

UTILIZATION REVIEW (UR) PROGRAM

The Utilization Review program is designed to help all Plan Participants receive Medically Necessary health care. Utilization Review is provided through GPA's HealthWatch department. If warranted, independent Physician reviews and appeals are conducted. **Notification must be provided to Utilization Review for all services as detailed below. It is not necessary to contact the Plan or Utilization Review for prior approval of such services.**

UR NOTIFICATION REQUIREMENTS

Notification is required within forty-eight (48) hours following the services listed below (or the next business day if holiday or weekend admission):

- **Inpatient Hospital/Facility admissions (including admissions for Mental Disorders, Chemical Dependency, Drug and Substance Abuse);**
- **Outpatient Surgical Procedures other than those performed in the Physician's office;**
- **Outpatient Day Treatment Facility for Mental Disorders, Chemical Dependency, Drug and Substance Abuse;**
- **Select Diagnostic Medical Procedures;**
- **Dialysis;**
- **Durable Medical Equipment purchases in excess of \$500 or Durable Medical Equipment rentals;**
- **Prosthetics;**
- **Home Health Care;**
- **Hospice;**
- **Orthotics;**
- **Speech Therapy;**
- **Occupational Therapy;**
- **Physical Therapy;**
- **Cardiac Rehab;**
- **Pulmonary Rehab;**
- **Oral Surgery;**
- **Home Infusion Therapy; and**
- **Insulin pumps.**

The Utilization Review Nurse may discuss with the Physician and/or Hospital/Facility the diagnosis, the need for hospitalization versus alternative treatment, and length of any Hospital/Facility confinement. Utilization Review will notify the Physician and/or Hospital/Facility verbally or electronically of the outcome of the Utilization Review.

Failure to notify Utilization Review or comply with these requirements will result in a \$500 penalty applied to the services listed above. If this non-compliance penalty is imposed for failure to notify Utilization Review, that amount will not be included as part of the Calendar Year Deductible, Copay or Annual Out-of-Pocket Maximum.

NOTE: Please refer to the Plan Participant identification card for name and phone number for Utilization Review. While UR Notification of certain services is required under the Plan, that notice does not constitute a Claim and any such action taken by Utilization Review does not constitute a Benefit Determination. Utilization Review is also being provided as a courtesy for Plan Participants in an attempt to ensure such services will be Covered Medical Expenses under the Plan. All Claims are subject to all Plan requirements, such as Medical Necessity, Major Medical Expense Benefits, Plan Exclusions, Maximum Benefits and Limitations and Eligibility provisions at the time care and services are provided.

SELECT DIAGNOSTIC MEDICAL PROCEDURES

The following is a list of Select Diagnostic Medical Procedures that may be performed in a Physician's office,

the Outpatient department of a Hospital, free-standing center or an independent Facility.

Benefits are

available under the Plan as specified in the Schedule of Benefits:

1. Bone scan – Specialized x-ray of bone tissues using radioactive injection if more sensitive to bone

irregularities than usual x-rays:

- a. Limited area;
- b. Multiple areas;
- c. Whole body;
- d. With vascular flow only;
- e. Three phase technique; or
- f. Tomographic (SPECT).

2. Cardiac stress test:

Thallium – Use of radioactive dye to define areas of decreased blood flow in vessels of the heart while

the patient exercises.

Treadmill – Reading of the electrical patterns of the heart (EKG) while the patient exercises on a treadmill.

3. CT Scan – Computerized x-ray picture of a part of the body.

4. MRI (Magnetic Resonance Imaging) – Diagnostic imaging modality that uses magnetic and radio

frequency fields to image body tissue non-invasively.

5. PET Scan (Positron Emission Tomography) – A three-dimensional imaging technique that allows visual

examination of the internal organs and illustrates organ function.

6. Ultrasound, Echography and Sonography – The use of inaudible sound waves to outline the shape of

organs and tissues in the body. A sonogram during Pregnancy is not considered a Select Diagnostic

Medical Procedure and is payable under the Plan's Lab/X-ray Benefit.

7. Myelogram – x-ray of the spine after injection of a contrast medium (dye) into a space in the spinal canal.
8. Aortography, Angiography, Lymphangiography, Venography, Transcatheter, Transluminal Atherectomy and Diskography.
9. Nuclear medicine scans.