

Mississippi State and School Employee Health Insurance Plan

Precertification Requirements

Service Type – Requires Authorization by Kepro	Category	Notes from Benefit Plan
Inpatient Hospital Admission	Inpatient	<p>Includes both medical and behavioral health</p> <p>Maternity 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 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.</p> <p>Benefit Plan Document: See pg 56 for Medical and pg 22 for Behavioral Health</p>
Inpatient Rehabilitation	Inpatient	<p>Limited to acute short-term care in a hospital or rehabilitation hospital</p> <p>Benefit Plan Document: See pg 22 and 55</p>
Residential Treatment Facility	Inpatient	<p>Benefit Plan Document: See pg 24 and 55</p>
Inpatient Bariatric Procedures	Inpatient	<p>Participants are required to use a facility that is BS COE/MBSAQIP or the request will be denied.</p> <p>COE Search: https://www.facs.org/search/bariatric-surgery-centers</p> <p>Benefit Plan Document: See pg 15-17</p>
Transplants	Inpatient	<p>Participants are required to use BCBS In Network Transplant Facilities or the request will be denied</p> <p>Benefit Plan Document: See p 25 - 26</p>
Skilled Nursing Facility	Inpatient	<p>Benefit Plan Document: See pg 24 and 55</p>
Long Term Acute Care Facility	Inpatient	<p>Benefit Plan Document: See pg 21 and 55</p>

Inpatient Hospice	Inpatient	Benefit Plan Document: See pg 20 and 55
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 Benefit Plan Document: See pg 15-17
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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 Benefit Plan Document: See pg 23 and 55
Home Infusion	Outpatient	Covered expenses for home infusion therapy are limited to the following: <ul style="list-style-type: none"> • 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 Benefit Plan Document: See pg 20

Outpatient Hospice	Outpatient	Covered up to 6 months Benefit Plan Document: See pg 20
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