# **Medical Pre-Certification General Information Guide**

# LANCASTER GENERAL HOSPITAL LG SELECT/LG CONSUMER EMPLOYEE HEALTH BENEFIT PROGRAM

Important note: This information is customized for the Lancaster General Health LG Select/LG Consumer Employee Health Benefit Plan. This guide includes examples of services that require a pre-certification but is not all inclusive. It is subject to change based on updates to benefit language and medical policies. Please review specific contract verbiage for exclusions, limitations and/or maximums.

# PRE-CERTIFICATION

Pre-certification is a decision by your health insurer or plan that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This process helps ensure that treatment and services meet the plan's criteria for coverage. Always verify benefits prior to services being rendered.

Important: Pre-certification is not a guarantee of payment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Bundled charges are not included in the pre-certification. They are part of the surgery/procedure being requested and claims will be considered accordingly.

# **CONTACT INFORMATION**

Pre-certification can be obtained by contacting:

Pre-certification Phone Number: 888-376-6544 Pre-certification Fax Number: 803-264-0181

Online: www.myhealthtoolkitcapital.com/manage your plan /understanding insurance/

# **MEDICAL SERVICES**

Prior to receiving the following services, pre-certification must be obtained. Failure to obtain pre-certification may result in penalties and/or no coverage.

- MRI
- Inpatient hospital (surgical or non-surgical) admissions
- Acute Rehab admissions
- Clinical trials (inpatient standard of care is reviewed only)
- Hospice
- Knee replacement
- Long term acute care (LTAC) facility admissions
- Proton and Car-T Cellular Therapies
- Skilled nursing facility (SNF) admissions in-network and out-of-network only
- Spinal surgery
- TMJ surgery

## INVESTIGATIONAL/EXPERIMENTAL SERVICES

Services are deemed to be "investigational" or "experimental" when the use of a service is not recognized by the plan as standard medical care for the condition, disease, illness or injury being treated. Follows is a list of therapies and services that may be considered investigational/experimental and must be precertified. Failure to obtain pre-certification may result in penalties and/or no coverage.

This list is not inclusive of every investigational or experimental therapy or service that requires precertification.

- Autologous Chondrocyte Implantation/Cartilage Implants
- Balloon Sinuplasty
- Bronchial Thermoplasty
- BAHA (bone amplified hearing aid)
- Brachytherapy
- Capsule Endoscopy
- Gastric Electrical Stimulation
- Hyperbaric Oxygen Treatment

- IMRT/SBRT (intensity-modulated radiation therapy/stereotactic body radiation therapy)
- Percutaneous Balloon Kyphoplasty
- Percutaneous Vertebroplasty
- Proton Beam Therapy
- Sacroiliac Joint Fusion
- Spinal Cord Stimulator (trial and implantation)
- Neural therapy

# COSMETIC/RECONSTRUCTIVE PROCEDURES

Cosmetic surgery or services are those services that are intended to reshape structures of the body in order to alter the individual's appearance or to alter the manifestations of the aging process only.

Reconstructive surgery is generally considered a service that "returns the patient to whole". These procedures or services are performed on structures of the body to improve or restore a body function or to correct a deformity that has resulted from a disease process, trauma, congenital or developmental anomaly or previous therapeutic intervention.

Follows is a list of services that may be considered cosmetic and/or reconstructive and must be precertified. Failure to obtain pre-certification may result in penalties and/or no coverage.

This list is not inclusive of every cosmetic or reconstructive service that requires pre-certification.

- Abdominoplasty
- Bariatric surgery
- Blepharoplasty
- Breast reconstruction
- Brow Ptosis Repair/Lid Retraction
- Canthopexy/canthoplasty
- · Gender Reassignment
- Gynecomastia
- · Keloid/Scar Revisions
- Lipectomy

- Otoplasty
- Panniculectomy
- Photodynamic Therapy
- Reconstruction Forehead
- Reconstruction of Mandible and Endosteal Implant
- Repair Pectus Excavatum
- Rhinoplasty/Septorhinoplasty
- . UPPP
- Varicose Vein procedures

# **DURABLE MEDICAL EQUIPMENT (DME)**

DME are equipment and supplies (or repair of equipment or supplies) ordered by a health care provider for everyday or extended use. Follows is a list of services that must be pre-certified. Failure to obtain precertification may result in no coverage. Pre-certification applies to expenses in excess of \$500.

This list is not inclusive of every item that requires pre-certification.

- Rental of all DME items require pre-certification
- Repair or replacement of all DME items that require pre-certification
- Air fluidized bed
- Automatic external defibrillator (Life Vest)
- Bipap
- Braces
- Compression Devices
- CPM (Continuous Passive Motion) Devices
- Dynamic stretching devices
- Home Monitoring Devices (INR, Continuous or Intermittent Glucose)
- Home Ventilator

- Hospital bed
- Insulin pump
- Knee walker (crutch substitute)
- Miscellaneous or unlisted codes
- Microprocessor-controlled prostheses
- Negative pressure wound therapy (wound vac)
- Oxygen therapy
- Power operated vehicles (POV)
- Prosthetics/Orthotics
- Speech generators
- Standing frame/Table system
- Stimulators (bone growth, neuromuscular)
- Wheelchairs

#### **HOME CARE SERVICES**

Home health care is a wide range of services that can be given in the patient's home for an illness or injury. Follows is a list of services that must be pre-certified. Failure to obtain pre-certification may result in penalties and/or no coverage.

- Home health care (skilled nursing, PT/OT/ST)
- Home infusion therapy

- Hospice
- Enteral formula/TPN
- Private duty nursing

# SERVICES REQUIRING NOTIFICATION ONLY

Standard chemotherapy medications do not require a separate pre-certification. If the medication is a specialty drug, separate pre-certification is required.

Standard chemotherapy/radiation – 1st time notification

# **TRANSPLANTS**

Organ transplants occur when an organ from another person is removed and place in the patient's body. The organ may come from a living donor or a donor who has died. The plan requires pre-certification for the following covered transplants:

- Bone Marrow Stem Cell
- Heart
- Heart Lung Single
- Heart Lung Double
- Kidney Single
- Kidney Double
- Liver

Corneal Transplants do not require pre-certification.

- Liver Segmental
- Lung Segmental
- Lung Single
- Lung Double
- Pancreas
- Pancreas & Kidney

# **MEDICAL IMAGING\*\***

Imaging services provide images of the inside of your body using a variety of different technologies and techniques. These services include MRIs, CT scans, MRAs, and PET scans.

NIA (National Imaging Associates) is an independent company that manages pre-certification for certain imaging services on behalf of BlueCross BlueShield. To submit request online, go to <a href="https://www.RadMD.com">www.RadMD.com</a> 866-500-7664

\*If employer group does not utilize NIA, imaging services do not require a pre-certification through the medical plan. Provider should verify benefits.

\*\*Imaging pre-certification <u>does not</u> apply to Tier 1 providers. Services outlined above under Medical Imaging apply only to Tier 2 and out of network providers.