

## Standard precertification list

*This applies to services performed on an elective, non-emergency basis. Because a service or item is subject to precertification, it does not guarantee coverage. The terms and conditions of the benefit plan must be reviewed to determine if any of these services or items is excluded.*

### **Inpatient admissions/services**

- Inpatient Hospital (Medical and Surgical)
- Acute inpatient rehabilitation
- Long term acute care (LTAC)
- Skilled nursing facility (SNF)

### **Outpatient services**

- Physical/Occupational/Speech Therapy - requires authorization after 60 combined visits
- Sleep Studies

### **Behavioral health services**

This applies only to services covered under the member's benefits plan.

1. Inpatient admissions
2. Residential treatment center (RTC) admissions
3. Neuropsychological testing

### **High-tech radiology**

- PET, MRI, MRA Etc.
- Cardiac Nuclear Imaging

### **Genetic testing**

- All genetic laboratory testing

### **Procedures**

- Bronchial thermoplasty
- Carticel (ACI), osteochondral allograft, and autograft transplantations
- Cochlear implant surgery; associated supplies/bone-anchored (osseointegrated) hearing aids;
- implantable bone conduction hearing aids
- Bariatric surgery

- Uvulopalatopharyngoplasty (UPPP), including laser-assisted procedures
- Spinal Surgeries
- Hypoglossal Nerve Stimulation
- Vein procedures (ablation, ligation, stripping, sclerotherapy etc.)

## **Reconstructive procedures/surgeries and potentially cosmetic procedures**

- Blepharoplasty/ptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical peels
- Dermabrasion
- Excision of excessive skin and/or subcutaneous tissue
- Genetically and bio-engineered skin substitutes for wound care
- Injectable dermal fillers
- Keloid removal
- Lipectomy, liposuction, or any other excess fat-removal procedure
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including skin grafts, skin flaps, Tissue grafts

## **Any procedure, device, or service that may be potentially experimental or investigational including:**

- New emerging technology/procedures, as well as existing technology and procedures applied for new uses and treatments

## **Customized Orthoses and Prosthetics including accessories/components:**

- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/components

**Durable Medical Equipment (DME) – [See CPT code list](#)**

**Hyperbaric Oxygen/Chamber therapy**

**Proton beam therapy**

**Transplant services – including evaluation, except for corneal transplants**

**Cell/gene therapy**

**CAR T-cell therapy**

**Air ambulance transport services**

- Prior authorization is required for all inter-facility or hospital to hospital air transport both fixed wing and rotor wing aircraft
- Elective/Non-emergency air ambulance services

See [CPT code list](#) for specifics or call customer service.