

Public Employees Local 71 Trust Fund Precertification Requirements

Certain health care services such as hospitalization, outpatient surgery and certain other outpatient services, require precertification.

- **If you use an Aetna network provider**, your provider is responsible for obtaining necessary precertification for you. Because precertification is the provider's responsibility, if your provider fails to precertify required services, the provider's reimbursement will be limited and the provider cannot pass those costs on to you.
- **If you use a non-preferred provider**, your provider may precertify certain services. If the provider fails to precertify those services, Aetna will review the medical necessity of those services when the claim is filed. If the service is not medically necessary and is not approved, no benefits will be paid. If the service is medically necessary, benefits will be paid according to the plan. The Health Trust currently applies participant penalties for failure to precertify (\$400 for hospitalizations and \$200 for outpatient procedures). Effective March 1, 2014, the Trust will waive the participant penalties for outpatient procedures, until further notice.

Precertification is required for the following types of medical expenses:

- Inpatient confinements:
 - Surgical and nonsurgical
 - Skilled nursing facility
 - Rehabilitation facility
 - Inpatient hospice
 - Maternity and newborn confinements that exceed the standard length of stay
- Non-emergency ambulance
- Autologous chondrocyte implantation, Carticel
- Cochlear device and/or implantation
- Cognitive skills development (to the extent covered by the medical plan)
- Dental implants and oral appliances (to the extent covered by the medical plan)
- Dialysis visits
- Dorsal column neurostimulators: trial or implantation
- Electric or motorized wheelchairs and scooters
- Gastrointestinal tract imaging through capsule endoscopy
- Home health care related services, including private duty nursing, maternity management home care and home uterine activity monitoring
- Hyperbaric oxygen therapy
- Limb prosthetics

- Drugs and medical injectables, to the extent these services are provided in a doctor's office or medical facility
- Oncotype DX (tumor marking for members with breast cancer to help determine chemotherapy treatment)
- Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint
- Osseointegrated implant
- Osteochondral allograft/knee
- Proton beam radiotherapy
- Reconstructive or other procedures that may be considered cosmetic, including:
 - Blepharoplasty / canthoplasty
 - Breast reconstruction / breast enlargement
 - Breast reduction / mammoplasty
 - Cervicoplasty
 - Chemical peels
 - Excision of excess skin due to weight loss
 - Gastroplasty / gastric bypass
 - Injection of filling material
 - Lipectomy or excess fat removal
 - Sclerotherapy or surgery for varicose veins
- Spinal procedures, including:
- Artificial intervertebral disc surgery
- Cervical, lumbar and thoracic laminectomy / laminotomy procedures
- Spinal fusion surgery
- Uvulopalatopharyngoplasty, including laser-assisted procedures
- Ventricular assist devices and cardiac rhythm implantable devices (eg pacemakers)
- BRCA genetic testing
- Infertility services
- Organ transplants
- Pre-implantation genetic testing
- Pediatric congenital heart surgery
- Polysomnography (sleep studies)
- Radiation oncology

If you have any questions regarding plan benefits, please call (907) 276-7211 Option 1 (in Anchorage) or toll free 1-800-446-3671 Option 1.