

Pre-certification for your hospital stay

rior to your hospital admission, we evaluate the medical necessity of your proposed stay and the number of days required to treat your condition. Unless the information given to us is incomplete, we will not change our decision on medical necessity.

In most cases, your physician or hospital will take care of pre-certification. Because you are still responsible for ensuring that your care is pre-certified, you should always ask whether they have contacted us. We will reduce our benefits for the inpatient hospital stay by \$500 if no one contacts us for pre-certification. It the stay is not medically necessary, we will not pay any benefits.

You, your representative, your physician or your hospital must call us at 877-220-NALC (6252) prior to admission, unless your admission is related to a mental health and substance abuse condition. In those cases, call 877-468-1016.

If you have an emergency admission due to a condition that you reasonably believe puts your life in danger or could cause serious damage to bodily function, someone must call us within two business days following the day of the admission, even if you have been discharged.

When calling, please provide the following information:

- Enrollee's name and member identification number;
- Patient's name, birth date and phone number;
- Reason for hospitalization, and proposed treatment;
- Name and phone number of admitting physician;
- Name of hospital or facility; and
- Number of planned days of confinement.

We will then tell the physician and/or hospital the number of approved inpatient days and send written confirmation of our decision to you, your physician and the hospital.

For a maternity admission, you do not need to pre-certify for a routine delivery. However, if your medical condition requires you to stay more than 48 hours after a vaginal delivery or 96 hours after a Caesarian section, then your physician or the hospital must contact us for pre-certification of additional days. If your baby stays longer, then we must be contacted within two business days for pre-certification of additional days for your baby.

If your hospital stay for maternity care needs to be extended, we must approve the additional days. If no one contacts us, we will decide whether the hospital stay was medically necessary.

- If we determine that the stay was medically necessary, we will pay the inpatient charges, less the \$500 penalty.
- If we determine that it was not medically necessary for you to be an inpatient, we will not pay inpatient hospital benefits. We will pay only for covered medical supplies and services that are otherwise payable on an outpatient basis.

If we denied the pre-certification request, we will not pay inpatient hospital benefits. We will pay only for any covered medical supplies and services that are otherwise payable on an outpatient basis.

When we pre-certified the admission, but you remained in the hospital beyond the number of approved days and you did not get the additional days pre-certified, then:

- For the part of the admission that was medically necessary, we will pay inpatient benefits, but
- For the part that was not medically necessary, we will pay only medical services and supplies otherwise payable on an outpatient basis.

You do not need pre-certification in the following cases:

- You are admitted to a hospital outside the U.S.
- You have another group health insurance (including Medicare Part A) that is the primary payer.
- Medicare Part A is the primary payor for the hospital stay. If you exhaust your Medicare hospital benefits and do not want to use your Medicare lifetime reserve days, then we will become the primary payor and you do need pre-certification.

The following services require pre-certification, preauthorization or prior approval.

- Growth hormone therapy (GHT)
- Certain specialty drugs, including biotech drugs
- Organ/tissue transplants and donor expenses
- Mental health and substance abuse care
- Durable medical equipment (DME)

You do not need pre-certification, preauthorization or prior approval if you have another group health insurance, including Medicare, that is your primary payer.