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.
- 2. Ambulance
 - Precertification required for transportation by fixed- wing aircraft (plane)
- 3. Autologous chondrocyte implantation
- 4. Chiari malformation decompression surgery
- 5. Cochlear device and/orimplantation
- 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 **1-866 752 7021.** Or fax applicable request forms to **1-888-267-3277.**
- Dorsal column (lumbar) neurostimulators: trialor implantation
- 10. Electric or motorized wheelchairs and scooters
- 11. Endoscopic nasal balloon dilation procedures
- 12. Gender reassignment surgery
- 13. Hipsurgery 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

Also see Special Programs; Radiation Oncology

- 23. Reconstructive or other procedures that maybe considered cosmetic, such as:
 - Blepharoplasty/canthoplasty
 - Breast reconstruction/breastenlargement
 - Breastreduction/mammoplasty
 - Excision of excessive skin due to weightloss
 - Gastroplasty/gastric bypass
 - Lipectomy or excess fat removal
 - Surgeryfor varicoseveins, except stab phlebectomy
- 24. Shoulder Arthroplasty
- 25. Spinal procedures, such as:
 - Artificial intervertebral disc surgery (cervicalspine)
 - Cervical laminoplasty precertification required effective 9/1/2019
 - Cervical, lumbar and thoracic laminectomy and\or laminotomyprocedures
 - Laminectomy with rhizotomy
 - Spinal fusionsurgery
- 26. Uvulopalatopharyngoplasty, including laserassisted procedures
- 27. Ventricular assist devices
- 28. Video electroencephalograph(EEG)
- **29. Whole exome sequencing** precertification required effective 3/1/2019