PRE-TREATMENT AUTHORIZATION

**HOSPITAL ADMISSIONS**

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

Pre-treatment authorization requires you, your representative or your physician to notify us of all hospital admissions.

**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 pre-treatment authorization 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

Pre-treatment authorization will be valid for 60 days. A change in physician or health care facility will require a new pre-treatment authorization.

**How to obtain pre-treatment authorization**: Call the telephone number on your identification card. Be prepared to give the following information:

* Insured's name and policy 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 pre-treatment authorization 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.

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