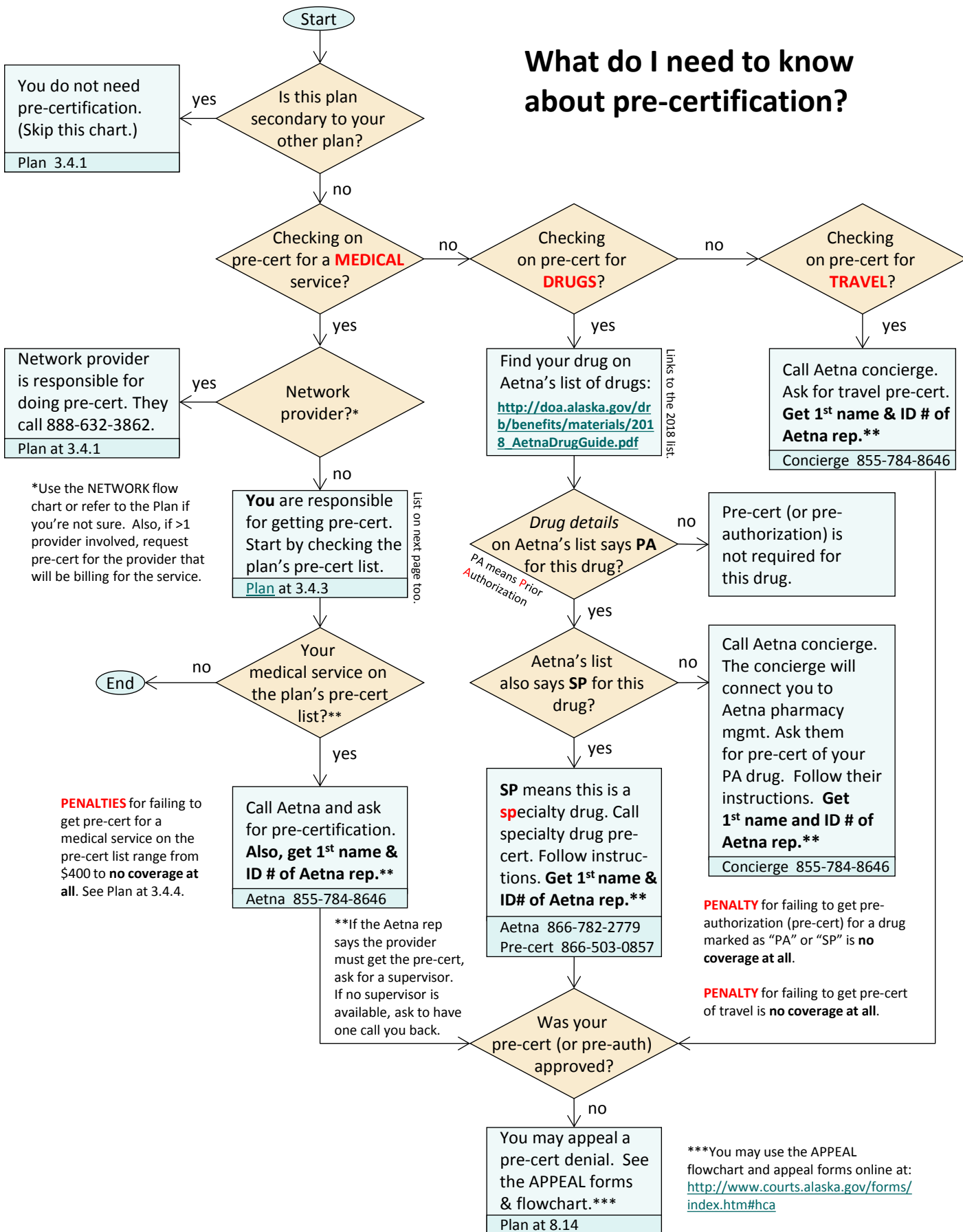


What do I need to know about pre-certification?



PLAN'S PRECERT LIST AS OF APRIL 2018

SERVICES REQUIRING PRECERTIFICATION (SECTION 3.4.3 OF THE PLAN)

1. Stays in a **hospital**
2. Stays in a **skilled nursing facility**
3. Stays in a **rehabilitation facility**
4. Stays in a hospice facility
5. Outpatient hospice care
6. Stays in a residential treatment facility for treatment of mental disorders and substance abuse
7. Partial hospitalization for treatment of mental disorders and substance abuse
8. Home health care
9. Private duty nursing care
10. Transportation (non-emergent) by fixed wing aircraft (plane)
11. Autologous chondrocyte implantation, Carticel (injection into the knee of cartilage cells grown from tissue cultures)
12. Cochlear implant (surgical implant of a device into the ear to try to improve hearing)
13. Dental implants and oral appliances
14. Dialysis visits
15. Dorsal column (lumbar) neurostimulators: trial or implantation (for relief of severe pain)
16. Electric or motorized wheelchairs and scooters
17. Gastrointestinal tract imaging through capsule endoscopy
18. Hip surgery to repair impingement syndrome
19. Hyperbaric oxygen therapy
20. Lower limb prosthetics
21. Oncotype DV (method for testing for genes that are in cancer cells)
22. Organ transplants
23. Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint (reconstructive surgeries to attempt to correct structural abnormalities of the jaw bones)
24. Osseointegrated implant
25. Osteochondral allograft/knee (grafting of cartilage and bone from a cadaver to the knee joint)
26. Power morcellation with uterine myomectomy, with hysterectomy or for removal of uterine fibroids
27. Proton beam radiotherapy
28. Reconstruction or other procedures that may be considered cosmetic
29. **Surgical spinal procedures**
30. Uvulopalatopharyngoplasty, including laser-assisted procedures
31. Ventricular assist devices
32. **MRI-knee**
33. **MRI-spine**
34. Intensive outpatient programs for treatment of mental disorders and substance abuse, including
 1. Psychological testing
 2. Neuropsychological testing
 3. Outpatient detoxification
 4. Psychiatric home care services
35. **Travel**
36. Use of **out-of-network provider for preventive care services**

PLAN: <http://doa.alaska.gov/dr/pd/ghlb/akcare/SelectBenefitsEmployeeBooklet2018.pdf>