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 |
| 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 |
| Outpatient Hospice | Outpatient | Covered up to 6 months |