

Using out-of-network providers?

Here's what you need to know

Bucknell University's Faculty and Staff Health Plan's PPO and HDHP plans cover services from doctors and facilities not participating in the Geisinger Health Options (GHO), PHCS or MultiPlan networks¹. When receiving care from an out-of-network (or non-participating) provider, **precertification may be required from GHO to ensure your service is covered.****

It is your responsibility as the patient/plan member to obtain precertification prior to receiving services from an out-of-network provider (physician, facility or other medical provider). If you do not obtain precertification, you will be responsible for the full cost of the out-of-network care. **To acquire precertification, please call GHO at 800-504-0443.**

Precertification is not required for all out-of-network services. Generally, it's required for more extensive, higher-cost services, such as an inpatient hospital admission, certain surgical procedures; or for ongoing services such as physical therapy or speech therapy. The services and supplies listed on this flier require precertification. You can share this flier with your out-of-network provider to determine if services require you to initiate the process. In addition, those items marked with an asterisk (*) are never covered when received from an out-of-network provider.

***If you use an in-network or participating provider, the doctor or facility is responsible for obtaining prior authorization for certain services. The precertification requirement described above does not apply if you use a participating GHO, PHCS or MultiPlan¹ network provider.*

¹ When searching for a participating provider in Geisinger's service area, you must use the GHO network. When searching for a participating provider outside of Geisinger's service area, you may use either the PHCS or MultiPlan network.

Services and supplies:

- Specialty medications as listed in the Summary Plan Description
- Advanced molecular topographic genotyping*
- Autologous chondrocyte implantation
- Bioengineered skin equivalents (including, but not limited to, Dermagraft™ and Apligraf™ (Graftskin) – a type of skin graft)
- Blepharoplasty (plastic surgery of the eyelids)
- Carotid artery stenting
- Cochlear implants (surgically implanted hearing device)
- Comparative genomic hybridization (CGH) or Chromosomal microarray analysis (CMA) for evaluation of developmental delay*

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HEALTH PLAN


GEISINGER
HEALTH OPTIONS®



- Deep brain stimulation
- Durable medical equipment (DME)
- Dorsal column stimulation (spinal column stimulation)
- Electrical stimulation to aid bone healing; invasive procedure (surgical procedure related to bone growth stimulator)
- External counterpulsation therapy
- Extracorporeal shock wave treatment (ESWT) for musculoskeletal indications
- Extraction of teeth, Alveoloplasty, and Excision of Tori (limited to extractions performed by an oral surgeon that are required prior to organ transplantation, cardiac or radiation procedures)
- Fetal surgery (surgery on the unborn child)
- Gastric electrical stimulation
- Gene expression profiling for breast cancer (Oncotype DX)*
- Gene expression profiling for colon cancer (Oncotype DX)*
- Genetic testing for BRCA1 or BRCA2 for breast or ovarian cancer*
- Genetic testing related to colorectal cancer*
- Health care services associated with non-covered services, such as anesthesia-related services for non-covered dental extractions
- Home health services (including home infusion services)
- Hospice
- Injection therapy for back pain
- Inpatient facility admission
- Mental health and substance abuse services:

i. Inpatient and partial hospitalization services-

Precertification is required when mental health and substance abuse inpatient and partial hospitalization services are obtained from a provider who does not participate in the designated behavioral health benefit program.

ii. Outpatient services- Precertification is required for the following outpatient services:

- a. Intensive outpatient program treatment
- b. Outpatient electro-convulsive treatment
- c. Psychological testing
- d. Outpatient treatment of Opioid dependence
- e. Extended outpatient treatment visits beyond 45-50 minutes in duration with or without medication management
- f. Outpatient treatment provided in the member's home
- g. Biofeedback

h. Applied behavioral analysis (ABA) for the treatment of autism spectrum disorder

- Obesity surgery
- Non-emergency outpatient radiology (CT, Echocardiography, MRI, MRA, PET, Nuclear cardiology, SPECT, Virtual colonoscopy)
- Orthognathic surgery (including, but not limited to mandibular and maxillary osteotomies)
- Osseointegrated hearing device (BAHA hearing device)
- Outpatient rehabilitation services (occupational, physical or speech therapy)
- Pectus excavatum or carinatum (surgical correction of chest deformity)
- Proton beam radiation
- Restorative or reconstructive surgical procedures (except for a medically necessary mastectomy as set forth in Section 3.14 of this plan document, which is not subject to precertification)
- Rhinoplasty as stand alone procedure or rhinoplasty with or without septal repair in conjunction with other planned medically necessary surgeries
- Sacral nerve stimulation (treatment to improve bladder control)
- Septoplasty as stand alone procedure/septoplasty in conjunction with other planned medically necessary surgery
- Skilled nursing facility admission
- Stereotactic radiosurgery (including but not limited to Cyberknife, GammaKnife, LINAC, Neuromate, Nerhkoordinaten Manipulator (MKM))
- Transmyocardial laser revascularization (TMLR) (when performed as a stand-alone procedure process to increase blood supply to the heart)
- Transplant evaluation services (pre-transplant services) and surgical transplantation of organs, bone marrow or stem cells*
- Vagal nerve stimulation (electrical stimulation for seizure control)
- Varicose vein procedures (including injection of sclerosing solution into varicose leg veins and vein stripping)
- Ventricular assist device (VAD)