

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. If the Medical Review Program determines that the care is not Medically Necessary, Pre-certification will be denied. The Medical Review Program may be contacted twenty-four (24) hours per day, seven (7) days per week.

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

1. Inpatient admissions
2. Inpatient Rehabilitation Therapy admissions
3. Inpatient Skilled Nursing Facility, long term care, and sub-acute admissions
4. Inpatient mental health and chemical dependency admissions
5. Inpatient Residential Treatment
6. Non-Emergent (Scheduled) Air or Ground Ambulance
7. Pediatric Medically Necessary contact lenses
8. Amino Acid-Based Elemental Formulas
9. Low Protein Modified Foods
10. Clinical Trials
11. Medical Foods
12. Bariatric Surgery
13. Pulmonary Rehabilitation
14. Dental & Endoscopic Anesthesia
15. Durable Medical Equipment
16. Genetic Testing
17. Home Health & Home Infusion Services
18. Hospice (home, inpatient)
19. Infertility Procedures
20. Imaging Service (Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography Angiography (CTA), Positron Emission Tomography (PET), Electronic Beam Computed Tomography (EBCT), SPECT, not including x-ray or ultrasound)

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21. Outpatient Injectable Drugs
22. Outpatient Surgery (performed at hospital, ambulatory surgery center of licensed facility)
23. Orthotics/Prosthetics
24. Implantable prosthetics (includes breast, bone conduction, cochlear)
25. Pain Management services (radiofrequency ablation, implantable pumps, spinal cord stimulator, injections)
26. Radiation Therapy Services
27. Reconstruction Surgery
28. TMJ/Orthognathic Surgery
29. Transplant Services (Including Pre & Post)
30. The following outpatient procedures:
 - a) Hyperbaric oxygen
 - b) Sclerotherapy
 - c) Plasma Pheresis (MS)
 - d) Anodyne Therapy
 - e) Sleep Studies
 - f) Vagal Nerve Stimulation
 - g) Hemispherectomy
 - h) Implants
 - i) Pill Endoscopy
 - j) Stab phlebotomy
 - k) Radiofrequency ablation
 - l) Enhanced External Counter Pulsation (EECP)
 - m) Resection
 - n) Corpus Colostomy surgery
 - o) Uvulo-palato-pharyngoplasty (UPPP) & laser-assisted UPPP

IMPORTANT: If Pre-certification is not obtained, benefits will be reduced 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 Confinement is extended beyond the number of days first pre-certified without further pre-certification (concurrent review), benefits for the extra days: (1) will similarly be reduced; or (2) will not be covered if deemed not to be Medically Necessary.