

# Model Precertification List

For Precertification, call 1-800-460-6673  
Fax Precertification requests/clinical to 1-866-898-9360

## All Inpatient Admissions

- Acute
- Long-Term Acute Care
- Rehabilitation
- Mental Health/Substance Use Disorder
- Residential Treatment Facility
- Transplant
- Skilled Nursing Facility

## Outpatient and Physician: Surgery

- Breast and bone marrow biopsy
- Biopsies (excluding skin)
- Vascular Access Devices for the Infusion of Chemotherapy (including, but not limited to, PICC and Central Lines)
- Thyroidectomy, Partial or Complete
- Open Prostatectomy
- Creation and Revision of Arteriovenous Fistula (AV Fistula) or Vessel to Vessel Cannula for Dialysis
- Oophorectomy, unilateral and bilateral
- 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

## Outpatient and Physician: Diagnostic Services

- CT for non-orthopedic
- MRI for non-orthopedic
- PET
- Capsule endoscopy
- Genetic Testing, including BRCA
- Sleep Study

## 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)
- Dialysis
- Hyperbaric Oxygen
- Home Health Care
- Durable Medical Equipment, limited to electric/motorized scooters or wheelchairs and pneumatic compression devices

## High Cost Drugs

- Injectables that cost \$2,000 or more per drug per month
- Infusion Therapies that cost \$2,000 or more per drug per month

It is recommended that pre-certification is also obtained from the plan if procedures could be considered Experimental/Investigational or are potentially cosmetic in nature (such as, but not limited to: abdominoplasty, cervicoplasty, liposuction/lipectomy, mammoplasty, augmentation and reduction (includes removal of implant), morbid obesity procedures, septoplasty, etc.).

Pre-certification of these benefits ensures the requested service is medically necessary and appropriate. All items listed here may not be covered under your plan even if it is determined that the requested service is medically necessary. To determine whether a benefit is covered or excluded, please review the eligible medical benefits and/or exclusions sections of your Plan.