

Summary of health plan limitations and precertification requirements

Limitations*

Therapy services

Physical and occupational therapy – 30 visits per calendar year
Cardiac rehabilitation – 36 visits per calendar year
Pulmonary rehabilitation – 36 visits per calendar year
Speech therapy – 20 visits per calendar year
Orthoptic/Pleoptic therapy – 8 sessions lifetime maximum

Spinal manipulations – 20 visits per calendar year

Outpatient private-duty nursing – 360 hours per calendar year

Skilled Nursing Facility – 120 days per calendar year

Mental Health care

Outpatient – 20 visits per calendar year
Inpatient – 30 days per calendar year

Serious Mental Illness care

Outpatient – 60 visits per calendar year
Inpatient – 30 days per calendar year

Substance abuse treatment

Outpatient/Partial Facility Visits – 60 visits per calendar year, 120 visits lifetime.
Rehabilitation – 30 days per calendar year, 90 days per lifetime
Detoxification – 7 days per admission, 4 admissions per lifetime

** For Personal Choice®, combined in-/out-of-network maximum.*

Precertification requirements

Inpatient services

Surgical and nonsurgical inpatient admissions
Acute rehabilitation
Skilled Nursing Facility
Inpatient hospice
Maternity admission (for notification only)

Outpatient facility/Office services (other than inpatient)

MRI/MRA
CT/CTA scan
PET scan
Nuclear cardiac studies
Hysterectomy
Cataract surgery
Nasal surgery for submucous resection and septoplasty
Transplants (except cornea)
Comprehensive outpatient pain management programs (including epidural injections)
Obesity surgery
Sleep studies
Uvulopalatopharyngoplasty (including laser-assisted)
Day rehabilitation programs
Dental services as a result of accidental injury

All Home-Care Services

(including infusion therapy in the home)

Infusion therapy drugs

Administered in an outpatient facility or in a professional provider's office (see list included in your open enrollment packet)

Birth center (for notification only)

Elective (nonemergency) ambulance transport

Outpatient private-duty nursing

Prosthetics and orthotics

Purchase items (including repairs and replacements) more than \$500 (excluding ostomy supplies)

Durable medical equipment

Purchase items (including repairs and replacements) more than \$500, and *all* rentals (except oxygen, diabetic supplies, and unit dose medication for nebulizer)

Reconstructive procedures and potentially cosmetic procedures

Abdominoplasty
Augmentation mammoplasty
Blepharoplasty
Chemical peels
Dermabrasion
Excision of redundant skin
Keloid removal
Lipectomy/Liposuction
Orthognathic surgery procedures
Mastopexy
Otoplasty
Panniculectomy
Reduction mammoplasty
Removal or reinsertion of breast implants
Rhinoplasty
Surgery for varicose veins
Scar revision
Subcutaneous mastectomy for gynecomastia

Mental Health/Serious Mental Illness/ Substance Abuse

Mental health and Serious mental illness treatment (Inpatient/Outpatient/Partial hospitalization)
Substance abuse treatment (Inpatient/Outpatient/Partial hospitalization)

This represents only a summary of the limitations and precertification requirements under Independence Blue Cross Programs. If you need more information, please call 215-241-3400.

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