



Medical Precertification List

- Accidental Dental
- Ambulance – Non-Emergent Air and Ground
- Congenital Heart Disease services, if suspected or diagnosed *Required as soon as suspected or diagnosed but before performance of a pre-transplantation evaluation.
- Durable Medical Equipment in excess of \$1,000 (including ear devices, osseointegrated, cochlear or auditory brain stem implants)
- Experimental/Investigational/Unproven Procedures (keratoplasty, total disc arthroplasty, molecular pathology and gene analysis, private duty nursing, arthrodesis, external defibrillator, biologic implant)
- Home Health Care
- Hospice Care
- Home Infusion Therapy
- Hospitalization (including admissions following Emergency Health Services) Includes residential treatment Center
- Injectable Medications
- Maternity (inpatient) Care that exceeds 48 hours for normal deliver and 96 hours for Caesarian birth
- Orthotics and Prosthetics (including for lower extremities, helmets, extremity prosthetic additions, electric prosthetic joints, facial prosthesis provided by non physician, voice amplifiers, cranial remolding orthosis, lower extremity orthosis, knee brace)



- Radiology – Outpatient (MRI/MRA, CT, PET Scans and Nuclear Medicine Studies)
- Reconstruction Procedures (including varicose vein treatment, breast reconstruction or reduction, blepharoplasty, rhinoplasty)
- Skilled Nursing Facility/Inpatient Rehabilitation Facility
- Sleep Management Program (including obstructive sleep apnea, diagnostic or therapeutic sleep studies)
- Speech Therapy
- Spinal Procedures (including allograft/osteopromotive material for spine surgery, osteotomy, percutaneous vertebroplasty, arthrodesis, laminectomy, vertebral corpectomy, destruction by neurolytic agent, laminotomy, facet joint nerve destruction, spinal cord decompression)
- Unclassified Drugs/Biologics (including antineoplastics)

Vascular Surgery