PRE-TREATMENT CERTIFICATION/AUTHORIZATION

**HOSPITAL ADMISSIONS**

**(Includes all inpatient hospital, inpatient surgery and inpatient mental illness, nervous disorders, alcohol abuse, and chemical abuse admissions)**

Pre-treatment Certification/Authorization (Certification) requires you, your representative or your physician to notify us of all hospital admissions.

Certification is a review process to determine the medical necessity of a hospital admission or proposed surgery under the terms of your health insurance coverage. The necessary length of your hospital stay will also be determined. You or your physician may, at any time prior to discharge, request a reevaluation or extension of the number of hospital days certified under the terms of your health insurance coverage.

**ADDITIONAL SERVICES REQUIRING CERTIFICATION**

* Organ and bone marrow transplant
* Home Health Care
* Physical, occupational, or speech therapy
* Home infusion therapy including chemotherapy
* Hospice
* Acute inpatient rehabilitation stays
* Long-term acute rehabilitation
* Sub-acute inpatient medical and rehabilitation
* Skilled nursing stays
* Radiation therapy
* Dialysis
* Private duty and skilled nursing
* Diagnostic imaging tests, including new technology, but not limited to: Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET), Computerized Tomography (CAT) Scans, and Single Proton Emission Computerized Tomography (SPECT). Standard/routine x-rays such as, but not limited to, chest x-ray, ultrasound, mammography are not included.

**If Certification is not completed, benefits are reduced as follows:**

1. Additional Deductible: $300 per service, per occurrence
2. Insured Percent Reduction: $10% up to $1,000 per occurrence

Certification will be valid for 60 days. A change in physician or hospital will require a new Certification.

**How to Certify:** Call the telephone number on your identification card. Be prepared to give the following information:

* Insured's name and policy/certificate number.
* Patient’s name and date of birth.
* Hospital name and address.
* Physician’s name and telephone number.
* The diagnosis (what is wrong).
* The treatment (what will be done and when).

**It is your responsibility to make sure that proper Certification is made.** We recommend that you follow-up with the attending physician to make sure that all medical information is provided.

**When to Call:** For routine elective admission or surgery, you must call at least two business days before you are admitted to the hospital.

Emergency admission: Call the telephone number on your ID card within 48 hours of an emergency admission or the next business day if a weekend or holiday is involved. This requirement will no longer apply following the renewal of your coverage in 2022.

Transplants: Call the telephone number on your ID card for transplant procedures before the transplant benefit period begins.

If it is not possible to make the Certification call within the times provided, payment will not be reduced if the call is made as soon as is reasonably possible.

**Certification does not guarantee coverage. Please read the coverage provisions of your policy/certificate carefully.**