

PRECERTIFICATION

Pre-certification/Pre-certified means a Covered Person must obtain Pre-certification of all non-emergency Hospital stays and certain other non-emergency services and procedures. Request for Pre-certification may be made by the Covered Person, the Covered Person's attending Physician, or the Covered Person's authorized representative prior to the commencement of any service or treatment; however, precertification is the Covered Person's responsibility. If Pre-certification is required, it must be obtained to avoid a possible 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 Behavior Analysis (ABA)
13. Bariatric Surgery
14. Cardiac Rehabilitation
15. Pulmonary Rehabilitation
16. Dental & Endoscopic Anesthesia
17. Durable Medical Equipment
18. Genetic Testing
19. Habilitative Therapy (physical therapy, occupational therapy, and speech therapy)
20. Home Health & Home Infusion Services
21. Hospice (home, inpatient)
22. Infertility Procedures
23. Imaging Service (Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computed Tomography (CT), Computerized Tomography Angiography (CTA), Positron Emission

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Tomography (PET), Electronic Beam Computed Tomography (EBCT), SPECT, not including x-ray or ultrasound)

24. Outpatient Injectable Drugs

25. Outpatient Surgery (performed at hospital, ambulatory surgery center of licensed facility)

26. Orthotics/Prosthetics

27. Implantable prosthetics (includes breast, bone conduction, cochlear)

28. Pain Management services (radiofrequency ablation, implantable pumps, spinal cord stimulator, injections)

29. Radiation Therapy Services

30. Reconstruction Surgery

31. Outpatient Rehab Therapy (physical, occupational, speech, pulmonary) Outpatient Rehab Therapy (physical, occupational, speech, pulmonary)

32. TMJ/Orthognathic Surgery

33. Transplant Services (Including PRE & POST)

34. 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