## Services That Need Preauthorization

### SURGERY
- All out-of-state surgery
- Blepharoplasty — select plans only
- Breast reconstruction surgery
- Breast reduction — select plans only
- Capsule endoscopy
- Cochlear implant and related devices
- Collagen knee implant
- Destruction of cutaneous vascular proliferative lesions
- Facial reconstruction surgery
- Gastric neurostimulator placement/removal
- Implantable infusion pumps
- Implantable medications (excluding contraception)
- Implantation of artificial devices
- Intrastromal corneal ring segments implantation
- Jaw surgery
- Male urinary incontinence procedures
- Neuroelectrode implantation/removal
- Neurostimulator placement/removal
- Obstructive sleep apnea surgery, including uvulopalatoplasty/uvuloplasty, or any other surgery for snoring
- Organ or tissue transplants (except cornea)
- Palatoplasty
- Pectus excavatum or carinatum
- Penile revascularization
- Rhinoplasty
- Skin grafts
- Spinal cord stimulator placement/removal
- Stereotactic radiosurgery procedures
- Strayer Procedure (Gastroc recession)
- Subtalar implants
- Surgery performed in conjunction with obesity surgery
- Surgery that may be partially or wholly cosmetic
- Surgical procedures utilizing robotic assistance
- TMJ Surgery
- Total ankle replacement
- Total disc arthroplasty
- Transanal endoscopic microsurgery
- Vein surgery — endovenous ablation — radiofrequency or laser
- Vestibuloplasty
- Video EEG monitoring (VEEG)
- Intrastromal corneal ring segments implantation
- Jaw surgery
- Male urinary incontinence procedures
- Neuroelectrode implantation/removal
- Neurostimulator placement/removal
- Obstructive sleep apnea surgery, including uvulopalatoplasty/uvuloplasty, or any other surgery for snoring
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- Vein surgery — endovenous ablation — radiofrequency or laser
- Vestibuloplasty
- Video EEG monitoring (VEEG)

### IMAGING / RADIOLOGY / NUCLEAR MEDICINE
- Brain imaging, tomographic (SPECT)
- Coronary CT angiography (CCTA)
- Gastrointestinal tract imaging, intraluminal (Pillcam)
- Intensity modulated radiotherapy (IMRT)
- Intravascular ultrasound (coronary vessel or graft)
- Magnetoencephalography (MEG)/magnetic source imaging
- Neutron beam treatment
- Proton beam treatment
- Stereotactic radiation treatment delivery
- Virtual (CT or MRI) colonoscopy

### INJECTIONS
- All injections over $750
- Botox
- IV Iron
- IVIG
- Lupron
- Remicade
- Synagis
- Dual channel medications (too many to list)

### MEDICAL EQUIPMENT (DME)
See list in Master Policy Appendix A

### LABORATORY
Genetic testing (molecular diagnostics)

### OTHER
- Anesthesia for manipulation of the spine
- Anesthesia during standard colonoscopy or EGD surgery, other than moderate sedation (conscious sedation)
- Chelation therapy
- Dental procedures performed in an outpatient facility for patients 6 years of age or older
- Dialysis when using non-contracted providers
- Enteral supplies
- Extracorporeal shock wave therapy
- Home Health
- Hospice
- Human pasteurized milk
- Hyperbaric oxygen treatment
- Intrathecal pumps
- New and unproven technologies
- Pelvic floor therapy
- Physical and occupational therapy over 12 visits — select plans only
- Psoriasis treatment (laser)
- Speech therapy
- Sublingual antigens
- Voice therapy
- Wound care, except for diagnosis of burns
- Wound vac

### Prenotification
- Inpatient hospitalization
- Skilled nursing/rehab stays

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### To get preauthorization, your doctor must call PEHP.
Most doctors know how and when to do this, but it’s your responsibility to verify. Otherwise, your benefits could be reduced or denied.

- Phone: 801-366-7555  
- Fax: 801-366-7449

This list may be incomplete. For more full details about preauthorization, see your Master Policy, available at the Benefits Information Library at myPEHP at [www.pehp.org](http://www.pehp.org).