# **Requires Precertification:**

## Surgery/Procedures

- · Anesthesia for Dental Services (Facility Charge)
- Total Joint Replacement (Shoulder/Knee/Hip/Ankle)
- · Spinal Surgeries
- Spinal injections\*
- \*ONLY for Group number B87
- All other groups DO NOT require precertification
- · Gender Affirmation Surgery
- Bariatric Surgery
- Varicose Vein Surgery
- · TMJ Treatments
- Orthognathic Surgery (Jaw)
- Obstructive Sleep Apnea Treatment
- Implantable Neurostimulators
- Experimental, Investigational, New Technologies and/or unproven procedures/services
- All Potentially Cosmetic Procedures (IP and OP) including but not limited to:
- Breast Implant Removal
- Breast Reduction or Enhancement
- Gynecomastia Surgery
- Congenital Chest Wall Deformity Surgery (Pectus excavatum, Pectus Carinatum, Poland Syndrome)
- Eyelid and Brow Surgery:
- Blepharoplasty
- · Entropion repair
- · Ectropion repair
- · Ptosis repair (eye brow, eyelid)
- Rhinophyma, excision or surgical planning
- Rhinoplasty
- Septoplasty
- Scar Revision or Repair, not limited to:
- Keloid excision
- · Scar excision and/or surgery

# Oncology

- Intensity-Modulated Radiation Therapy (IMRT)
- Clinical Trials
- Chemotherapy

## **Durable Medical Equipment (DME)**

- DME Purchase > \$1,000
- DME Rental > \$1,000/month or in excess of 3 Months
- Prosthetics > \$1,000
- Orthotics > \$1,000
- CPAP/BiPAP Machines After the Initial 3 Month Rental Period
- Neuromuscular Stimulator
- Cochlear Implants

#### Diagnostic Imaging (MRI, MRA, CT, PET)

- \*ONLY for Group numbers B87, SHG, BH3
- · All other groups DO NOT require precertification

#### Inpatient Medical

- Acute Level of Care Hospitalizations
- · Transplants (Organ, Bone Marrow, and Stem Cell)
- Subacute Care
- Long Term Acute Care (LTAC)
- · Acute Inpatient Rehab (AIR)
- Skilled Nursing Facility (SNF)
- Observation > 24 Hours
- Neonatal Intensive Care Unit (NICU)
- Maternity (beyond standard 2/4 days)

## **Home Health Care**

- Hospice Care (Inpatient and Home)
- · Private Duty Nursing
- SN/PT/OT/ST/HHA/MSW
- · Home Infusion Therapy

## **Mental Health and Substance Abuse**

- Inpatient Psychiatric Hospitalization
- Detoxification
- Residential Treatment Center (RTC)
- Subacute Residential Treatment Center
- · Crisis Stabilization Unit
- Partial Hospitalization (PHP)
- Intensive Outpatient (IOP)
- · Applied Behavioral Therapy (ABA)

#### Medication\*

- Injectable or Infusible > \$2,000 per injection/infusion
- Oral/inhalation > \$2,000 per dose
- Gene/Cell therapy
- \*Buy & Bill Through the Medical Benefit Only

# **Other Services**

- · Infertility treatment including but not limited to:
- Frozen Embryo Transfer (FET)
- Invitro Fertilization (IVF)
- Intrauterine Insemination (IUI)
- Intra-Cytoplasmic Sperm Inj (ICSI)
- · Genetic Testing
- Formula (Metabolic, Enteral & infant formula with medical condition)
- Dialysis
- · Sleep Studies (facility based)\*
- \*Home Sleep Studies DO NOT require precertification
- Outpatient Physical/Occupational/Speech Therapy:
- Developmental Delay, Learning Disability and Behavioral Problems
- Medical Diagnosis or Injury
- Autism Spectrum Disorder Treatment
- · Air Ambulance (non-urgent)

