

2024 Model Precertification List

All inpatient admissions

- Acute
- Long-term acute care
- Rehabilitation
- Mental health/substance use disorder
- Residential treatment facility
- Transplant
- Skilled nursing facility

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)
- Gene therapies
- Hyperbaric oxygen
- Home healthcare
- Durable Medical Equipment (DME), limited to electric/motorized scooters or wheelchairs and pneumatic compression devices

Outpatient and physician: surgery

- Thyroidectomy, partial or complete
- Open prostatectomy
- 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.

High-cost drugs

- Injectibles that cost \$2,000 or more per drug per month
- Infusion therapies that cost \$2,000 or more per drug per month
- Gene therapies

Prenotification

- Biopsies (excluding skin)
- Vascular access devices/ports for chemotherapy delivery (including, but not limited to, PICC and central lines)
- Creation and revision of arteriovenous fistula or vessel-to-vessel cannula for dialysis treatment delivery
- Dialysis

Precertification is recommended 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.).

Precertification of these services ensures the requested service is medically necessary and appropriate. All items listed here may not be covered under the 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 the plan.

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