

Pre-Certification Chart

Notes:	<p>* Contact Member Service regarding annual benefit limit</p> <p>** Subject to plan limitations</p> <p>*** Outpatient surgery/procedure performed in facility - not to include office procedure</p>
Abbreviations	<p>D - Direct access to in-plan contracted providers</p> <p>N - Notify the Health Plan of admission within 24 hours</p> <p>P - Plan approval required by phone/fax with medical information</p> <p>EL - Elective</p> <p>NB - Not a benefit</p> <p>ER-Emergency</p> <p>Please refer to Exhibit D, 2012 Associate Medical Comparison Chart and the online Provider Directory, available at www.setonhealthplan.com , for network specific limitations and copayment requirements.</p>

Services	EPN EPNX	Notes
Acupuncture	**D	
Ambulance	D-ER P-EL	Ambulance/EMS services covered if pt. transported to hospital
Behavioral Health, Inpatient	P	Reference member ID card for phone number
Behavioral Health, Inpatient Substance Abuse	P	Reference member ID card for phone number
Behavioral Health, Outpatient - Office Visits for BH or Substance Abuse	D	Reference member ID card for phone number
Behavioral Health, Outpatient - Intensive Outpatient Program	P	Reference member ID card for phone number
Behavioral Health - Psychological Testing	See notes to right	EPN & EPN Expanded - when referred by in-network psychiatrist - Direct access up to 6 hours of testing. All other referrals require prior authorization.
Behavioral Health - ECT (Electroconvulsive Therapy)	P	
Biofeedback	**P	
Chemotherapy	D	
Chiropractic	**D	
Cognitive Training/Retraining	P	
Cosmetic Surgery	P/NB	Certain procedures are covered, prior auth required in all cases
Cyberknife	P	
Dental Trauma	P	
Diabetes Disease Management Program - Living Well with Diabetes (Seton Family Facilities Only)	D	
Dialysis	P	
DME (quantity limits apply)	*D<\$500 P>\$500	Subject to plan limitations. EPN/EPN Expanded follow MCR guidelines
Disposable Supplies	*D<\$500 P>\$500	Subject to plan limitations. EPN/EPN Expanded follow MCR guidelines
Rental Items requiring auth regardless of dollar amount:		
Apnea Monitor	P	
Bedside Commode	D	
Bili lights (phototherapy)	P	
BIPAP	P	
Blood glucose monitor w/ voice synth	P	
Breast Pump	P**	
Compressors- high volume	P	
CPAP	P	
CPM; Dynamic splinting; PMD	P	
Enteral Therapy, supplies and formula	P	
Feeding pump (Enteral Therapy)	P	
Gastric suction pump	P	
Hospital Beds and Accessories	P	
Humidifier, w/ equipment	D	
Jaw motion rehab system (CPM)	P	
Oxygen and Related Respiratory Equip.	P	
Patient Lifts	P	
Powered air flotation bed/mattress (low air loss)	P	

Services	EPN EPNX	Notes
Powered/Nonpowered overlay for mattress	P	
Pressure-relief pads, alternating; air; water mattress	P	
Pulse Oximeter	P	
Safety enclosure frame/canopy for use with hosp bed	P	
Suction Machine	P	
TENS; Neuromuscular and bone growth stimulators	P	
Wheelchairs	P	
Wound V.A.C. (Negative pressure wound therapy)	P	
Emergency Services	D	
Genetic Counseling	D	
Genetic Testing	P	Majority require precertification except for the following: 1) Routine prenatal screening; 2) Routine inpatient newborn screenings; 3) Human leukocyte antigen (HLA) testing for transplant; 4) Chromosomal analysis for leukemia and lymphoma; 5) Infectious disease testing considered to be standard of care. NOT COVERED - APOE epsilon 4- (susceptibility to Alzheimer's)
Hearing Aids	P	EPN/EPN Expanded - Under age of 18. Subject to plan limitations: Up to \$2500/ear once every 2 years (\$5000 max benefit/year)
Health Education - (Asthma; Diabetes; nutrition)	**D	Seton facilities only
Home Health Care/ Home Infusion	P	
Hospice	**P	
Hospital Services		
Inpatient		
Scheduled (Elective)	P	
Rehab Facility	P	
Trauma/ER Admit	P/N	
Observation (Elective)	P	
Observation (Trauma/ER)	D	
Outpatient Surgery ***		
Scheduled (Elective)	P	
Biopsy - w/ or w/o image guided	D	
Port-a-cath insertion/removal	D	
Cataract removal w/ IOLens	P	
Infertility (diagnostic testing for definitive diagnosis)	P	
Infertility Treatment	NB	
Injectable Drugs Not Covered thru Pharmacy Benefit	P	Includes following drugs administered in physician office or outpt setting: Botox; Growth Hormones (including but not limited to Somatropin, Genotropin, Humatrope); Flolan; Bisphosphonates (Boniva,Zometa, Reclast, etc.); Osteoclast inhibitors (Prolia) Depo-Provera, IGG, Lupron Depot, Testosterone, DMAD (Remicade, Orenia; Humira, etc); Viscosupplements : (Supartz, Synvisc, Euflexxa, Hyalgan, Orthovisc, etc) Synagis, Tysabri, Xolair, Provenge; 17 Alpha hydroxyprogesterone caproate (17P)
Laser Assisted Uvulopalatoplasty	P	
Laser (Excimer) Treatment	P	
Lymphedema Mgmt/Therapy	P	
Neuropsychological Testing	P	
Orthotics (limited coverage)	**P/NB	>Contact Mbr Srv regarding benefits
Oral Surgery/ TMJ	P	
Orthodontia (pre & Post surgical)	NB	For Craniofacial Anomalies
Outpatient Therapeutic Studies		
Arthrogram	D	
Cardiac Catherization; EP studies	D	
Colonoscopy; Sigmoidoscopy	D	
Doppler Study - Arterial/venous	D	
Echocardiogram; EKG; Holter Monitor	D	
EEG	D	
EGD	D	

Services	EPN EPNX	Notes
Hysterosalpingography (HSG) / Sonohysterography (SIS)	P	
Stress Test - Cardiac (ETT)	D	
Visual Field Testing	D	
Pain Management	P	
Prolotherapy	P>6 vsts	
Prosthetics	P	
Radiology/Imaging		
Imaging Services Not Listed	D	
Anesthesia for imaging	D	
Angiography/Venography	D	
Barium Enema	D	
Bone Density Study (Dexa Scan)	D	
Ca Scoring (Heart Saver CT)	NB	
CT Scan	D	
CT Chest & Cardiac Angiography	D- Seton Facility	Not a benefit if provided at a non-Seton facility
Image guided biopsy	D	
IVP (Intravenous Pyelogram)	D	
Mammography	D	
Nuclear Medicine (NM)		
1) Bone Scan	D	
2) Nuclear Med Stress Test	D	
3) Perfusion Studies; spect	D	
4) Thyroid Scan/Uptake	D	
5) Other NM not listed	D	
MRA	D	
MRI	D	
MRI - Breast	P	
MRI - Open	D	
PET Scan	P	
Upper GI	D	
Radiation Therapy	D	
Referral to Specialist	D	
Referral to Specialty Clinic (Brackenridge/DCMCCT Clinics)	D	
Rehab Services		
Cardiac Rehab	D	
Pulmonary Rehab	D	
PT, OT, ST	P	P>12 vsts @ SETON Network P>8 Other contracted facilities
Wound Care	D	
Sleep Study	D	
Skilled Nursing Facility	P	
Transplants	P	
Non Emergent Transportation/ Air Ambulance	P	
Varicose Vein Treatment	P	
Weight Management - Lifestyle Changes Program: 9 week session	D	
Weight Management - Lifestyle Changes Program: Outpatient Dietitian Visits @ Seton Family facilities only	D Max 6 vsts/plan yr	
Weight Management - Lifestyle Changes Program: Physician Directed Program - contracted providers only	P	Austin Bariatric Clinic 371-9885
Notes:	* Contact Member Service regarding annual benefit limit ** Subject to plan limitations *** Outpatient surgery/procedure performed in facility - not to include office procedure	
Abbreviations	D - Direct access to in-plan contracted providers N - Notify the Health Plan of admission within 24 hours P - Plan approval required by phone/fax with medical information EL - Elective NB - Not a benefit	

ER-Emergency

Please refer to Exhibit D, 2012 Associate Medical Comparison Chart and the online Provider Directory, available at www.setonhealthplan.com , for network specific limitations and copayment requirements.

General Instructions & Contact Information	SHP Precertification/Referral Telephone # (512) 324-3135; Fax # (512) 324-1936 SHP eligibility, benefits, provider network and claims status call - Local number (512) 421-5667 or toll free # 1-866-272-2507; Behavioral Health Services: Refer to the telephone # listed on the member's ID card
---	--