**Procedures that commonly require precertification:**

**All Inpatient Admissions**

* Acute
* Long-Term Acute Care
* Rehabilitation
* Mental Health / Substance Use Disorder
* Transplant
* Skilled Nursing Facility
* Residential Treatment Facility
* Obstetric (precertification only required if days exceed Federal mandate)

**Inpatient and Outpatient procedures that could be considered Experimental or Investigational**

**Outpatient and Physician – Surgery**

* 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)
* Potentially Cosmetic Procedures, including but not limited to:
* Abdominoplasty
* Blepharoplasty
* Cervicoplasty (neck lift)
* Facial skin lesions (Photo therapy, laser therapy - excluding MOHS)
* Hernia repair, abdominal and incisional (only when associated with a cosmetic procedure)
* IDET (thermal intradiscal procedures)
* Liposuction/lipectomy
* Mammoplasty, augmentation and reduction (including removal of implant)
* Mastectomy (including gynecomastia and prophylactic)
* Morbid obesity procedures
* Orthognathic procedures (e.g. Genioplasty, LeFort osteotomy, Mandibular ORIF, TMJ)
* Otoplasty
* Panniculectomy
* Rhinoplasty
* Rhytidectomy
* Scar revisions
* Septoplasty
* Varicose vein surgery/sclerotherapy

 **Outpatient and Physician – Diagnostic Services**

* PET
* Capsule endoscopy
* Genetic Testing (including BRCA)
* Sleep Study

 **Outpatient and Physician – Continuing Care Services**

* 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