



Precertification

Key To Your Good Health

You can help make sure you and your family get quality health care when and where you need it. Meritain Health's[®] Medical Management Program is designed to ensure that you and your eligible dependents receive the right health care while avoiding unnecessary costs.

It's easy to precertify

Your provider will often handle your precertification, but as an active participant in your health care, you can call us to begin the process. To precertify care, you'll need to call the phone number on your ID card and provide information about the patient, the provider and the procedure. A special Medical Management team will then review your treatment plan. Your team will help make sure you're getting the right care, in the right setting for the right length of time.

You may need to call to precertify the following:

- At least 48 hours prior to elective or non-emergency admission to a hospital
- Within 48 hours following, or the next business day after, an emergency admission to a hospital
- At least 48 hours prior to having certain elective surgeries performed an outpatient facility or physician's office as specified in your plan booklet



Or when you need to obtain:

- Home health care, hyperbaric oxygen, dialysis
- Oncology and transplants:
 - Chemotherapy and radiation
 - All related injections, infusions and treatments (e.g., CAR-T, endocrine and immunotherapy)
- Certain diagnostic procedures specified in your plan booklet and genetic testing
- The following durable medical equipment: electric/motorized scooters or wheelchairs; pneumatic compression devices



You can verify the services that require precertification in your health plan booklet. You can also call Customer Service using the number on the back of your ID card.

It's important to remember that if we do not receive your precertification, you may have extra financial responsibility for your health care services.

You have a right to appeal

If you or your doctor aren't satisfied with the decision of the Medical Management team, you have a right to appeal this outcome. You can find steps for the appeal process in your health plan booklet.

This material is being provided as an informational tool. It is recommended that plans consult with their own experts or counsel to review all applicable federal and state legal requirements that may apply to their group health plan. By providing this publication and any attachments, Meritain Health is not exercising discretionary authority over the plan and is not assuming a plan fiduciary role, nor is Meritain Health providing legal advice.



We are Meritain Health

As Advocates for Healthier Living, we provide easy-to-use health care benefits you can use to live well. We also take steps to help you save on the cost of your care. Contact us at the number on your ID card if you have any questions about your plan.

List of Items and/or Services that Require Precertification

The below items and/or services, if Covered Expenses under the Plan, must be precertified before any medical services are provided. To determine whether a benefit is covered or excluded, please review the Eligible Medical Expenses and/or General Exclusions and Limitations sections of your Plan.

All Inpatient Admissions:

- Acute
- Long-Term Acute Care
- Rehabilitation Facility
- Mental Disorder / Substance Use Disorder
- Residential Treatment Facility
- Transplant
- Skilled Nursing Facility

Diagnostic Services (Outpatient and Physician):

- CT for non-orthopedic
- MRI for non-orthopedic
- PET
- Capsule endoscopy
- Genetic testing, including BRCA
- Sleep study

Surgery (including in a Physician's office):

- Breast and bone marrow biopsy
- Thyroidectomy, partial or complete
- Open prostatectomy
- Oophorectomy, unilateral and bilateral
- Back Surgeries and hardware related to Surgery
- Osteochondral Allograft, knee
- Hysterectomy (including prophylactic)
- Autologous chondrocyte implantation, Carticel
- Transplant (excluding cornea)
- Balloon sinuplasty
- Sleep apnea related Surgeries, limited to:
 - Radiofrequency ablation (Coblation, Somnoplasty)
 - Uvulopalatopharyngoplasty (UPPP), including laser-assisted procedures

Continuing Care Services (Outpatient and Physician):

- Chemotherapy (including oral)
- Radiation therapy
- Oncology and transplant related injections, infusions and treatments (e.g., CAR-T, endocrine and immunotherapy), excluding supportive drugs (e.g., antiemetic and antihistamine)
- Hyperbaric oxygen
- Home health care
- Durable Medical Equipment, limited to electric/motorized scooters or wheelchairs and pneumatic compression devices

Monthly High Cost Drugs that are \$2,000 or more and are:

- Injectables
- Infusion therapies

Important Notes:

- ❖ Precertification is recommended if a procedure could be considered Experimental and/or Investigational or potentially Cosmetic in nature (such as, but not limited to: abdominoplasty, cervicoplasty, liposuction/lipectomy, mammoplasty (augmentation and reduction - includes removal of implant), Morbid Obesity procedures, septoplasty, etc.).
- ❖ Precertification is NOT REQUIRED for a maternity delivery admission, unless the stay extends past 48 hours for vaginal delivery or 96 hours for a cesarean section. A Hospital stay begins at the time of delivery or for deliveries outside the Hospital, the time the newborn or mother is admitted to a Hospital following birth, in connection with childbirth. If a newborn remains hospitalized beyond the time frames specified, the confinement must be precertified with the Medical Management Program Administrator or a penalty will be applied. Please refer to the penalty section above.
- ❖ High Cost Drugs are drugs that are covered under the medical benefits section of the Plan. This requirement does not apply to drugs covered under the Prescription Drug Card Program.