

PRECERTIFICATION

Precertification must be obtained for all Hospital stays and certain other services and procedures. Request for Precertification must 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. If Your services are provided by a Kaiser Permanente Provider, the Kaiser Permanente Provider will arrange for any necessary Precertification on Your behalf. If Precertification is required, it must be obtained to avoid a reduction in benefits. It is important to work with your provider to be certain services are pre-certified when required or you will pay for the cost of the service.

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

1. Ambulatory Surgery including but not limited to:
 - a. Blepharoplasty
 - b. Cryosurgery of the prostate
 - c. Oral surgery
 - d. Sclerotherapy
 - e. Septoplasty
 - f. Sinus surgery
 - g. Uterine artery embolization
 - h. Uvulopalatoplasty
2. Applied Behavior Analysis
3. Bariatric surgery and subsequent procedures
4. Biofeedback
5. Clinical trials
6. Cognitive Rehabilitation (outpatient and home)
7. Dental procedures and dental anesthesia
8. Durable Medical Equipment
9. Endoscopy procedures (includes pill/video method)
10. Enteral solutions
11. Experimental/investigational procedures and drugs
12. Genetic testing
13. Habilitative Therapy
14. High Tech Radiology Services including but not limited to Magnetic Resonance Imaging

PRECERTIFICATION

(MRI), MRA, CTA, CT scan, Myelogram, Nuclear Medicine Scans and PET scan

15. Home health care and Home Infusion services

16. Hospice (home and inpatient)

17. Hospitalization for dental procedures

18. Hyperbaric Oxygen Treatment

19. Implantable devices such as cochlear implants and left ventricular assist devices.

20. Infertility Services

21. Injectable Drugs

22. Inpatient hospital confinements (including acute admissions from the Emergency Room post stabilization);

a. Inpatient acute admissions

b. Inpatient care at a Comprehensive Rehabilitation Facility

c. Inpatient care at a Skilled Nursing Facility or other licensed medical facility

d. Inpatient mental health services

e. Inpatient chemical dependency/substance abuse services

23. Intacs – lens used for eye disorders

24. Multidisciplinary rehabilitation Services or programs

25. Non-Emergency Ambulance Services

26. Observation stays in a hospital

27. Orthotripsy

28. Pain Management

29. Pediatric Hearing Aid(s) and services

30. Prosthetics and Orthotics

31. Radiation Therapy, including but not limited to SBRT, SRS, SGRT, IMRT, and Proton

32. Reconstructive surgery including but not limited to:

a. Breast augmentation and reductions

b. Craniofacial reconstruction

c. Ocular surface reconstruction

PRECERTIFICATION

- d. Orthognathic surgery
- e. Any procedure performed by a plastic surgeon.

33. Rehabilitation:

- a. Physical therapy (outpatient and home)
- b. Occupational Therapy (outpatient and home)
- c. Speech Therapy (outpatient and home)
- d. Pulmonary Therapy (outpatient)
- e. Respiratory Therapy (home)

34. Sexual Dysfunction treatment

35. Sleep studies, including home sleep studies.

36. Spinal surgery

37. Stimulator therapy, including but not limited to: bladder disorders, brain disorders, pain management, and stomach disorders

38. Transplant Services (pre-transplant, transplant, and post-transplant)

39. Wound therapy (outpatient or home)

Note: The above list is subject to change. For the most current information, please call the Medical Review Program at 1-800-221-2412, 711 (TTY), twenty-four (24) hours a day, seven (7) **days a week**.