### 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
- Neurostimulator placement/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
- 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**
- Coronary CT angiography (CCTA)
- Gastrointestinal tract imaging, intraluminal (Pillcam)
- General Anesthesia, or Monitored Anesthesia Care (MAC) done by any Provider other than the Physician performing colonoscopy/EGD.
- Intensity modulated radiotherapy (IMRT)
- Magnetocencephalography (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 (intravenous immunoglobulin)
- Lupron
- Remicade
- Synagis
- Medications available through both medical and pharmacy benefits

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

**LABORATORY**
- Genetic testing (molecular diagnostics)

**OTHER**
- 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
- Outpatient Mental Health (certain plans only)
- Pelvic floor therapy
- Psoriasis treatment (laser)
- Speech therapy
- Voice therapy
- Wound care, except for diagnosis of burns
- Wound vac

**INPATIENT ADMISSIONS**
- Inpatient hospital medical admissions at Primary Children's Medical Center or any inpatient hospital admission of more than six days
- These types of inpatient admissions: hospital rehabilitation, skilled nursing facilities, mental health and substance abuse, long-term acute care (LTAC) stays
- All out-of-network inpatient admissions

**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 is a list of the most common services requiring written Preauthorization. It is not all inclusive. Call PEHP if you have any questions about Preauthorization.