

## PRE-CERTIFICATION PROGRAM

Your Plan also includes a **pre-certification program**. The toll-free number You must use for pre-certification is shown on Your member ID card. **Failure to follow the guidelines listed below will subject Your benefits to a penalty for non-compliance as discussed in this section and referenced in the schedule of covered services and provisions.**

**The following services require pre-certification:**

1. All home health care services, including home uterine monitoring.
2. Artificial intervertebral disc surgery.
3. Dental implants and oral appliances.
4. Elective (non-emergent) transportation by ambulance or medical van, and all transfers via air ambulance.
5. Inpatient Confinements:
  - a. Surgical and non-surgical, excluding vaginal or Caesarean deliveries.
  - b. Skilled nursing facility.
  - c. Rehabilitation facility.
  - d. Inpatient hospice (except Medicare).
  - e. Observation stays greater than 23 hours.
6. Lumbar spinal fusion surgery.
7. Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint.
8. Reconstructive procedures that may be considered cosmetic:
  - a. Blepharoplasty/canthopexy/canthoplasty.
  - b. Excision of excessive skin due to weight loss.
  - c. Rhinoplasty/rhytidectomy.
  - d. Gastroplasty/gastric bypass.
  - e. Pectus excavatum repair.
  - f. Breast reconstruction/breast enlargement.
  - g. Breast reduction/mammoplasty.
  - h. Surgical treatment of gynecomastia.
  - i. Lipectomy or excess fat removal.
  - j. Sclerotherapy or surgery for varicose veins.
9. **Selected durable medical equipment:**
  - a. Electric or motorized wheelchairs and scooters.
  - b. Clinitron and electric beds.
  - c. Limb prosthetics.

- d. Customized braces.
- 10. **The following conditionally eligible services:**
  - a. Stereotactic radiosurgery.
  - b. Somatosensory evoked potential studies.
  - c. Hyperbaric oxygen therapy.
  - d. Osteochondral allograft/knee.
  - e. Cochlear device and/or implantation.
  - f. Osseointegrated implant.
  - g. Percutaneous implant of neuroelectrode array, epidural.
  - h. GI tract imaging through capsule endoscopy.
  - i. Botox injections -- botulinum toxin type A.
  - j. Alpha 1-proteinase inhibitor – human.
  - k. Negative pressure wound therapy pump.
  - l. High-frequency chest wall oscillation generator system.
- 11. **Uvulopalatopharyngoplasty, including laser-assisted procedures.**
- 12. Gene-based, cellular and other innovative therapies.
- 13. Oncology Treatment
  - a. Chemotherapy (Including oral)
  - b. Radiation Therapy
  - c. Oncology and transplant related injections, infusions and treatment (e.g., CAR-T, endocrine and immunotherapy), excluding supportive drugs (e.g., antiemetic and antihistamine)