



## Alera Group - Precertification List (eff. 1/1/2023)

*Precertification is a determination of medical necessity only, and does not involve matters of claim payment, eligibility, coverage and the type and/or availability of benefits.*

*The establishment and construct of a precertification list is solely the responsibility of customer and/or the applicable plan sponsor (and not Accolade). The design and implementation of a precertification list should be made only after obtaining the advice of customer's legal and benefit professionals, to include customer's full review of applicable health and welfare benefit plan terms and conditions as well as any applicable laws (for example, the Employee Retirement Income Security Act of 1974, and the Health Parity and Addiction Equity Act of 2008, as amended). Accolade will have no responsibility for reviewing applicable plan documents, advising customer with respect to its precertification list or for customer's compliance with applicable laws related to the same. No representation or warranty is given with respect to this document, which is offered as-is.*

### **Precertification for Inpatient and Outpatient procedures that could be considered Experimental / Investigational or are part a Clinical Trial**

#### **All Inpatient Admissions**

- Acute
- Long-Term Acute Care
- Rehabilitation
- Mental Health / Substance Use Disorder
- Transplant
- Skilled Nursing Facility
- Residential Treatment Facility
- Obstetric – Prenotification only (precertification only required if days exceed Federal mandate)

#### **Outpatient - Surgery (if done in physician office, no precert required)**

- All joint replacement surgeries
- Thyroidectomy, Partial or Complete
- Prostate or Ovary Removal – include Open Prostatectomy / Oophorectomy
- Back Surgeries and hardware related to surgery
- Osteochondral Allograft, knee
- Hysterectomy (including prophylactic)
- Autologous chondrocyte implantation, Carticel
- Transplant (excluding cornea)
- Balloon sinuplasty
- Sleep apnea related surgeries, limited to:
  - Radiofrequency ablation (Coblation, Somnoplasty)
  - Uvulopalatopharyngoplasty (UPPP) (including laser-assisted procedures)
- Abdominoplasty
- Blepharoplasty
- Cervicoplasty (neck lift)
- Facial skin lesions (Photo therapy, laser therapy - excluding MOHS)
- Hernia repair, abdominal and incisional (only when associated with a cosmetic procedure)
- IDET (thermal intradiscal procedures)
- Liposuction/lipectomy
- Mammoplasty, augmentation and reduction (including removal of implant)
- Mastectomy (including gynecomastia and prophylactic)
- Morbid obesity procedures
- Orthognathic procedures (e.g. Genioplasty, LeFort osteotomy, Mandibular ORIF, TMJ)
- Otoplasty
- Panniculectomy
- Rhinoplasty
- Rhytidectomy
- Scar revisions
- Septoplasty
- Varicose vein surgery/sclerotherapy



### **Outpatient and Physician – Diagnostic Services**

- CT
- MRI
- MRA
- Nuclear Cardiology
- PET
- Capsule endoscopy
- Genetic Testing (including BRCA)
- Sleep Study (facility based)

### **Outpatient and Physician – Continuing Care Services**

#### **Pre-notification:**

- Chemotherapy (including oral) – if cancer diagnosis

#### **Pre-certification required:**

- Chemotherapy (including oral) – non-cancer diagnosis
- Dialysis
- Oncology care including oncology and transplant related injections, infusions and treatments (e.g.

CAR-T, endocrine and immunotherapy), excluding supportive drugs (e.g. antiemetic and antihistamine)

- Home Health Care (includes all services done in the home)
- Durable Medical Equipment, limited to electric/motorized scooters or wheelchairs and pneumatic compression devices
- DME >\$1K

### **Medical Evacuation**

- Air Ambulance for non-emergent transportation

### **Medical Specialty Injectable Drugs (covered under medical plan)**

*Limited to specific injectables that require precertification – Medical Specialty Injectable Drug List*