

Medical Necessity Review Listing

RECOMMENDATIONS

Please refer to the ID card or benefit plan document for a list of services that require Pre-Certification. Pre-certification is commonly needed for inpatient hospitalization and certain outpatient hospital services. (requirements may vary by plan)

Beyond the Pre-certification requirement, all services payable under the plan are required to be Medically Necessary. Medical Necessity Reviews can be done on a pre or post-service basis; however, we strongly recommended performing the review pre-service to identify any services that may be considered not Medically Necessary or Experimental/Investigational.

Below is a list of services we recommend performing a Medical Necessity and Experimental/Investigational review for, separate from Pre-certification, and prior to the service being performed. This is intended to be an overview and not an all-inclusive list which may be subject to change. For a full list of covered benefits and exclusions, please refer to the plan document or call Auxiant at 800-245-0533. This list is not a guarantee of coverage; claims payment is based on provider coding

- **Applied Behavior Analysis (ABA) Therapy**
- **Bariatric/Obesity Treatment and Surgery**
- **Blepharoplasty Procedures**
- **Breast Reduction and Reconstruction**
- **Chemotherapy and Radiation Therapy**
- **Durable Medical Equipment (over \$1,000)**
 - CPAP / BiPAP
 - Wheelchairs / Power Chairs / Scooters
 - Hearing Aids
 - Insulin Pumps
 - Bone Growth Stimulators
 - TENS Units
 - All other DME
- **ECT Treatments**
- **Genetic Testing**
- **Home Health and Private Duty Nursing**
- **Hyperbaric Chamber Treatment**
- **Implantable Devices and Hardware**
 - Pacemakers
 - Neuromuscular Stimulators
 - Orthopedic Hardware
 - Cochlear Implants
- **Injectable Medications and Infusions**
- **INR Home Testing**
- **Orthognathic/Mandibular Surgery**
- **Orthotics**
 - Cranial Remodeling/Remolding
 - Custom Foot Orthotics
 - Orthopedic Braces
- **Pain Therapies**
 - Pain Injections
 - Radiofrequency Ablation
 - Shock Wave Therapy
- **Physical/Occupational/Speech/Vision Therapy**
- **Prosthetics**
- **Sinus Surgery**
- **Transplants**
- **UV Light Therapy**
- **Uvulopalatopharyngoplasty (UPPP)**
- **Varicose Vein Procedures**