Mississippi State and School Employee Health Insurance Plan

Precertification Requirements

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| **Service Type – Requires Authorization by Kepro** | **Category** | **Notes from Benefit Plan** |
| Inpatient Hospital Admission | Inpatient | Includes both medical, behavioral health, and maternity admissions  |
| Inpatient Rehabilitation | Inpatient | Limited to acute short-term care in a hospital or rehabilitation hospital |
| Residential Treatment Facility | Inpatient |  |
| Inpatient Bariatric Procedures | Inpatient | Participants are required to use a facility that is BS COE/MBSAQIP or the request will be denied.COE Search: <https://www.facs.org/search/bariatric-surgery-centers>       |
| Transplants | Inpatient | Participants are required to use BCBS In Network Transplant Facilities or the request will be denied     |
| Skilled Nursing Facility | Inpatient |  |
| Long Term Acute Care Facility | Inpatient |  |
| Inpatient Hospice | Inpatient |  |
| Outpatient Bariatric Procedures | Outpatient | Participants are required to use a facility that is BS COE/MBSAQIP or the request will be denied.COE Search: <https://www.facs.org/search/bariatric-surgery-centers>   |
| Private Duty/Home Health Care | Outpatient | Nursing services of a registered nurse (RN) or licensed practical nurse (LPN) are covered when those services meet the following criteria:* Ordered and supervised by a provider
* Require the technical skills of an RN or LPN
* Certified by Kepro to be provided in the home
* Certified by Kepro as medically necessary before initiation

No nursing benefits will be provided for:* Services of a nurse who ordinarily lives in the patient’s home or is a member of the patient’s family
* Services of an aide, orderly, companion or sitter
* Nursing services provided in a nursing facility or a personal care facility
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| Home Infusion | Outpatient | Covered expenses for home infusion therapy are limited to the following:* Prescription drugs
* Intravenous solutions
* Durable medical equipment
* Pharmacy compounding and dispensing services
* Fees associated with drawing blood for the purpose of monitoring response to therapy
* Therapist services
* Ancillary medical supplies
* Nursing visits – including initiation of home infusion therapy, intravenous restarts, and emergency care when medically necessary to provide home infusion therapy
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| Outpatient Hospice | Outpatient | Covered up to 6 months |