WHEN DO I NEED PRIOR AUTHORIZATION FROM THE SOCIETY'S MEDICAL ADVISER?

The role of the medical adviser, within the framework of the Internal Rules, is to assess the safety, efficacy, and cost-effectiveness of medical interventions. The Medical Adviser plays a critical role in the gap between scientific evidence and healthcare decision-making. The Medical Adviser reserves the right to request additional information, propose alternatives or deny prior authorization if he/she deems the treatment to be unsafe, not effective and/or cost ineffective. The Medical Adviser shall determine the categories in which treatments not listed in this annex may be classified for purposes of reimbursement. Approved authorizations are only valid for a period of six months running from the date on which they are granted, unless otherwise stated (maximum 1 year in case of renewal medical prescription).

1. You must obtain prior authorization in writing from the Society's Medical Adviser in order to claim reimbursement for the following treatments:

- Long-term hospitalization over 30 calendar days;
- Psychotherapeutic hospitalization;
- Dependency benefits;
- Nursing care, over 30 days;
- Home-help over 30 days;
- Psychiatric and psychotherapeutic treatment over 15 sessions per year;
- Speech therapy and/or psychomotricity sessions;
- All treatment cures (detoxication, drugs, etc);
- Thermal cures (please download, fill and email the form to the email indicated below);
- All weight loss treatment and surgery if BMI above 35;
- Any reconstructive and/or plastic surgery;
- Lymphatic drainage sessions (if following cancer treatment, no need for prior authorization);
- Transport other than emergency transport by ambulance;
- Orthopedic shoes, electrostimulation and light therapy lamps and any prosthetic appliances not listed in this list;
- Wheelchair;
- Maxillo-facial surgery;
- Chiropodist/podiatrist consultations;
- Any type of laser treatment;
- Infertility treatment;
- Change of gender;
- Organ transplant;
- Medication for erectile dysfunction;
- Expensive medicine that costs at least CHF 500.- per month for a consecutive duration of at least three months;
- Genetic analysis;
- Routine preventive medical check-ups without diagnosis (prescription should detail the required exams and medical reason);
- Any type of experimental treatment;
- Any type of treatment involving electricity, magnets, heat, tecar therapy.

2. **Reimbursement for hospitalization is guaranteed for 30 days.** The hospital must inform the Society if your stay is to be extended and must submit a detailed medical report for an extension before the end of the period covered by the Society to our email: medrepunsmis@un.org.

3. **For these treatments, the Society can request an estimate.**

4. You must take these steps **before treatment begins**. Send the relevant prescription with a medical report, if possible 30 (thirty) days before the planned treatment to our Medical Adviser via e-mail at medrepunsmis@un.org. When an estimate is required, you must submit it to the Society before you incur any expenditure or commence any treatment.

If you do not complete these procedures in advance, the Society may refuse to reimburse your invoices.

UNSMIS
United Nations Staff Mutual Insurance Society