



## PRE-SERVICE REVIEW REQUIREMENTS

The Plan Sponsor has contracted with independent organizations to provide pre-service review. The names and phone numbers of the organizations are shown on the Employee's coverage identification card.

In order to avoid a possible penalty, a Covered Person is responsible for making sure the Utilization Management Organization has been notified regarding any of the following services requiring precertification:

- Inpatient Admissions – For an elective Inpatient admission to a Hospital, Rehabilitation Facility or Skilled Nursing Facility (including an admission for any observation stay), a Covered Person must notify the Utilization Management Organization at least five (5) business days before admission. The Utilization Management Organization will review the Physician's recommendation to determine whether an Inpatient stay is necessary or if the procedure can be safely performed in an alternative setting.
- For an emergent or urgent Hospital admission, the Covered Person is responsible for making sure the Utilization Management Organization is notified within 24 hours, the next business day or as soon as reasonable after admission. If the Covered Person is incapacitated and he or she (or a friend or relative) cannot notify the Utilization Management Organization within the above stated times, notification must be received by the Utilization Management Organization as soon as reasonably possible.
  - An “emergent” Hospital admission is one that results from the sudden and unexpected onset of a condition that requires medical or surgical care and where, in the absence of such care, the Covered Person could reasonably be expected to suffer serious bodily Injury or death. Examples include heart attacks, severe chest pain, burns, loss of consciousness, serious breathing difficulties, spinal injuries, and other acute conditions as are determined to be emergencies.
  - An “urgent” Hospital admission is for an Injury or serious illness which is less severe than an Emergency but requires care within a short time. This includes complications of Pregnancy.
  - EXCEPTION: Pre-certification review will not be required for an Inpatient admission for Pregnancy delivery that does not exceed 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery. However, if/when the Pregnancy confinement for the mother or newborn is expected to exceed these limits, prior authorization for such extended confinement is required.



- Non Emergent Ambulance Transportation
- Any anesthesia or monitored anesthesia rendered in an office of Ambulatory Surgical Center setting.
- Botox injections.
- Bariatric Surgery
- Cardiac and pulmonary rehabilitation.
- Clinical Trials
- Dialysis.
- Durable Medical Equipment, prosthetic and orthopedic devices over \$500 – Rental, \$1500 – Purchase, - \$500 prosthetics
- Gender Reassignment/Identity Service
- Gene Therapy
- Genetic Testing
- Home Health Care services.
- Infusion therapy, including chemotherapy.
- Medications specified by the Contract Administrator as Special Pharmaceuticals.
- Non-Routine Labs & Imaging Services (removing x-ray): To include anything that is billed outside of an annual exam, Urgent Care, or Emergent situation, or for the treatment of Diabetes. This includes but is not limited to diagnostic X-rays, Ultrasounds, labs, and Stress tests.
- Pain management treatments, including trigger point injections.
- Parenteral Nutrition.
- Procedures performed in a same day surgery center or Ambulatory Surgical Center, excluding diagnostic and screening colonoscopies.



- Oxylite
- Radiation therapy.
- Sleep studies and treatment.
- Spinal Procedures/Conditions/Services, including but not limited to: discograms/discography; MRIs (cervical to sacrum); CT Scans (cervical to sacrum); trigger point injections (related to back and spine); epidurals; medial branch blocks; facet injections; electromyography/nerve conduction studies; Inpatient admissions related to the spine/spinal procedures; elective hospitalizations and procedures for spinal conditions; Inpatient and Outpatient surgery of the spine; physical/occupational therapy related to the spine beyond 15 visits per diagnosis per body part; chiropractic care beyond 15 visits per diagnosis per body part; passive modalities for spinal conditions where there is a question of the curative nature of the treatment, including, but not limited to: acupuncture, DME modalities, pool therapy, TENS/PENS units, electrical stimulators, hot/cold therapy and traction; and specialist referrals for consultation, including but not limited to referrals to orthopedic specialists and neurosurgeons, for spinal conditions.
- Substance Abuse Care - Inpatient and Outpatient treatment of substance abuse including detoxification services.

For Plan purposes, "substance abuse" is physical and/or psychological dependence on drugs, narcotics, alcohol, toxic inhalants, or other addictive substances to a debilitating degree. It does not include tobacco dependence or dependence on ordinary drinks containing caffeine.

- Transplant Services, including the evaluation process.
- TMJ Surgery
- Upper endoscopy.
- Wound care services, including hyperbaric treatments.