

## 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 in the form of a penalty.

**Medical Review Program** means the organization or program that: 1) evaluates proposed treatment or services; and 2) when appropriate, determines that KPIC will deny coverage on the grounds that the care is not Medically Necessary or is not Medically Necessary Treatment of a Mental Health or Substance Use Disorder. The Medical Review Program may be contacted 24 hours per day, 7 days per week.

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

1. Inpatient Hospital admissions and services\*.
2. Inpatient Mental Health admissions and services\*.
3. Inpatient Substance Use Disorder admissions and services\*.
4. Inpatient care at a Skilled Nursing Facility or any other licensed medical facility\*.
5. Home Health Care Services, including Home Infusion and Home Therapy.
6. Inpatient Rehabilitation Therapy admissions, services, and programs\*.
7. Inpatient Residential Treatment\*.
8. Outpatient surgery at a Hospital, Free-Standing Surgical Facility or other licensed medical facility.
9. The following specific treatments and procedures:
  - a. Blepharoplasty, Ptosis Repair
  - b. Breast Augmentation/Implants
  - c. Breast Reduction
  - d. Clinical Trials
  - e. Cosmetic Procedures
  - f. Craniofacial Reconstruction
  - g. Dental and Endoscopic Anesthesia
  - h. Durable Medical Equipment (DME):
    - i. Airway Clearance Vest
    - ii. Bone stimulator
    - iii. Cardioverter Defibrillator Vest
    - iv. Cough Stimulator Device
    - v. Communicators
    - vi. CPAP/BIPAP

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- vii. External Vacuum Erection Devices
- viii. Hospital-grade electric breast pump
- ix. Insulin pump
- x. Neuromuscular Stimulators
- xi. Oxygen
- xii. Patient Lifts
- xiii. Specialty beds
- xiv. TENS Units
- xv. Wheelchair Cushions/Seating Systems
- xvi. Woundvac
- i. Enteral solutions
- j. Fertility Preservation Services for the treatment of iatrogenic infertility
- k. Genetic Testing
- l. Imaging Services: MRI, MRA, CT, CTA, PET, EBCT
- m. Implantable Prosthetics (includes breast, bone conduction, cochlear, and ocular)
- n. Injectable medications
- o. Medical Food Products for treatment of Phenylketonuria (PKU)
- p. Non-Emergency Air or Ground Ambulance Transport
- q. Orthognathic Surgery (non-dental jaw bone surgery)
- r. Orthotics/Prosthetics
- s. The following outpatient Procedures:
  - i. Outpatient sleep studies (lab or home)
  - ii. Outpatient vein procedures (office or outpatient); includes sclerosing, ablations, stripping
  - iii. Cosmetic procedures (office or outpatient)
  - iv. Dermatology procedures (office or outpatient); includes injection of fillers, photophoresis, laser, tattooing, phototherapy
  - v. Outpatient hyperbaric treatment
  - vi. Pill or wireless endoscopy (office or outpatient)
  - vii. Oral procedures (office or outpatient); includes palate, tongue, floor of mouth, prosthesis
  - viii. External counterpulsation

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- ix. Complex wound care (office or outpatient); includes wound vacuum, cultured or biomechanical skin graft
- x. Insertion or removal of Neurostimulator
- t. Pain Management:
  - i. Epidural Injections
  - ii. Use of Neurolytic agent
  - iii. Decompression Procedure
  - iv. Epidural or Intrathecal Implant procedures
  - v. Epidural or Intrathecal Pump use.
  - vi. Injection of anesthetic agent
  - vii. Insertion or removal of Neurostimulator
  - viii. Paravertebral or Transforaminal injections
  - ix. Sacroiliac Injection.
- u. Radiation Therapy Services
- v. Reconstruction Surgery (including all procedures by plastic surgeon)
- w. Spinal surgery
- x. Temporomandibular Joint Surgery
- y. Transplants
- z. Transgender Surgery

### **\*Precertification for inpatient admissions and services**

Precertification is required for all inpatient admissions and services except for the following:

- Maternity admissions and services for delivery of a child for a minimum of 48 hours for a vaginal delivery and 96 hours for a caesarean delivery.
- Emergency admissions or services. You or Your attending Physician should notify the Medical Review Program of the admission as soon as reasonably possible and not later than 24 hours following the emergency admission.
- Length of stay following a mastectomy or lymph node surgical procedure. The treating physician and surgeon is not required to receive prior approval from KPIC in determining the length of hospital stay following these procedures.

**IMPORTANT:** If Precertification is not obtained, benefits will be reduced through the application of a penalty as described below even if the treatment or service is deemed Medically Necessary. If the treatment or service is deemed not to be Medically Necessary, the treatment or service will not be covered. If a hospital confinement or other inpatient care is extended beyond the number of days first pre-certified without further Precertification, benefits for the extra days: 1) similarly will be penalized; or 2) will not be covered at all if deemed not to be Medically Necessary. For Mental Health and Substance Use Disorders, medical necessity will be based on the standards set forth under the definition of “Medically Necessary Treatment of a Mental Health or Substance Use Disorder”.