



A Member of Trinity Health

Authorization Guidelines & Requirements for Hospital Based Scheduled Services

***These are estimated timelines and may differ per payor.**

Pre-Registration Department 706-389-2750

Type of Insurance	Average Business Days to Authorize*
Aetna (72 hours to review)	5-7 Days
Ambetter	14 Days
Anthem/BCBS	5-7 Days
Cigna	3-5 Days
First Health Network PPO	3- 5 Days
Humana	5-7 Days
Medicaid (traditional)	5-7 Days
Medicaid CMO	5-7 Days
Medicare (traditional)	CPT Based 7- 10 Days
Medicare Advantage Plans	1-3 Days
Multiplan PPO	3-5 Days
PHCS	3-5 Days
United Healthcare (72 hours to review)	3-5 Days

Updated November 2021

Please Notice

- Any service needed sooner than estimated approval period **will require** the **practice** to obtain the authorization. This **includes** STAT procedures or Add On cases.
- **ALL** clinical records from the practice **must be complete and available** at time of scheduling. Incomplete clinical information will result in **rescheduling** the service.
- Each physician practice should obtain the authorization of the service for all **IN or OUT patient surgery cases no later than 12 noon the day prior to service.**