PRECERTIFICATION

<u>IMPORTANT:</u> Consistent with applicable Colorado law, the sole responsibility for obtaining any necessary Precertification regarding the utilization of the Participating Provider level of benefits rests with the Participating Provider, who recommends or orders Covered Services, and not with the Covered Person.

Certain Covered Services require Prior authorization or Pre-certification is our determination that the proposed Service is Medically Necessary pursuant to the Medical Review Program in advance of your appointment or admission.

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

The following treatment or services must be pre-certified by the Medical Review Program when identified as a Covered Service (see the SCHEDULE OF BENEFITS (Who Pays What) section under your plan:

- 1. All Inpatient admissions* and services including:
 - (a) Inpatient Rehabilitation Therapy Admissions including Comprehensive Rehabilitation Facility admissions related to services provided under an inpatient multidisciplinary rehabilitation program
 - (b) Inpatient Mental Health and Substance Use Disorder admissions and services including Residential Services
 - (c) Long Term Acute Care and Sub-acute admissions
- 2. Skilled Nursing Facility
- 3. Non-Emergent Air or Ground Ambulance Transport
- 4. Amino Acid-Based Elemental Formulas
- 5. Clinical Trial
- 6. Medical Foods
- 7. Applied Behavior Analysis (ABA)
- 8. Cardiac Rehabilitation
- 9. Dental and Endoscopic Anesthesia
- 10. Durable Medical Equipment
- 11. Genetic Testing
- 12. Habilitative Services (Physical Therapy, Occupational Therapy and Speech Therapy)
- 13. Home Health and Home Infusion Services
- 14. Hospice Care
- 15. Imaging Services (Magnetic Resonance Imaging or MRI, Magnetic Resonance Angiography or MRA,

PRECERTIFICATION

Computerized Tomography or CT, Computerized Tomography Angiography or CTA, Positron Emission

Tomography or PET, Electron Beam Computerized Tomography or EBCT, Single Photon Emission

Computerized Tomography or SPECT)

- 16. Infertility Services
- 17. Observation stays
- 18. Outpatient Injectable Drugs
- 19. Outpatient Procedures
- 20. Outpatient Surgery
- 21. Pain Management Services
- 22. Prosthetic and Orthotic Devices
- 23. Radiation Therapy Services
- 24. Reconstructive Surgery
- 25. Outpatient Rehabilitation Therapy (Physical Therapy, Occupational Therapy, Speech Therapy and Pulmonary

Therapy)

- 26. TMJ/Orthognathic Surgery
- 27. Transplant Services including pre-transplant and post-transplant services

*Pre-certification is not required for emergency admissions. You or Your attending Physician should notify the Medical Review Program of the admission not later than twenty-four (24) hours following an emergency admission or as soon as reasonably possible.

NOTE: The above list is subject to change. For the most current information, please call the Medical Review Program at 1-888-525-1553.