

**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)**

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N/A

**Applicable to Vendors?** Yes  No

## Purpose and Applicability:

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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.

## Policy:

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### The following services require member pre-authorization:

- Applied Behavior Analysis (ABA) for Diagnosis and Treatment of Autism Spectrum Disorder
- Assistive Communication Devices (ACD) for Autism Spectrum Disorder
- CAR-T-Cell Therapy
- Clinical Trials
- 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
- Extracorporeal Shock Wave Therapy (ECSWT) for Chronic Plantar Fasciitis
- Gamma Knife
- Gender Dysphoria – Surgical Treatments
- Genetic Testing
- Home Births
- Home Health Care Services excluding Home Infusion Nursing Visits
- Hyperbaric Oxygen Therapy (Systemic and Topical)
- Therapeutic Radiopharmaceuticals: Zevalin, Lutathera, Hicon, Xofigo
- Non-Emergent Ambulance, Planned Transfer
- Partial Hospitalization for Mental Health Services
- Partial Hospitalization for Substance Use

- Prosthetic Devices External
- Electronic Artificial Limbs
- Custom Orthopedic Braces
- Mental Health Residential Treatment
- Substance Use Residential Treatment
- Skin Substitutes
- Sleep Studies
- 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
  - Oral Surgeries
  - Reconstructive Procedures
  - Septorhinoplasty & Rhinoplasty
  - Spinal Cord Stimulation
  - Temporomandibular Joint (TMJ) Disorder
  - Total Artificial Heart
  - Transcatheter Aortic Valve Replacement (TAVR) and Mitraclip
  - Transplant Procedures
  - Uvulopalatopharyngoplasty (UPPP)
  - Varicose Vein Procedures
  - Wireless Capsule Endoscopy (WCE)

**Pre-Authorization Required?** Yes  No

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## Definitions

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N/A

## References

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### Related Policies, Processes and Other Documents

N/A

### Non-Regulatory references

N/A

### Regulatory References

Independent Health Insurance Certificate of Coverage

***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

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Sponsored By:

Name sponsor: Anthony J. Billittier IV, MD, FACEP

Title of sponsor: Chief Medical Director

Signature of sponsor:



| Revision Date | Owner                | Notes                  |
|---------------|----------------------|------------------------|
| 05/01/23      | Health Care Services | Revised – Title Change |
| 1/1/2023      | Health Care Services | Revised                |
| 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                |