

## PRECERTIFICATION

**Pre-certification/Pre-certified** means the required assessment of the necessity, efficiency and/or appropriateness of specified health care services or treatment made by the Medical Review Program. Request for Precertification must be made by the Covered Person or the Covered Person's attending Physician prior to the commencement of any service or treatment. If Precertification is required, it must be obtained to avoid a reduction in benefits.

The following treatment or services must be pre-certified by the Medical Review Program:

1. Inpatient admissions
2. Inpatient Rehabilitation Therapy admissions
3. Inpatient Skilled Nursing Facility, long term care, and sub-acute admissions
4. Inpatient mental health and chemical dependency admissions
5. Inpatient Residential Treatment
6. Non-Emergent (Scheduled) Air or Ground Ambulance
7. Pediatric Medically Necessary contact lenses
8. Amino Acid-Based Elemental Formulas
9. Low Protein Modified Foods
10. Clinical Trials
11. Medical Foods
12. Applied Behavioral Analysis (ABA)
13. Bariatric Surgery
14. Cardiac Rehabilitation
15. Dental & Endoscopic Anesthesia
16. Durable Medical Equipment
17. Genetic Testing
18. Habilitative Therapy (physical therapy, occupational therapy, and speech therapy)
19. Home Health & Home Infusion Services
20. Hospice (home, inpatient)
21. Infertility Procedures
22. Imaging Service (Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computed Tomography (CT), Computerized Tomography Angiography (CTA), Positron Emission Tomography (PET), Electronic Beam Computed Tomography (EBCT), SPECT, not including x-ray or ultrasound)

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23. Outpatient Injectable Drugs
24. Outpatient Surgery (performed at hospital, ambulatory surgery center of licensed facility)
25. Orthotics/Prosthetics
26. Implantable prosthetics (includes breast, bone conduction, cochlear)
27. Pain Management services (radiofrequency ablation, implantable pumps, spinal cord stimulator, injections)
28. Radiation Therapy Services
29. Reconstruction Surgery
30. Outpatient Rehab Therapy (physical, occupational, speech, pulmonary)
31. TMJ/Orthognathic Surgery
32. Transplant Services (Including Pre & Post)
33. The following outpatient procedures:
  - a) Hyperbaric oxygen
  - b) Sclerotherapy
  - c) Plasma Pheresis (MS)
  - d) Anodyne Therapy
  - e) Sleep Studies
  - f) Vagal Nerve Stimulation
  - g) Hemispherectomy
  - h) Implants
  - i) Pill Endoscopy
  - j) Stab phlebotomy
  - k) Radiofrequency ablation
  - l) Enhanced External Counter pulsation (EECP)
  - m) Resection
  - n) Corpus Colostomy surgery
  - o) Uvulo-palato-pharyngoplasty (UPPP) & laser-assisted UPPP