

2021 LIST OF PROCEDURES REQUIRING PRECERTIFICATION

SERVICE/ PROCEDURES	COMMERCIAL PPO	COMMERCIAL HMO	UNITED PPO	UNITED HMO
CANCER TREATMENT				
Chemotherapy	Yes	Yes	Yes	Yes
Radiation Therapy	Yes	Yes	Yes	Yes
CHIROPRACTIC SERVICES	No	No	No	No
HIGH COST TREATMENT				
Aids Treatment	No	No	No	No
ESRD/Hemodialysis	N/A (<i>Not a Covered Benefit</i>)	N/A (<i>Not a Covered Benefit</i>)	No	No
Hyperbaric Oxygen Therapy	Yes	N/A (<i>Not a Covered Benefit</i>)	No	N/A (<i>Not a Covered Benefit</i>)
Specialty Drugs	Yes	Yes	Yes	Yes
Wound Care	Yes	Yes	Yes	Yes
HIGH LEVEL EVALUATION/MANAGEMENT				
Specialty Consultation	No	Yes (<i>Except for Ob/Gyne, Mental Health</i>)	No	Yes (<i>Except for Ob/Gyne, Mental Health</i>)
HOME CARE SERVICES				
Durable Medical Equipment (DME)	Yes	Yes	No	No
Homecare (RN/PT/OT)				
RN	No	No	No	No
OT	Yes	Yes	No	No
PT	Yes	Yes	No	No
Hospice Care	Yes	Yes	No	No
INPATIENT ADMISSION				
Inpatient Admission (Inclu.Emergency Admission)	Yes	Yes	Yes	Yes
Skilled Nursing Facility	Yes	Yes	Yes	Yes
INTERVENTIONAL RADIOLOGY				
Pain Management	Yes	Yes	Yes	Yes
Stereotactic Core Needle Biopsy	Yes	Yes	Yes	Yes
Xray/US/CT/MRI/Fluoroscopy Guided Procedures	Yes	Yes	Yes	Yes
MAJOR DIAGNOSTIC PROCEDURE				

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Allergy Testing	No	No	No	No
Audiologic Function Tests (Tympanometry/Audiometry)	Yes	Yes	Yes	Yes
Biopsy	Yes	Yes	Yes	Yes
Cardiac Catheterization/Coronary Angiogram,	Yes	Yes	Yes	Yes
Echocardiogram	Yes	Yes	Yes	Yes
Electroencephalogram (EEG)	Yes	Yes	Yes	Yes
Electrocardiography (ECG or EKG)	Yes	Yes	Yes	Yes
Electromyography (EMG)	Yes	Yes	Yes	Yes
Electronystagmography (ENG)	Yes	Yes	Yes	Yes
Exercise Stress Test/Treadmill Stress Test	Yes	Yes	Yes	Yes
Fetal NST (Non Stress Test)	Yes	Yes	Yes	Yes
Genetic Testing	Yes	Yes	Yes	Yes
Ophthalmologic Diagnostic Procedures	Yes	Yes	Yes	Yes
Sleep Study	Yes	Yes	Yes	Yes
Tilt Table Test	Yes	Yes	Yes	Yes
MAJOR RADIOLOGY PROCEDURE				
Arthrogram	Yes	Yes	Yes	Yes
Barium Swallow/Barium Enema	Yes	Yes	Yes	Yes
CT /CTA	Yes	Yes	Yes	Yes
Magnetic Resonance Imaging (MRI) /Magnetic Resonance Angiography (MRA)	Yes	Yes	Yes	Yes
Mammogram (Diagnostic)	Yes	Yes	Yes	Yes
Mammogram (Screening)	No	No	No	No
Non Stress Test (NST for High Risk OB Cases)	Yes	Yes	Yes	Yes
PET Scan	Yes	Yes	Yes	Yes
Ultrasound (1st OB) *Only one OB US Covered	Yes	Yes	Yes	Yes
Ultrasound (Non-Obstetrics)	Yes	Yes	Yes	Yes
Ultrasound (Second and Succeeding OB US)	Yes	Yes	Yes	Yes
Regular Xray (Including but not limited to Chest,Scout Film)	No	No	No	No
MAJOR SURGICAL PROCEDURE				
Ambulatory Surgicenter/Elective Surgical Procedures	Yes	Yes	Yes	Yes
Back or Disc Surgery	Yes	Yes	Yes	Yes
Bariatric Surgery Breast Reconstructive Surgery	Yes	Yes	Yes	Yes
Breast Reconstructive Surgery	Yes	Yes	Yes	Yes
Circumcision (beyond 30 days from birth)	Yes	Yes	Yes	Yes

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CABG (Coronary Artery Bypass Graft)	Yes	Yes	Yes	Yes
Cataract Surgery	Yes	Yes	Yes	Yes
Gallbladder Surgery	Yes	Yes	Yes	Yes
Herniorraphy	Yes	Yes	Yes	Yes
Hysterectomy	Yes	Yes	Yes	Yes
Knee Surgery	Yes	Yes	Yes	Yes
Laparoscopic Surgery	Yes	Yes	Yes	Yes
Mastectomy	Yes	Yes	Yes	Yes
Organ Transplant	Yes	Yes	Yes	Yes
Orthopedic Surgery (Cervical/Thoracic/Lumbar/Hip Joint/Shoulder)	Yes	Yes	Yes	Yes
Prostatectomy	Yes	Yes	Yes	Yes
Robotic Surgery	Yes	Yes	Yes	Yes
Varicose Vein Surgery	Yes	Yes	Yes	Yes
NUCLEAR CARDIOLOGY AND NUCLEAR MEDICINE STUDIES				
Bone Scan	Yes	Yes	Yes	Yes
Dexa Sxan (Screening and Diagnostic)	Yes	Yes	Yes	Yes
HIDA Scan	Yes	Yes	Yes	Yes
Iodine 131	Yes	Yes	Yes	Yes
MIBI Scan/Thallium Stress Test	Yes	Yes	Yes	Yes
OPERATIVE AND DIAGNOSTIC ENDOSCOPY				
Carpal Tunnel Release	Yes	Yes	Yes	Yes
Colonoscopy	Yes	Yes	Yes	Yes
EGD (Upper GI Endoscopy)	Yes	Yes	Yes	Yes
Hysteroscopy	Yes	Yes	Yes	Yes
REHABILITATION				
Occupational Therapy	Yes	Yes	Yes	Yes
Physical Therapy	Yes	Yes	No	No
Speech Therapy	Yes	Yes	No	No
STERILIZATION AND CONTRACEPTION				
Tubal Ligation /Vasectomy / Nexplanon or IUD Insertion and Removal	Yes	Yes	Yes	Yes
WELLNESS PROGRAM				
Wellness Consult	Yes	Yes	No	Yes
Wellness Program	Yes	Yes	No	Yes