# PRE-TREATMENT REVIEW

Pre-treatment Review is the process of verifying the eligibility of services to determine if reimbursement is available under Plan provisions. Although benefits may not be available under this Plan, Pre-treatment Review is strongly recommended before incurring expenses for any inpatient or outpatient service, medication, supply or ongoing treatment for:

1. **Surgeries:**
   A. Spinal fusions or any other back surgery involving implantable devices;
   B. Reduction Mammoplasty;
   C. Varicose vein ligation and stripping;
   D. Blepharoplasty;
   E. Uvulapalato-pharyngoplasty (UPPP).

2. **Organ or Tissue Transplants.**

3. **Infertility.**

4. **Medical Equipment for costs exceeding $5,000.**

5. **Outpatient dialysis.**

6. **Infusion services.**

7. **Obesity treatment.**

8. **Bariatric Surgery benefits.**

9. **Cancer treatments.**

10. **Commercial or Private Automobile Transportation.**

11. **Outpatient Rehabilitative Care (Benefits in excess of $2,000 per Benefit Period).**

12. **Surgery that could be considered cosmetic under some circumstances.**

13. **Any procedure or service that could possibly be considered Experimental or Investigational.**

14. **Surgical treatment of TMJ.**

15. **Home Health Care services.**

16. **Residential Treatment Facility.**

17. **Preventive/Prophylactic Mastectomy/Oopherectomy.**

To obtain Pre-treatment Review from the Plan, submit the following to the Plan Supervisor at P.O. Box 3018, Missoula, MT 59806-3018:

1. A complete description of the procedure(s) or treatment(s) for which review is requested;

2. A complete diagnosis and all medical records regarding the condition that supports the requested procedure(s) or treatment(s) including, but not limited to, informed consent form(s), all lab and/or x-rays, or diagnostic studies;
3. An itemized statement of the cost of such procedure(s) or treatment(s) with corresponding CPT or
   HCPCS codes;
4. The attending Physician’s prescription, if applicable;
5. A Physician’s referral letter, if applicable;
6. A letter of Medical Necessity;
7. A written treatment plan; and
8. Any other information deemed necessary to evaluate the request for Pre-treatment Review.

Upon receipt of all required information, the Plan will provide a written response to the written request for Pre-
treatment Review of services.

THE BENEFITS QUOTED ARE NOT A GUARANTEE OF PAYMENT. FINAL DETERMINATION AS TO
BENEFITS PAID WILL BE MADE AT THE TIME THE CLAIM IS SUBMITTED FOR PAYMENT WITH
REVIEW OF NECESSARY MEDICAL RECORDS AND OTHER INFORMATION.