

Requires Precertification:

Surgery/Procedures

- Anesthesia for Dental Services (Facility Charge)
- Total Joint Replacement (Shoulder/Knee/Hip/Ankle)*
 - *Inpatient or outpatient
- 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
- Scar Revision or Repair, not limited to:
 - Keloid excision
 - Scar excision and/or surgery

Oncology

- Intensity-Modulated Radiation Therapy (IMRT)
- Clinical Trials
- Chemotherapy
- Proton Beam Therapy
- Stereotatic and Internal Radiation Therapy
- Stereotatic Body Radiation Therapy (SBRT)
- Image-Guided Radiation Therapy (IGRT)

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, D2403
- All other groups DO NOT require precertification

Home Health Care

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

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)

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
- Intravenous Iron codes below DO NOT require precertification
 - Venofer (J1756)
 - Dextran (J1750)
 - Ferric Sucrose (J2916)
 - Monoferic (J1437)
 - Injectafer (J1439)
 - Feraheme (Q0138)
 - Feraheme (Q0139)
- *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
- Outpatient Physical/Occupational/Speech Therapy:
 - Developmental Delay, Learning Disability and Behavioral Problems
 - Medical Diagnosis or Injury
 - Autism Spectrum Disorder Treatment
- Air Ambulance (non-urgent)