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)