

## 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.

**Medical Review Program** means the organization or program that: (1) evaluates proposed treatments and/or services to determine Medical Necessity; and (2) assures that the care received is appropriate and Medically Necessary to the Covered Person's health care needs; and (3) manages Your plan of care. If the Medical Review Program determines that the care is not Medically Necessary, Precertification will be denied. The Medical Review Program may be contacted twenty-four (24) hours a day, seven (7) days a week at 1-800-221-2412, 711 (TTY) or fax 1-404-364-4743.

Precertification will not result in payment of benefits that would not otherwise be covered under the Group Policy if You are no longer covered under the plan at the time the services are received, benefits under the plan have been exhausted, or in cases of fraud by You or the provider.

**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 (ABA)
3. Biofeedback
4. Clinical trials
5. Cognitive Rehabilitation (outpatient and home)
6. Dental procedures and dental anesthesia (see Pediatric Dental services in the **GENERAL BENEFITS** section for information regarding precertification for pediatric dental services)
7. Durable Medical Equipment
8. Endoscopy procedures (includes pill/video method)
9. Enteral solutions
10. Experimental/investigational procedures and drugs

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11. Genetic testing
12. Habilitative Therapy
13. High Tech Radiology Services including but not limited to Magnetic Resonance Imaging (MRI), MRA, CTA, CT scan, Myelogram, Nuclear Medicine Scans and PET scan
14. Home health care and Home Infusion services
15. Hospice (home and inpatient)
16. Hospitalization for dental procedures
17. Hyperbaric Oxygen Treatment
18. Implantable devices such as cochlear implants and left ventricular assist devices.
19. Infertility Services
20. Injectable Drugs
21. 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
22. Intacs – lens used for eye disorders
23. Multidisciplinary rehabilitation Services or programs
24. Non-Emergency Ambulance Services
25. Observation stays in a hospital
26. Orthotripsy
27. Pain Management
28. Pediatric Hearing Aid(s) and services
29. Prosthetics and Orthotics
30. Radiation Therapy, including but not limited to SBRT, SRS, SGRT, IMRT, and Proton
31. Reconstructive surgery including but not limited to:
  - a. Breast augmentation and reductions
  - b. Craniofacial reconstruction
  - c. Ocular surface reconstruction
  - d. Orthognathic surgery

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- e. Any procedure performed by a plastic surgeon.
32. Rehabilitation:
    - a. Physical therapy (outpatient and home)
    - b. Occupational Therapy (outpatient and home)
    - c. Speech Therapy (outpatient and home)
    - d. Respiratory Therapy (home)
  33. Sexual Dysfunction treatment
  34. Sleep studies, including home sleep studies.
  35. Spinal surgery
  36. Stimulator therapy, including but not limited to: bladder disorders, brain disorders, pain management, and stomach disorders
  37. Transplant Services (pre-transplant, transplant, and post-transplant)
  38. 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.

**IMPORTANT:** If Precertification is not obtained when required, or the terms of Precertification are not complied with we will deny the claim for payment. If the treatment or service is deemed not to be Medically Necessary before the service is received or upon appeal, the treatment or service will not be covered. Likewise, if a Hospital Confinement or other inpatient care is extended beyond the number of days first preauthorized without further Precertification (concurrent review), benefits for the extra days: (1) will similarly be denied; or (2) will not be covered if deemed not to be Medically Necessary.