

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)

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)
- » Magnetocephalography (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
- » Reclast
- » 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
- » Enterals and 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



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.

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