

Benefit Health Plan health benefit plan precertification list as of January 1, 2025

All States | For all Commercial Plans

Eligibility and benefits:

- Eligibility and benefits can be verified by accessing www.benefithealthplan.com or by calling the number on the back of the member's identification card. Service precertification is based on the member's benefit plan and eligibility at the time the service is reviewed and approved. The care provider is responsible for verification of member eligibility and covered benefits.
- It is your responsibility to notify Benefit Health Plan of certain services and obtain precertification. Except in the case of an emergency, failure to obtain precertification prior to rendering the designated services listed below will result in denial of reimbursement. To avoid denial of services for hospital and medical benefits, call before the service is rendered or no later than two business days after an emergency admission or as soon as reasonably possible.
- If procedures are not prior approved, they will be denied for lack of precertification. Any services or days determined to be not medically necessary will not be covered. For in-network care providers, there are no late notice penalties. For out-of-network care providers, there is a late notice penalty of 50 percent of the maximum allowed amounts for covered services. If you are in doubt about whether a service is covered and requires precertification, call 844-580-2474. Precertification does not guarantee eligibility or payment.

To obtain precertification (prior authorization):

- To obtain precertification (prior authorization) for Benefit Logistics Insurance Company underwritten Health Benefit Plan, both in-network and out-of-network care providers must call the Utilization Management Team at 844-580-2474.
 - Providers can use our MediWorks Web System, our self-service care provider web tools, to instantly obtain eligibility and claim status, as well as request inpatient and outpatient precertification, by registering at www.benefithealthplan.com.

Services that require precertification:

- Inpatient services
 - Acute inpatient (including transplants)
 - Emergency admissions (requires notification no later than two business days after admission)
 - Inpatient rehabilitation
 - Maternity delivery if inpatient stay extends 48 hours for nausea, vomiting, diarrhea (NVD) and 96 hours following caesarean delivery.
 - Out-of-network or out-of-area non-emergency services
 - Sub-acute inpatient (skilled nursing and long-term care)
- Diagnostic Services
 - Cardiac - Diagnostic Services (Echocardiography or Nuclear Cardiology)
 - Musculoskeletal (MSK)
 - Ankle replacement
 - Hip replacement
 - Implanted (epidural and subcutaneous) spinal cord stimulators (SCS)
 - Knee replacement
 - Meniscal allograft transplantation of the knee
 - Sacroiliac joint fusion (minimally invasive)
 - Shoulder replacement
 - Spine surgery
 - Treatment of osteochondral defects of the knee and ankle
 - Vertebroplasty or kyphoplasty
 - Radiation therapy
 - Radiology - diagnostic services (CT scan, computed tomographic angiography [CTA], magnetic resonance angiography [MRA], MRI, PET scan)
 - Sleep testing and therapy services
- Behavioral Health and Mental Health services
 - Call 844-580-2474 for BH precertification
 - Acute inpatient admissions
 - Applied behavioral analysis (ABA) therapy
 - BH Intensive in-home programs

- Inpatient mental health/substance abuse (in-network or out-of-network) within 24 hours of admission.
- Intensive outpatient therapy (IOP)
- Partial hospitalization (PHP)
- Residential treatment center (RTC)
- Transcranial magnetic stimulation (TMS)
- Diagnostic testing
 - Breast cancer (BRCA) genetic testing
 - Chromosomal microarray analysis (CMA) for developmental delays, autism spectrum disorder, intellectual disability, and congenital anomalies
 - Gene expression profiling for managing breast cancer treatment
 - Gene mutation testing for cancer susceptibility and management
 - Genetic testing for heritable cardiac conditions
 - Preimplantation genetic diagnosis testing
 - Prostate saturation biopsy
 - Testing for biochemical markers for Alzheimer's disease
 - Whole genome sequencing, whole exome sequencing, gene panels, and molecular profiling
 - Wireless capsule for the evaluation of suspected gastric and intestinal motility disorders
- Durable Medical Equipment (DME) and prosthetics
 - Augmentative and Alternative Communication (AAC) Devices with Digitized or Synthesized *Speech* Output
 - Compression Devices for Lymphedema
 - Functional electrical stimulation (FES); threshold electrical stimulation (TES)
 - Implantable infusion pumps
 - Implantable peripheral nerve stimulation devices as a treatment for pain
 - Implanted artificial iris devices
 - Intrapulmonary percussive ventilation device
 - Lower limb prosthesis and microprocessor controlled lower limb prosthesis
 - Microprocessor controlled knee-ankle-foot orthosis
 - Myoelectric upper extremity prosthetic devices
 - Noninvasive electrical bone growth stimulation of the appendicular skeleton
 - Standing frames
 - Ultrasonic diathermy devices
 - Wheeled mobility devices: wheelchairs-powered, motorized, with or without power seating systems and power operated vehicles (POVs)

- Outpatient or other inpatient services
 - Ablative techniques as a treatment for Barrett’s esophagus
 - Aduhelm (aducanumab)
 - Ambulance services: air and water
 - Ambulance services: ground; non-emergent
 - Axial lumbar interbody fusion
 - Balloon sinus ostial dilation
 - Bariatric surgery and other treatments for clinically severe obesity
 - Bioengineered, and composite products for wound healing and soft tissue grafting
 - Blepharoplasty, blepharoptosis repair, and brow lift
 - Bone-anchored and bone conduction hearing aids
 - Breast procedures including reconstructive surgery, implants, and other breast procedures
 - Bronchial thermoplasty
 - Cardiac contractility modulation therapy
 - Cardiac resynchronization therapy with or without an implantable cardioverter defibrillator for the treatment of heart failure
 - Carotid vertebral and intracranial artery angioplasty with or without stent placement
 - Catheter-based embolization procedures for malignant lesions outside the liver
 - Cervical and thoracic discography
 - Clinical trials
 - Cochlear implants and auditory brainstem implants
 - Corneal collagen cross-linking
 - Cosmetic and reconstructive services: head and neck, including but not limited to:
 - Cranial nerve procedures
 - Facial plastic surgery
 - Neck tuck (submental lipectomy)
 - Otoplasty
 - Rhinophyma
 - Rhinoplasty
 - Rhytidectomy (face lift)
 - Cosmetic and reconstructive services: skin related, including but not limited to:
 - Chemical peels
 - Collagen injections
 - Cutaneous hemangioma, port wine stain, and other vascular lesions

- Hair procedures
- Injection of dermal fillers
- Laser and surgical treatment of rosacea and telangiectasia
- Other cosmetic skin procedures
- Treatment of keloids and scar revision
- Cosmetic and reconstructive services: trunk and groin, including but not limited to:
 - Brachioplasty
 - Buttock or thigh lift
 - Congenital abnormalities
 - Lipectomy or liposuction
 - Pectus excavatum or carinatum
 - Procedures on the genitalia
- Cryosurgical, radiofrequency or laser ablation to treat solid tumors outside the liver
- Deep brain, cortical, and cerebellar stimulation
- Dental care due to accident or injury
- Diaphragmatic or phrenic nerve stimulation and diaphragm pacing systems
- Doppler-guided transanal hemorrhoidal dearterialization
- Electric tumor treatment field (TTF)
- Electrophysiology-Guided Noninvasive Stereotactic Cardiac Radio Ablation
- Endovascular Techniques (Percutaneous or Open Exposure) for Arterial Revascularization of the Lower Extremities
- Extracorporeal shock wave therapy
- Extraosseous subtalar joint implantation and subtalar arthroereisis
- Focal laser ablation for the treatment of prostate cancer
- Functional endoscopic sinus surgery (FESS)
- Gender affirming surgery
- Hyperbaric oxygen therapy (systemic or topical)
- Home parenteral nutrition
- Immunoprophylaxis for respiratory syncytial virus (RSV) or Synagis (palivizumab)
- Implantable ambulatory event monitors and mobile cardiac telemetry
- Implanted devices for spinal stenosis
- Implanted port delivery systems to treat ocular disease
- Intracardiac ischemia monitoring
- Intraocular anterior segment aqueous drainage devices (without extraocular reservoir)

- Keratoprosthesis
- Leadless pacemaker
- Locoregional and surgical techniques for treating primary and metastatic liver malignancies
- Lower esophageal sphincter augmentation devices for the treatment of gastroesophageal reflux disease (GERD)
- Lysis of epidural adhesions
- Mandibular or maxillary (orthognathic) surgery
- Manipulation under anesthesia
- Mechanical circulatory assist devices (ventricular assist devices, percutaneous ventricular assist devices, and artificial hearts)
- Minimally invasive treatment of the posterior nasal nerve to treat rhinitis
- MRI guided high intensity focused ultrasound ablation for non-oncologic indications
- Nasal surgery for the treatment of obstructive sleep apnea and snoring
- Open sacroiliac joint fusion
- Oral, pharyngeal, and maxillofacial surgical treatment for obstructive sleep apnea or snoring
- Outpatient cardiac hemodynamic monitoring using a wireless sensor for heart failure management
- Panniculectomy and abdominoplasty (including diastasis recti repair)
- Partial left ventriculostomy
- Patent foramen ovale and left atrial appendage for stroke prevention
- Percutaneous and endoscopic spinal surgery
- Percutaneous vertebral disc and vertebral endplate procedures
- Perirectal spacers for use during prostate radiotherapy
- Penile prosthesis implantation
- Photocoagulation of macular drusen
- Presbyopia and astigmatism-correcting intraocular lenses
- Reduction mammoplasty
- Sacral nerve stimulation and percutaneous tibial nerve stimulation for urinary and fecal incontinence; urinary retention
- Sacral nerve stimulation as treatment of neurogenic bladder secondary to spinal cord injury
- Self-expanding absorptive sinus ostial dilation
- Sipuleucel-T (Provenge®) autologous cellular immunotherapy for the treatment of prostate cancer
- Specialty medications or injectable medications
- Surgical and ablative treatments for chronic headaches

- Temporomandibular disorders
- Therapeutic apheresis
- Transcatheter ablation of arrhythmogenic foci in the pulmonary veins
- Transcatheter heart valve procedures
- Transendoscopic therapy for GERD, dysphagia, and gastroparesis
- Transmyocardial or periventricular device closure of ventricular septal defects
- Treatments for urinary incontinence
- Treatment of varicose veins (lower extremities)
- Vagus nerve stimulation
- Vein embolization as a treatment for pelvic congestion syndrome and varicocele
- Venous angioplasty with or without stent placement or venous stenting alone
- Viscocanalostomy and canaloplasty
- Wireless cardiac resynchronization therapy for left ventricular pacing
- Xofigo (Radium Ra 223 dichloride)
- Transplant
 - Acute inpatient (including transplants)
 - Inpatient admits for ALL solid organ and bone marrow and stem cell transplants (including kidney only transplants)
 - Outpatient: all procedures considered to be transplant or transplant related including but not limited to:
 - Chimeric antigen receptor (CAR) T-cell immunotherapy treatment including but not limited to:
 - Axicabtagene ciloleucel (Yescarta™)
 - Tisagenlecleucel (Kymriah™)
 - Brexucabtagene Autoleucel (Tecartus)
 - Lisocabtagene maraleucel (Breyanzi)
 - Idecabtagene vicleucel (Abecma)
 - Donor leukocyte infusion
 - Intrathecal treatment of spinal muscular atrophy (SMA)
 - Stem Cell or bone marrow transplant (with or without myeloablative therapy)
 - Gene therapy treatment and replacement including but not limited to:
 - Gene therapy for hemophilia (Roctavian™)
 - Gene therapy for ocular conditions or voretigene neparvovec-rzyl (Luxturna™)
 - Gene therapy for spinal muscular atrophy or onasemnogene abeparvovec-xioi (Zolgensma®)

- Specialty Medications
 - Specialty medications will be reviewed by ProAct Rx, Inc. Precertification (prior authorization) requirement does not indicate coverage. Check benefits to see if the specialty medication is covered under your plan. For questions regarding the specialty medications requiring precertification, call the ProAct Rx member support line on the ID Card.
- Predetermination
 - A predetermination of benefits is a review by your insurer's medical staff. They decide if they agree that the treatment is right for your health needs. Predeterminations are recommended before you get care, so you will know early if it is covered by your health insurance plan.
 - For medical necessity for coverage for additional items if a member or care provider requests are available. Though not required, a predetermination of benefits is strongly recommended before incurring medical costs for certain services. The following are some examples of services, but not limited to:
 - Allergy testing
 - Infertility services (once diagnosed, treatment is not covered)
 - Occupational therapy
 - Physical therapy
 - Pre-Surgery or pre-admission testing
 - Reconstructive services
 - Speech therapy
 - Health professionals that assist in surgery, billing for services
 - Treatment of temporomandibular joint (TMJ) disorder

Disclaimer: Services listed require precertification and will be denied if rendered without the appropriate precertification regardless of whether rendered in or out-of-network.