

Helping you navigate the healthcare system to ensure quality care and manageable costs.



AmeriBen Utilization Review

Navigating the Healthcare System

AmeriBen Utilization Review is a comprehensive and compassionate service that is provided at no additional cost to you as part of your health benefit plan. Pre-certification is completed using nationally-recognized standards and guidelines while considering your individual clinical status. Our Registered Nurses and physicians will review your physician's request for services for medical necessity and appropriateness of the recommended care. We realize that there is a person behind every request and that your time is important; that is why we are committed to timely turnaround times when you are accessing care. With every request processed, we have the opportunity to ensure you are receiving quality, medically appropriate care.

Determine if Your Care Requires Pre-certification

Your health plan requires pre-certification for some medical services and types of care. Most providers will submit the pre-certification request on your behalf, however it is your responsibility to ensure pre-certification is completed to avoid any possible penalties. If you are planning for a future medical procedure or service, please review the pre-certification list on the reverse side or call us to determine if the care you plan to receive requires pre-certification. If your care does require pre-certification, your provider will submit a request with clinical documentation either online, by fax, or by phone. Our staff is ready to answer all of your questions regarding pre-certification and utilization review.

Call to determine if your planned medical services require pre-certification



Call: 1.800.920.7236 or Visit: www.myameriben.com
E-mail: medicalmanagement@ameriben.com



The following services **must be pre-certified** or reimbursement from the Plan may be reduced:

1. Inpatient pre-admission certification and continued stay reviews (all ages, all diagnoses)
 - Surgical and non-surgical – excluding routine vaginal or Cesarean deliveries
 - LATC (Long Term Acute Care Facility - not custodial care)
 - Skilled nursing facility/rehabilitation facility
 - Inpatient substance abuse/mental health treatment

The attending physician does not have to obtain pre-certification from the Plan for prescribing a maternity length of stay that is forty-eight (48) hours or less for a vaginal delivery or ninety-six (96) hours or less for a cesarean delivery.
2. Outpatient surgical procedures (excluding outpatient office surgical procedures and colonoscopies)
3. Advanced Outpatient imaging – Computed Tomographic (CT) studies, Coronary CT angiography, MRI/MRA, nuclear cardiology, nuclear medicine, and PET scans, excluding services rendered in an emergency room setting
4. Outpatient Rehabilitation services (Physical Therapy, Occupational Therapy, and Speech Therapy) in excess of 18 visits per benefit year
5. Chemotherapy drugs/infusions and radiation treatments for oncology diagnoses
6. Home Health Care Services and Home Infusions
7. Hospice Services
8. Transplants including, but not limited to, kidney, liver, heart, lung and pancreas, and bone marrow replacement to stem cell transfer after high-dose chemotherapy
9. Dialysis
10. Orthotics/Prosthetics - in excess of \$1,000.00 billed charges
11. Durable Medical Equipment - in excess of \$1,000.00 - purchase price only
12. Genetic Testing
13. Clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition (not required for grandfathered plans). This Plan does not cover clinical trials related to other diseases or conditions. Refer to the Clinical Trials section of this document for a further description and limitations of this benefit.
14. Bariatric Surgery
15. Sleep Studies