

## For additional information, read all general precertification information

Providers may submit most precertification requests electronically through the secure provider website or using your Electronic Medical Record (EMR) system portal (See #1 in the General Information section).

### Services that require precertification:

**1. Inpatient confinements (except hospice)**

For example, surgical and nonsurgical stays, stays in a skilled nursing facility or rehabilitation facility, and maternity and newborn stays that exceed the standard length of stay (LOS) (See #5 in the General Information section).

**2. Ambulance**

Precertification required for transportation by fixed-wing aircraft (plane)

**3. Autologous chondrocyte implantation**

**4. Chiari malformation decompression surgery**

**5. Cochlear device and/or implantation**

**6. Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent.**

Some plans have limited or no out-of-network benefits.

**7. Dental implants**

**8. Dialysis visits**

When a participating provider initiates request, and dialysis is to be performed at a nonparticipating facility, call **1-866-503-0857**. Or fax applicable request forms to **1-888-267-3277**.

**9. Dorsal column (lumbar) neurostimulators: trial or implantation**

**10. Electric or motorized wheelchairs and scooters**

**11. Endoscopic nasal balloon dilation procedures**

**12. Gender reassignment surgery**

**13. Hip surgery to repair impingement syndrome**

**14. Hyperbaric oxygen therapy**

**15. Infertility services and pre-implantation genetic testing**

**16. Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics**

**17. Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider**

**18. Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint**

**19. Osseointegrated implant**

**20. Osteochondral allograft/knee**

**21. Private duty nursing**

**22. Proton beam radiotherapy**

**23. Reconstructive or other procedures that maybe considered cosmetic, such as:**

- Blepharoplasty/canthoplasty
- Breast reconstruction/ breast enlargement
- Breast reduction/mammoplasty
- Excision of excessive skin due to weight loss
- Gastroplasty/gastric bypass
- Lipectomy or excess fat removal
- Surgery for varicose veins, except stab phlebectomy

**24. Shoulder Arthroplasty**

**25. Spinal procedures, such as:**

- Artificial intervertebral disc surgery (cervical spine)
- Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures
- Laminectomy with rhizotomy
- Spinal fusion surgery

**26. Uvulopalatopharyngoplasty, including laser-assisted procedures**

**27. Ventricular assist devices**

**28. Video electroencephalograph(EEG)**

**29. Whole exome sequencing – precertification required effective 3/1/2019**