

***This is a list of common services that require precertification. For questions on any other services, please contact the dedicated Member Experience telephone number on your ID Card for more specifics to your plan.***

#### **All Inpatient Admissions**

- Acute
- Long-Term Acute Care
- Rehabilitation
- Mental Health / Substance Use Disorder
- Transplant
- Skilled Nursing Facility
- Residential Treatment Facility
- Obstetric (precertification only required if days exceed Federal mandate)

#### **Inpatient and Outpatient procedures that could be considered Experimental or Investigational**

##### **Outpatient and Physician – Surgery**

- Back Surgeries and hardware related to surgery
- Osteochondral Allograft, knee
- Hysterectomy (including prophylactic)
- Autologous chondrocyte implantation, Carticel
- Transplant (excluding cornea)
- Balloon sinuplasty
- Sleep apnea related surgeries, limited to:
  - Radiofrequency ablation (Coblation, Somnoplasty)
  - Uvulopalatopharyngoplasty (UPPP) (including laser-assisted procedures)
- Potentially Cosmetic Procedures, including but not limited to:
  - Abdominoplasty
  - Blepharoplasty
  - Cervicoplasty (neck lift)
  - Facial skin lesions (Photo therapy, laser therapy - excluding MOHS)
  - Hernia repair, abdominal and incisional (only when associated with a cosmetic procedure)
  - IDET (thermal intradiscal procedures)
  - Liposuction/lipectomy
  - Mammoplasty, augmentation and reduction (including removal of implant)
  - Mastectomy (including gynecomastia and prophylactic)
  - Morbid obesity procedures
  - Orthognathic procedures (e.g. Genioplasty, LeFort osteotomy, Mandibular ORIF, TMJ)
  - Otoplasty
  - Panniculectomy
  - Rhinoplasty
  - Rhytidectomy
  - Scar revisions
  - Septoplasty
  - Varicose vein surgery/sclerotherapy

**Outpatient and Physician – Diagnostic Services**

- Capsule endoscopy
- Genetic Testing (including BRCA)

**Outpatient and Physician – Continuing Care Services**

- Chemotherapy (including oral)
- Radiation Therapy
- Oncology and transplant related injections, infusions and treatments (e.g. CAR-T, endocrine and immunotherapy), excluding supportive drugs (e.g. antiemetic and antihistamine)
- Hyperbaric Oxygen
- Home Health Care
- Durable Medical Equipment, limited to electric/motorized scooters or wheelchairs and pneumatic compression devices