



North Texas Healthcare Network

PRECERTIFICATION FOR ALL PRODUCTS

Admissions

Typically, precertification is required for all inpatient admissions. Refer to the patient's ID card to verify with medical management agent.

Participating physicians are responsible for precertifying a member's admission and if applicable, notifying the member's PCP. Participating physicians are also responsible for ensuring the use of participating anesthesiologists whenever performing surgeries requiring anesthesia. Once a treatment program has been pre-authorized, concurrent review and discharge planning will begin. The patients's medical condition determines the frequency of reviews.

Emergency Services

- **Admissions**

All emergency admissions require admission review within twenty-four (24) hours or by the next working day following a weekend or holiday. Refer to the patient ID card for the medical management agent.

- **ER Visits**

Requirement of review of ER visits is employer specific. Refer to patient ID card for the medical management agent to verify whether review is necessary.

Outpatient Services

Requirement for precertification for outpatient services are employer specific and will vary. Refer to the patient ID card for the medical management agent to verify what services may require precertification.

Precertification of admissions, emergency services or outpatient services require the following information:

- Patient's name and demographics
- Employer information
- Diagnosis and supporting clinical findings, (i.e., brief history and physical, lab and x-ray results)
- Scheduled admission/procedure and date
- Estimated length of stay
- Assistant surgeon and anesthesiologist's name if scheduling a surgical procedure.

NOTE:

NTHN or the designated medical management agent does not make any decisions regarding the denial or limitation of benefits. Even though a plan of treatment has been pre-certified as medically appropriate, this does not confirm eligibility for coverage or guarantee payment. The medical management agent makes recommendations to the payor, but the final decision to deny/limit health care benefits lies with the payor. All decisions relating to eligibility and payment are the responsibility of the payor.

(See Example Precertification List)

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