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 admissionsMaternity Admissions: For routine deliveries, Kepro must be notified if the hospital maternity stay exceeds 48 hours after delivery. In the case of a cesarean section, Kepro must be notified if the stay exceeds four days. Kepro should also be notified if the newborn requires additional hospital days beyond the mother’s length of stay, or if the mother is not a participant, but the child will be enrolled in the Plan. |
| 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 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 |