

## PRECERTIFICATION

### Precertification Through the Medical Review Program

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 Cardioverter Defibrillator Vest
    - iii. Cough Stimulator Device
    - iv. Communicators
    - v. CPAP/BIPAP
    - vi. External Vacuum Erection Devices
    - vii. Hospital-grade electric breast pump
    - viii. Insulin pump
    - ix. Neuromuscular Stimulators

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- x. Oxygen
- xi. Patient Lifts
- xii. Specialty beds
- xiii. TENS Units
- xiv. Wheelchair Cushions/Seating Systems
- xv. Woundvac
- j) Enteral Solutions
- k) Fertility Preservation Services
- l) Genetic Testing
- m) Habilitative Services (outpatient physical therapy, occupational therapy, and speech therapy and pulmonary therapy)
- n) Injectable Medications
- o) Imaging Services: MRI, MRA, CT, CTA, PET, EBCT
- p) Implantable prosthetics (includes breast, bone conduction, cochlear, and ocular)
- q) Medical Food Products for treatment of Phenylketonuria (PKU)
- r) Non-Emergency Air or Ground Ambulance Transport
- s) Orthognathic Surgery (non-dental jaw surgery)
- t) Orthotics/Prosthetics
- u) 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

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- 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
- v) 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
  - i. Sacroiliac Injection.
- w) Pediatric low vision aids
- x) Pediatric Medically Necessary contact lenses
- y) Radiation Therapy Services
- z) Reconstruction Surgery (including all procedures by plastic surgeon)
- aa) Rehabilitative Services (outpatient physical therapy, occupational therapy, speech therapy and pulmonary rehabilitation)
- bb) Spinal surgery
- cc) Temporomandibular Joint Surgery
- dd) Transgender Surgery
- ee) 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.

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- 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.
- 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.