



Preauthorization

Your health plan has determined that some categories of services require preauthorization, a determination made prior to services being rendered to ensure that services are medically necessary. The below list provides a summary of some of the services that typically are subject to preauthorization. Review the terms of your health plan or call Judi Health if you have questions about the requirements applicable to a specific service. If you anticipate needing one of the following services, please ensure your provider calls Judi Health at 833-599-1020 to start the process. *Exclusion of a service on this list does not guarantee preauthorization is not required.*

Inpatient Services

Inpatient services includes procedures, treatments and services received in a hospital or other facility that requires an overnight stay, including but not limited to:

- Acute Care
- Routine and High-risk Maternity
- Long-term Acute Care
- Skilled Nursing Facility
- Rehabilitation (any inpatient rehabilitative services)
- Detox
- Inpatient Mental Health and Substance Abuse Hospital Stay
- Inpatient Mental Health and Substance Abuse Residential Stay

Outpatient Services

Outpatient services includes procedures, treatments, and service received in an outpatient setting without an overnight stay. Outpatient services subject to preauthorization include but are not limited to:

- Advanced Infertility Services (handled by Progyny)
- Advanced/Diagnostic Radiology (e.g., CT Scans, MRI, PET, certain cardiac testing)
- Certain outpatient surgical procedures (e.g., unlisted procedures, potentially cosmetic procedures, gastric bypass, erectile dysfunction, spinal procedures, cochlear implants, oral pharynx procedures, spinal services, vascular surgery)
- Chiropractic Care*
- Durable Medical Equipment (e.g., pumps, wheelchairs, speech generating devices, insulin pump, stimulators, orthotics, prosthetics)
- Home Health Care and Home Infusion Services (e.g., nursing services, total parenteral nutrition)
- Injectable Medications
- Molecular Labs
- Musculoskeletal and Pain Management (e.g., interventional pain management and major joint surgery)
- Oncology Management (e.g., medical infused medications, cancer medications)
- Physical and Occupational Therapy*
- Sleep Management (e.g., diagnostic sleep services and obstructive sleep apnea treatment)
- Therapeutic Radiology (e.g., brachytherapy, radiotherapy, proton beam therapy)
- Transplants – LifeSOURCE Transplant Network (e.g., heart/lung, intestinal, liver, pancreas, bone marrow transplants)

**Only required for in-network providers*

Exclusions and Limitations

Your health plan has determined that there is no coverage for the following items under the plan. If you have questions about your coverage, please call Judi Health.

- **Alternative Medicine:** We do not cover services for holistic or homeopathic treatment, naturopathic services, and thermography, including drugs.
- **Aviation:** We do not cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- **Alcohol:** We do not cover services involving a member who has taken part in any activity made illegal either due to the use of alcohol or a state of intoxication, even if the cause of the illness or injury is not related to the use of alcohol. It is not necessary that an arrest occur, criminal charges be filed, or, if filed, that a conviction result.
- **Complications of Non-Covered Services:** We do not cover services that are required as a result of complications from a service not covered under the plan, unless expressly stated otherwise.
- **Confined Persons:** We do not cover services that are for services, supplies, and/or treatment arising from confinement in prison, jail or other penal institution.
- **Convalescent and Custodial Care:** We do not cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include covered services determined to be medically necessary.
- **Conversion Therapy:** We do not cover conversion therapy. Conversion therapy is any practice by a mental health professional that seeks to change the sexual orientation or gender identity of a member under 18 years of age, including efforts to change behaviors, gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include counseling or therapy for an individual who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition, that provides acceptance, support, and understanding of an individual or the facilitation of an individual's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity.
- **Cosmetic Services:** We do not cover services, prescription drugs, or surgery for cosmetic purposes, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to, or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered child which has resulted in a functional defect. We also cover services in connection with reconstructive surgery following a mastectomy. Cosmetic surgery does not include surgery determined to be medically necessary.
- **Coverage Outside of the United States:** We do not cover care or treatment provided outside of the United States, and its possessions, except for emergency services, pre-hospital emergency medical services and ambulance services to treat your emergency condition.
- **Dental Services:** We do not cover dental services except for; care or treatment due to accidental injury to sound, natural teeth, dental care or treatment necessary due to congenital disease or anomaly, or dental care or treatment specifically stated in the Outpatient and Professional Services section of your Health Plan Booklet.
- **Drugs that do not Need a Prescription:** We do not cover drugs that do not need a prescription by federal law (including drugs that need a prescription by state law, but not by federal law), except for injectable insulin or other drugs provided in the Diabetic Equipment, Supplies and Self-Management Education paragraph of the "Additional Benefits, Equipment and Devices" section.

- **Experimental or Investigational Treatment:** We do not cover any health care service, procedure, treatment, device, or prescription drug that is experimental or investigational. However, we will cover experimental or investigational treatments, including treatment for your rare disease or patient costs for your participation in a clinical trial as described in the Outpatient and Professional Services section of your health plan booklet, when our denial of services is overturned by an external appeal agent. However, for clinical trials we will not cover the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, costs that would not be covered under this plan for non-investigational treatments.
- **Felony Participation:** We do not cover any illness, treatment or medical condition due to your participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of your medical condition (including both physical and mental health conditions).
- **Foot Care:** We do not cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, we will cover foot care when you have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in your legs or feet.
- **Fraud, Waste, Abuse, and Other Inappropriate Billing:** We do not cover services from an out-of-network provider that are determined to be not payable as a result fraud, waste, abuse or inappropriate billing activities. This includes an out-of-network provider's failure to submit medical records required to determine the appropriateness of a claim.
- **Gender Affirming Surgical Care:** We do not cover surgical services related to gender affirming care, non-congenital transsexualism, or gender dysphoria.
- **Government Facility:** We do not cover care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law unless you are taken to the hospital because it is close to the place where you were injured or became ill, and emergency services are provided to treat your emergency condition.
- **Hair Pieces:** We do not Cover services for wigs, artificial hair pieces, human or artificial hair transplants, or any Drug, prescription or otherwise, used to eliminate baldness. NOTE: This Exclusion does not apply to hair pieces and wigs that are covered under the Plan for patients who are undergoing chemotherapy or radiation.
- **Hazardous Pursuit, Hobby or Activity:** We do not cover services that are of an Injury or Illness that results from engaging in a hazardous pursuit, hobby or activity. A pursuit, hobby, or activity is hazardous if it involves or exposes an individual to risk of a degree or nature not customarily undertaken in the course of the participant's customary occupation or if it involves leisure time activities commonly considered as involving unusual or exceptional risks, characterized by a constant threat of danger or risk of bodily harm including but not limited to: use of explosives, illegal automobile racing, motorcycle racing, illegal aircraft racing, or illegal speed boat racing, reckless operation of a vehicle or other machinery, and traveling to areas (cities or states) that are identified by the U.S. State Department with a threat level of 4.
- **Hearing Aids:** We do not cover hearing aids or exams to prescribe or fit hearing aids, including bone-anchored hearing aids, unless listed as covered in your health plan booklet. This exclusion does not apply to cochlear implants.
- **Hypnosis:** We do not cover services related to the use of hypnosis.
- **Immunizations:** We do not cover services for immunizations and vaccinations for the purpose of travel outside of the United States.
- **Medically Necessary:** In general, we will not cover any health care service, procedure, treatment, test, device or prescription drug that we determine is not medically necessary.

- **Medicare or Other Governmental Program:** We do not cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid). When you are eligible for Medicare, we will reduce our benefits by the amount Medicare would have paid for the covered services. Except as otherwise required by law, this reduction is made even if you fail to enroll in Medicare or you do not pay your Medicare premium. Benefits for covered services will not be reduced if we are required by federal law to pay first or if you are not eligible for premium-free Medicare Part A.
- **Military Service:** We do not cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.
- **No-Fault Automobile Insurance:** We do not cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if you do not make a proper or timely claim for the benefits available to you under a mandatory no-fault policy.
- **Nutritional Supplements:** We do not cover services for nutritional supplements, except as specified under Preventive Care.
- **Organ Transplants:** We do not cover services related to the donation of a human organ or tissue, except when the recipient is a participant.
- **Orthopedic Shoes:** We do not cover services for orthopedic shoes, unless they are an integral part of a leg brace and the cost is included in the orthotist's charge, and other support devices for the feet.
- **Osseous Surgery:** We do not cover services for Osseous surgery.
- **Pregnancy of a Dependent Child:** We do not cover services incurred by an eligible dependent child, including delivery and post-natal care, unless specifically provided as a covered. Benefit elsewhere in this plan. Prenatal expenses are covered. **NOTE:** *Preventive care charges for pregnancy are covered under the Preventive Care benefit in the Medical Benefits section.*
- **Private Duty Nursing:** We do not cover services for private duty nursing, unless the services are billed by a Home Health Care agency.
- **Repair of Purchased Equipment:** We do not cover services for maintenance or repairs needed due to misuse or abuse of purchased equipment.
- **Replacement Braces:** We do not cover services for replacement of braces of the leg, arm, back, or artificial arms or legs, unless there is sufficient change in the participant's physical condition to make the original device no longer functional.
- **Sexual Dysfunction Therapy or Surgery:** We do not cover services that are for sexual dysfunctions or inadequacies that do not have psychological or organic basis.
- **Services not Listed:** We do not cover services that are not listed in your health plan booklet as being covered.
- **Services Provided by a Family Member:** We do not cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister or brother of you or your spouse.
- **Services Separately Billed by Hospital Employees:** We do not cover services rendered and separately billed by employees of hospitals, laboratories or other institutions.
- **Services with no Charge:** We do not cover services for which no charge is normally made.
- **Sterilization Reversal:** We do not cover services for sterilization procedure reversal.
- **Travel:** We do not cover expenses for travel, whether or not recommended by a physician, except as specifically provided herein.



- **Vehicle Accident:** We do not cover services that are for treatment of any Illness or Injury where it is determined that a participant was involved in a motorcycle accident while not wearing a helmet or in an automobile accident while not wearing a seatbelt (or car seat), even if the cause of the illness or injury is not related to the failure of the participant to wear a helmet or seatbelt (or car seat). This exclusion does not apply: (a) to participants who were passengers on public transportation, ride for hire or livery services or (b) when a seatbelt or helmet is not required by law.
- **Vision Services:** We do not cover the examination or fitting of eyeglasses or contact lenses and vision therapy (orthoptics) and supplies.
- **Vitamins:** We do not cover services for vitamins, except as specified under Preventive Care.
- **War/Riot:** We do not cover an illness, treatment or medical condition due to war, declared or undeclared.
- **Workers' Compensation:** We do not cover services if benefits for such services are provided under any state or federal workers' compensation, employers' liability or occupational disease law.

With respect to any Illness or Injury which is otherwise covered by the plan, the plan will not deny benefits otherwise provided for treatment of the illness or Injury if the illness or injury results from being the victim of an act of domestic violence or a documented medical condition, even if the condition is not diagnosed before the illness or injury. To the extent consistent with applicable law, this exception will not require this plan to provide particular benefits other than those provided under the terms of the plan.