



What do I need to know about “Pre-Certification” under the Whole Health Plan?

What is the Pre-Certification Process and why do we need it?

The pre-certification process is a utilization management tool that allows WebTPA (your Claims Administrator for the Plan) to review proposed services for medical necessity before the costs are incurred by the Plan and its participants. The purpose of this process is to encourage the receipt of medically necessary treatments and high-quality patient care. By managing these costs up front, we can protect the financial stability of the Plan and continue to deliver high value benefits to all participants.

If I receive a Pre-Certification, does that mean that the Plan has determined I am eligible for benefits?

Importantly, Pre-Certification does not verify eligibility for benefits nor guarantee benefit payments under the Plan. The Pre-Certification process merely provides advance notice of the proposed service or treatment to WebTPA in order to determine whether the service or treatment is “medically necessary” as defined under the Plan.

For which services do I need to obtain Pre-Certification under the Plan?

The following services require Pre-Certification:

- 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.
- Experimental/Investigational/Unproven Procedures (keratoplasty, total disc arthroplasty, molecular pathology and gene analysis, arthrodesis, external defibrillator, biologic implant)
- Genetic Testing
- Home Health 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
- Custom Fabricated Orthotics and Prosthetics (including for lower extremities, helmets, extremity prosthetic additions, electric prosthetic joints, facial prosthesis provided by nonphysician, voice amplifiers, cranial remolding orthosis, lower extremity orthosis, knee brace)
- 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)
- 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)
- Transgender reassignment surgery (Eff 7/1/2018)
- Unclassified Drugs/Biologics (including antineoplastics)
- Vascular Surgery- diseases of the vascular system, or arteries, veins and lymphatic circulation, are managed by medical therapy, minimally invasive catheter procedures, and surgical reconstruction.



***Maternity Coverage**

The Plan will automatically pre-certify a maternity length of stay that is 48 hours or less for a vaginal delivery or 96 hours for a cesarean delivery. However, it is important that you have your physician call to obtain Pre-Certification in case there is a need to have a longer stay.

****Urgent Care or Emergency Admissions:**

If you need medical care for an Emergency or other condition which could seriously jeopardize your life, obtain such care without delay, and communicate with the Plan as soon as reasonably possible. Precertification of a medical service provided in response to an Emergency situation or urgent care scenario is not required.

If you must be admitted on an Emergency basis, you should follow the physician's instructions carefully and seek pre-certification as follows:

1. For Emergency admissions after business hours on Friday, on a weekend or over a holiday weekend, a call to the pre-certification department must be made within 72 hours after the admission date, but no later than the first business day following the Emergency admission.
2. For Emergency admissions on a weekday, a call to the pre-certification department must be made within 24 hours after the admission date.

What happens if I don't obtain a Pre-Certification when one is required?

Failure to satisfy the pre-certification requirements (sometimes also referred to as "preauthorization" or "prior authorization") will result in a \$500 reduction in your covered expenses under the Plan. As a result, you may be required to pay the provider the \$500 that was not paid by the Plan.

How do I obtain Pre-Certification?

In order to obtain a Pre-Certification, you or your provider must contact WebTPA's Pre-Certification Department at 844-380-4554.

The request for Pre-Certification should be submitted 3-5 business days prior to the procedure unless it is an Urgent Care or Emergency Admission. (**See above for more details) If the request is not submitted sufficiently in advance of the date of your service, your procedure may be delayed.

Can I confirm that a Pre-Certification for a procedure has been obtained?

To confirm that Pre-Certification has been obtained, please contact WebTPA at 844-380-4554 prior to your procedure.

Whose responsibility is it to obtain a Pre-Certification?

As the participant in the Plan, it your responsibility to verify that your provider (whether Network or Non-Network) has obtained a Pre-Certification prior to your procedure. Although some Network Providers may submit a request for Pre-Certification on your behalf, not all Network Providers are required to do so under their network contracts. Furthermore, Non-Network Providers have no contractual obligation to submit the request for certification on your



behalf. Accordingly, you should confirm that Pre-Certification has been obtained prior to the date of your service or treatment.