Plan

### FAQ on Pre-certification and Pre-authorization

Please familiarize yourself with the following information so that you understand requirements of the City's health plans when you receive health care services. While the plan designs of the City's health plans did not change, some administrative processes have changed. This FAQ document is meant to assist you in understanding these differences.

#### **Do my health care services require pre-certification?**

Sometimes health care services require a clinical review (called a pre-certification in insurance jargon) before the services will be considered medically necessary by the City of La Crosse's health plans. Most of the time your health care provider is familiar with this requirement and will submit the needed paperwork to your health plan. Primarily, these services are inpatient hospital stays or surgical procedures but also involve some more expensive outpatient treatments. Please refer to page 5 in the City's Master Plan Document for additional information.

#### **What specifically requires pre-certification under the City of La Crosse's health plans?**

Attached is a list of health care services which require pre-certification under the City's health plans.

#### **Who handles the pre-certification process for the City?**

The City of La Crosse uses HealthLink to pre-certify medical necessity of health care services. Contact information for HealthLink is on the back of your ID card and on the attached flyer. Please share this flyer with your health care provider if they ask you for additional information.

#### **When should a pre-certification occur?**

Health services that require a pre-certification should be pre-certified **prior** to the date of the actual service. However, in an emergency, it is understood that you cannot pre-certify and so in the event of an urgent care confinement, you must call within 48 hours as noted on your ID card.

#### **Does a pre-certification guarantee that the health care service will be paid by the City's health plans?**

While a pre-certification verifies that a health care service is medically necessary in the patient's situation, it does not promise that the health plan will pay for the service. The patient must still be a covered individual under the City's health plan and the service received must be an eligible expense in the health plan.

**How do I know if the health care service I am to receive is eligible for payment under the City's health plan?**

If you are a covered member under one of the City's health plans, your health care provider can call PBA, administrator of the City's health plan, to obtain a pre-authorization. A pre-authorization, also known as predetermination, reviews if a treatment plan is an eligible expense under the City's health plans. Additional information on pre-authorizations can be found on page 6 in the Master Plan Document.

**What type of health care services should be pre-authorized?**

Most of the time, your health care provider will know the types of services that need to be pre-authorized. Briefly stated, costly health care services should be pre-authorized, so you have the peace of mind to know that it is covered under the City's health plan.

**How long does my pre-authorization last?**

It is recommended that you update your pre-authorization if you do not receive treatment within 90 days of pre-authorization.

**Does a pre-authorization guarantee that the health care service will be paid by the City's health plans?**

While a pre-authorization verifies that a health care service is a covered service, it does not promise that the health plan will pay for the service. The patient must still be a covered individual under the City's health plan when the service is received.

**Do I need to both pre-certify and pre-authorize my health care services?**

Yes. You may need to pre-certify and pre-authorize your health care services. Pre-certification determines if the service is medically necessary while a pre-authorization determines if the service is covered under the City's health plan.

### **Example of How the Process Works**

While this process can seem overwhelming, it is just a series of simple steps as outlined below.

**Step 1** – Patient received diagnosis that requires a health service listed on the attached HealthLink flyer.

**Step 2** – Patient’s provider’s office contacts HealthLink to pre-certify that the recommended health service is medically necessary and appropriate for the patient’s condition.

**Step 3** – HealthLink reviews the request to pre-certify and decides if the health service is medically necessary in the patient’s situation. HealthLink notifies both the provider’s office and the patient. Patients will be notified by mail.

**Step 4** – If the health service is denied by HealthLink, the provider’s office may need to provide additional information.

**Step 5** – Once medical necessity and appropriateness of care is established, then the provider’s office will contact PBA to determine if the health service is a covered service under the City’s health plans and verify that the patient has coverage. This is called pre-authorization.

**Step 6** – PBA determines patient’s coverage and how the plan will pay. PBA notifies both the provider’s office and the patient. Patients will be notified by mail.

**NOTE:** There can be health services which are not on the HealthLink Pre-certification List that may benefit from pre-authorization. Your provider’s office understands that costly health services/treatment plans need to be pre-authorized and will contact PBA.

**Questions about the process?** Please contact PBA at 800-435-5694 (this number is also on the back of your ID card).

**Where to find the Medical Plan Master Plan Document/Summary Plan Description?** Visit [www.cityoflacrosse.org/hr/eebenefits](http://www.cityoflacrosse.org/hr/eebenefits). A hard copy can be obtained from City HR.

## For HealthLink Reviews

Customer Service and Notifications/Pre-Certifications:

877-284-0102 • 800-510-2162 (fax)

Phone Hours: 7:00 a.m. to 5:00 p.m. CST

### Inpatient Services (Medical/Surgical)

- Bariatric Surgery COVERED FOR ATU ONLY
- Cervical Spine Surgery
- Computer Navigation for Orthopedic Surgery
- Elective Admissions
- Emergency Admissions – Requires notification no later than 2 business days after admission
- Hospice
- LTAC Admissions
- Lumbar Spine Surgery
- OB Delivery stays beyond the Federal Mandate minimum (including newborn stays beyond mother's stay)
- Rehabilitation Facility Admissions
- Sacroiliac Joint Fusion
- Skilled Nursing Facility Admissions
- Transplants

### Surgical Procedures - Ambulatory

- Bariatric Surgery
- Blepharoplasty/Blepharoptosis
- Bone-Anchored Hearing Aids
- Breast Procedures
- Cardiac Resynchronization Therapy (CRT) with or without Implantable Cardioverter Defibrillator (CRT/ICD) for Treatment of Heart Failure
- Cartilage Transplant Knee
- Cervical Spine Surgery
- Cochlear Implant
- Computer Navigation for Orthopedic Surgery
- Cosmetic and Reconstructive Services of Head, Neck, Trunk and Groin
- Elective Total Hip Arthroplasty
- Elective Total Knee Arthroplasty
- IDET Procedure
- Implantable Cardioverter-Defibrillator (ICD)
- Lumbar Spine Surgery
- Mandibular/Maxillary Surgery (Orthognathic)
- Mastectomy for Gynecomastia
- Nasal Septoplasty
- Panniculectomy and Lipectomy/  
Diastasis Recti Repair
- Reduction Mammoplasty
- Rhinoplasty
- Sacroiliac Joint Fusion
- Sinus Endoscopy
- Sleep Apnea Surgery - LAUP/UPPP,  
Nasal, and Uvulopalatoplasty
- Treatment of Varicose Veins (Lower Extremities)

### Behavioral Health Services

- Applied Behavior Analysis (ABA)
- Intensive Outpatient Program (IOP)
- Inpatient Behavioral Health Services
- Partial Hospital Program (PHP)
- Residential Behavioral Health Services
- Transcranial Magnetic Stimulation (TMS)

### Ancillary Services

- Air Ambulance – Non-Emergent
- Botulinum Toxin – Review for Migraine Use Only
- Home Health Services
- Genetic Testing for Breast and/or Ovarian Cancer Syndrome
- Genetic Testing for Inherited Peripheral Neuropathies
- Genetic Testing for PTEN Hamartoma Tumor Syndrome
- Home Hospice
- Home Infusion Services
- Hyperbaric Oxygen Therapy (Systemic/Topical)
- Occupational Therapy
- Physical Therapy
- Private Duty Nursing
- Speech Therapy

## For HealthLink Reviews

Customer Service and Notifications/Pre-Certifications:

877-284-0102 • 800-510-2162 (fax)

Phone Hours: 8:00 a.m. to 5:00 p.m. CST

### Durable Medical Equipment

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Any DME equipment in excess of \$1,000 purchase price</li> <li>• Bone Stimulator</li> <li>• Cardio/External Defibrillator</li> <li>• Cooling Devices</li> <li>• CPAP/BIPAP</li> <li>• Electric Scooters</li> <li>• Infusion Pumps</li> <li>• Insulin Pumps</li> <li>• Limb Prosthetics</li> </ul> | <ul style="list-style-type: none"> <li>• LVAD – Reviewed by Transplant</li> <li>• Myoelectric prosthetics</li> <li>• Neuromuscular Stimulators</li> <li>• Any Orthotics equipment in excess of \$1,000 purchase price*</li> <li>• TENS Unit</li> <li>• Wheelchairs (Custom)</li> <li>• Wheelchairs (Power)</li> <li>• Wound Vacs</li> </ul> |
|--|---|

### Diagnostic Imaging - Ambulatory

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Coronary CT Angiography (CCTA)</li> <li>• Coronary MRA</li> <li>• Cardiac MRI</li> <li>• MRA of the Head and/or Neck</li> </ul> | <ul style="list-style-type: none"> <li>• MRI of the Brain</li> <li>• MRI of the Spine – Cervical, Thoracic, Lumbar, Sacral</li> <li>• PET Scan</li> </ul> |
|--|---|

### Specialty Infusion Drugs

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Ado-Trastuzumab Emtansine (Kadcyla)*</li> <li>• Alemtuzumab (Lemtrada)*</li> <li>• Alpha-1 Proteinase Inhibitor NOS*</li> <li>• Atezolizumab (Tecentriq)*</li> <li>• Azacitidine (Vidaza)</li> <li>• Bevacizumab (Avastin) – Review for Non-Eye Only</li> <li>• Bortezomib (Velcade)</li> <li>• CAR-T Cell Therapy (Yescarta and Kymriah)</li> <li>• Denosumab (Prolia, Xgeva)*</li> <li>• Durvalumab (Imfinzi)*</li> <li>• Eculizumab (Soliris)*</li> <li>• Edaravone (Radicava)*</li> <li>• Enfortumab Vedotin-ejfv (PADCEV)*</li> <li>• Etanercept (Enbrel)</li> <li>• FAM-Trastuzumab Deruxtecan-NXKI (Enhertu)*</li> <li>• Ferric Carboxymaltose (Injectafer)*</li> <li>• Fulvestrant (Faslodex)</li> <li>• Hyaluronan or Derivative*</li> </ul> | <ul style="list-style-type: none"> <li>• Immune Globulin (Intravenous)</li> <li>• Infliximab (Remicade)</li> <li>• Ipilimumab (Yervoy)</li> <li>• Iron sucrose (Venofer)*</li> <li>• Nivolumab (Opdivo)</li> <li>• Nusinersen (Spinraza)</li> <li>• Ocrelizumab (Ocrevus)*</li> <li>• Paclitaxel (Abraxane Only)</li> <li>• Panitumumab (Vectibix)</li> <li>• Pegloticase (Krystexxa)*</li> <li>• Pembrolizumab (Keytruda)</li> <li>• Pemetrexed (Alimta)</li> <li>• Rituximab (Rituxan) – Review for Non-Oncology Diagnosis/Treatment Only</li> <li>• Vedolizumab (Entyvio)*</li> <li>• Voretigene Neparvovec (Luxturna)</li> <li>• Zolgensma</li> </ul> |
|--|---|

Please refer to the member's ID card to ensure that the member's health plan participates with HealthLink Medical Management.

HealthLink's Utilization Management program is designed to provide clinical review of medical care to convey information and recommendations to plan administrators and carriers in connection with their determination of benefit eligibility. Medical necessity certification does not guarantee that services are covered. Benefits are subject to the patient's eligibility at the time charges are actually incurred, and to all other terms, conditions and exclusions of the applicable health plan.

\*New services requiring pre-certification as of 1/1/22.