Member Pre-Authorization – Exchange Products - Small Group, Individual & Large Group and Self-funded based on the Group's Renewal Date (Formerly Member Pre-Authorization – Exchange Products - Small Group, Individual & Large Group based on the Group's Renewal Date)

Policy Number:	**M20141031002**
Effective Date:	**12/1/2009**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Member Services, Claims, System Configuration**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☐ State Products, if yes which plan(s): ☐MediSource; ☐ MediSource Connect; ☐Child Health Plus; ☐Essential Plan
☐ Medicare, if yes, which plan(s): ☐MAPD; ☐PDP; ☐ISNP; ☐CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To identify healthcare services which require member pre-authorization for the Exchange Small group and Individual and Large group seeking services out of network based on group's renewal date subject to the member's contract. If member preauthorization is not obtained, services will take the applicable penalty based on the member's contract and will be subject to retrospective review for medical necessity.

Policy:

The following services require member pre-authorization:

- Assistive Communication Devices (ACD) for Autism Spectrum Disorder
- CAR-T-Cell Therapy
- Clinical Trials
- Crisis Residence Facilities including Sub-acute Mental Treatment at a Crisis Residence facility
- Continuous glucose monitoring devices, short term
- Durable Medical Equipment
    - Customized items/equipment
    - Electrical Stimulators
    - Total electric Hospital Beds,
    - Jaw Motion Rehabilitation system and accessories
    - Lift equipment/devices
    - Negative Pressure Wound Therapy (Wound Vac)
    - Non-standard wheelchair accessories
    - Oral appliances for sleep apnea
    - Power wheelchairs and accessories
    - Wearable Defibrillator Vests
- Elective hospital/facility admissions to include but not limited to:
    - Admissions for transplants
    - Inpatient rehabilitation and habilitation admissions (Physical, Speech and Occupational Therapy)
    - Inpatient Mental health admissions
    - Medical admissions
    - Skilled nursing facility admissions
    - Substance use inpatient admissions.
    - Surgical admissions
- Electronic Artificial Limbs
- Extracorporeal Shock Wave Therapy (ECSWT) for Chronic Plantar Fasciitis
- Gender Reassignment – Surgical Treatments
- Genetic Testing
- Home Births
- Home Health Care Services excluding Home Infusion Nursing Visits

- Hyperbaric Oxygen Therapy (Systemic and Topical)
- Partial Hospitalization for Mental Health Services
- Partial Hospitalization for Substance Use
- Mental Health Residential Treatment
- Non-Emergent Ambulance, Planned Transfer including Air Ambulance
- Substance Use Residential Treatment
- Skin Substitutes
- Sleep Studies(Facility Based)
- Surgical Procedures:
    - Back and Neck Surgery
    - Bariatric Surgery (weight loss surgery)
    - Breast Surgery: Implant Removal, non-cancer diagnosis Breast Reconstruction, Breast Reduction Mammoplasty (male and female)
    - Cosmetic Procedures (medically necessary)
    - Joint Replacements – Hips, Knees & Shoulders
    - Hypoglossal Nerve Stimulation
    - Oral Surgeries (Orthognathic)
    - Percutaneous Left Atrial Appendage Occlusion e.g. Watchman
    - Reconstructive Procedures
    - Septorhinoplasty & Rhinoplasty
    - Temporomandibular Joint (TMJ) Disorder
    - Transcranial Magnetic Stimulation
    - Transplant Procedures
    - Uvulopalatopharyngoplasty (UPPP)
    - Varicose Vein Procedures
    - Vagus Nerve Stimulation
    - Wireless Capsule Endoscopy (WCE)
- Therapeutic Radiopharmaceuticals: Zevalin, Lutathera, Hicon, Xofigo
- Vision Therapy

Pre-Authorization Required? Yes ☒ No☐

Definitions

N/A

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

N/A

Regulatory References

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
1/1/2026	Health Care Services	Revised
1/1/2025	Health Care Services	Revised
1/1/2024	Health Care Services	Revised
1/1/2023	Health Care Services	Revised
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1/1/2022	Health Care Services	Revised
1/1/2021	Health Care Services	Revised
4/19/2019	Medical Management	Revised
1/1/2018	Medical Management	Revised
3/2/2017	Medical Management	Revised
2/1/2017	Medical Management	Revised
1/1/2017	Medical Management	Revised
5/1/2016	Medical Management	Revised
12/1/2014	Medical Management	Revised
05/01/2014	Medical Management	Revised
01/01/2013	Medical Management	Revised