

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. Bariatric Surgery
13. Cardiac Rehabilitation
14. Dental & Endoscopic Anesthesia
15. Durable Medical Equipment
16. Genetic Testing
17. Habilitative Therapy (physical therapy, occupational therapy, and speech therapy)
18. Home Health & Home Infusion Services
19. Hospice (home, inpatient)
20. Infertility Procedures
21. Imaging Service (Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography Angiography (CTA), Positron Emission Tomography (PET), Electronic Beam Computed Tomography (EBCT), SPECT, not including x-ray or ultrasound)
22. Outpatient Injectable Drugs
23. Outpatient Surgery (performed at hospital, ambulatory surgery center of licensed facility)

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24. Orthotics/Prosthetics
25. Implantable prosthetics (includes breast, bone conduction, cochlear)
26. Pain Management services (radiofrequency ablation, implantable pumps, spinal cord stimulator, injections)
27. Radiation Therapy Services
28. Reconstruction Surgery
29. Outpatient Rehab Therapy (physical, occupational, speech, pulmonary)
30. TMJ/Orthognathic Surgery
31. The following outpatient procedure:
 - 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 abalation
 - l. Enhanced External Counterpulsation (EECP)
 - m. Resection
 - n. Corpus Colostomy surgery
 - o. Uvulo-palato-pharyngoplasty (UPPP) & laser-assisted UPPP