

# Pre-certification Requirements

## M-Plan

Effective January 1, 2007

<p><b>Services Requiring Pre-Certification:</b></p>	<p>Pre-certification should be requested <b>5 business days PRIOR</b> to services being rendered. All medical necessity must be submitted at the time of the request. The services and procedures listed below require pre-certification. To obtain authorization, contact:</p> <p style="text-align: center;"><b>Three Rivers Medical Management</b> 260-435-7831 ( toll free ) 888-773-0038 (fax) 260-435-6941</p> <ul style="list-style-type: none"><li>• Out-of-Plan referrals (<b>Referrals for any services to providers who are not in TRMA Network</b> )</li><li>• Admission to any out-of-plan hospital except in emergency situations</li><li>• All non-emergency hospital admissions (<b>TRMM MUST be notified of any emergency or urgent admission within 48 hours.</b>)</li><li>• All admissions to Rehabilitation Centers/ Skilled Nursing Facilities</li><li>• All Mental Health/Chemical Dependency referrals and admissions (<b>Refer to Member ID card</b> )</li><li>• Ambulance Transportation in Non-Emergency Situations</li><li>• Autologous Cultured Chondrocyte Transplant ( Carticel )</li><li>• <b>CCTA ( Contrast-enhanced Cardiac CT Angiography )</b></li><li>• Coronary Calcification Studies - Ultrafast CT (EBCT), Helical CT</li><li>• Coronary Stent Brachytherapy</li><li>• Cosmetic Procedures - including but not limited to:<ul style="list-style-type: none"><li>Abdominoplasty/Panniculectomy</li><li>Blepharoplasty</li><li>Mammoplasty</li><li>Varicose Vein Treatment (<b>Laser or RF Ablation/ Sclerotherapy/ Venous Ligation</b>)</li></ul></li><li>• <b>CPAP/BIPAP</b></li><li>• Educational Services: ( Diet counseling/ Hyperlipidemia,etc disease-specific, except Diabetes/Asthma )</li><li>• Endoscopic Procedures for Treatment of GERD( BARD,ENDOCINCH,ENTERYX)</li><li>• Endoscopy Wireless Capsule</li><li>• Extracorporeal Shock Wave Therapy(ESWT) for Musculoskeletal Indications</li><li>• Gastric Bypass Surgery</li><li>• Home Health/Home Infusion Services/Hospice</li><li>• Hysterectomy (Abdominal and Vaginal)</li><li>• IDET( Intradiscal Eletrothermal Annuloplasty)</li><li>• Implantable Pumps</li><li>• Knee Injections–ViscoSupplements (Synvisc/Hyalgan)</li><li>• Medical Equipment/DME (all rental/purchase <i>over \$1000 billed charges</i> )</li><li>• Medical Implants &amp; Devices</li><li>• MRI (Cervical and Lumbar Spine only)</li><li>• <b>Muscle Stimulators- TENS, RS Interferential</b></li><li>• Neuropsych Testing</li><li>• New Technology Services</li><li>• Oral Surgery</li><li>• <b>Orthotics–Back Only;</b> All Prosthetic Devices</li><li>• PET Scans</li><li>• Pervasive Developmental Disorder(PPD/Autism) ( Treatment Plan must be submitted )</li><li>• Radiofrequency Ablation for Low Back</li><li>• Speech Therapy after the initial evaluation</li><li>• Therapy including Physical and Occupational after <b>20 visits</b></li><li>• TMJ Surgery or Treatments (Orthognathic Surgery)</li><li>• Transplants-ALL including Bone, Organ, Corneal, and Cartilage</li><li>• Varicose Vein Treatment (Laser or RF Ablation/ Sclerotherapy/ Venous Ligation )</li><li>• Vertebral Decompression Therapy (VAX-D, Spina System, SpineMED)</li><li>• Weight Management Programs</li><li>• <b>Specialty Clinics/services associated with Tertiary Care Facilities ( Cleveland Clinic, St Vincent, IU, Riley etc.) CONTACT TRMM TO INQUIRE ABOUT CURRENT CONTRACTED FACILITIES</b></li><li>• <b>All Biotechnology Drugs/Injectibles/Self-injectibles/Infusions</b> CONTACT TRMM TO VERIFY ANY BENEFIT LIMITATIONS &amp; PRIOR AUTHORIZATION</li></ul>
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