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. Bariatric Surgery
    - b. Blepharoplasty, Ptosis Repair
    - c. Breast Augmentation/Implants
    - d. Breast Reduction
    - e. Clinical Trials
    - f. Cosmetic Procedures
    - g. Craniofacial Reconstruction
    - h. Dental and Endoscopic Anesthesia
    - i. Durable Medical Equipment (DME):
        - i. Airway Clearance Vest
        - ii. Bone stimulator
        - iii. Cardioverter Defibrillator Vest
        - iv. Cough Stimulator Device
        - v. Communicators

vi. CPAP/BIPAP

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

j. Enteral solutions

k. Fertility Preservation Services for the treatment of gender dysphoria

l. Genetic Testing

m. Imaging Services: MRI, MRA, CT, CTA, PET, EBCT

n. Implantable Prosthetics (includes breast, bone conduction, cochlear, and ocular)

o. Injectable medications

p. Medical Food Products for treatment of Phenylketonuria (PKU)

q. Non-Emergency Air or Ground Ambulance Transport

r. Orthognathic Surgery (non-dental jawbone surgery)

s. Orthotics/Prosthetics

t. 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, photopheresis, 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 counter pulsation

ix. Complex wound care (office or outpatient); includes wound vacuum, cultured or biomechanical skin graft

x. Insertion or removal of Neurostimulator

u. 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.

v) Pediatric low vision aids

w) Pediatric Medically Necessary contact lenses

x) Radiation Therapy Services

y) Reconstruction Surgery (including all procedures by plastic surgeon)

z) Spinal surgery

aa) Temporomandibular Joint Surgery

bb) Transgender Surgery

cc) Transplants

***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

Precertification Administrative Procedures - For All Plans

1. The Covered Person or his or her attending Physician must notify the Medical Review Program as follows:

a) Planned Hospital Confinement - at least 3 days prior to admission for such Hospital Confinement.
b) Extension of a Hospital Confinement - as soon as reasonably possible prior to extending the number of days of Hospital Confinement beyond: i) the number of days originally pre-certified; or ii) the date on which coverage of the Hospital Confinement by Health Plan under the Point of Service Evidence of Coverage terminates;
c) Other treatments or procedures requiring Precertification - At least 3 days prior to performance of any other treatment or service requiring Precertification or as soon as reasonably possible.
d) Emergency Hospital Confinement - within 24 hours after care has commenced. This requirement is not applied if notice is given as soon as reasonably possible.

2. The Medical Review Program will:
a) Pre-certify the requested treatment or service, however, in no event will the Medical Review Program require a treating Physician to request or obtain prior approval for the purpose of determining the length of hospital stay following a covered mastectomy or lymph node dissection; or
b) deny Precertification entirely; or
c) deny the requested treatment or service but pre-certify an alternative treatment or service; and

3. Under the Medical Review Program, a Covered Person may be required to:
a) obtain a second opinion from a Physician selected from a panel of three or more Physicians designated by the Medical Review Program. If the Covered Person is required to obtain a second surgical opinion, it will be provided at no charge to the Covered Person.
b) obtain from the attending Physician information required by the Medical Review Program relating to the Covered Person's medical condition and the requested treatment or service.

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”.