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/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 1-866 752 7021. 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. **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/mammaplasty
   • Excision of excessive skin due to weightloss
   • Gastroplasty/gastric bypass
   • Lipectomy or excess fat removal
   • Surgery for 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 withrhizotomy
   • Spinal fusionsurgery

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

27. **Ventricular assist devices**

28. **Video electroencephalograph(EEG)**

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