

Services That Need Preauthorization



SURGERY

- » All out-of-state surgery
- » Blepharoplasty — select plans only
- » Breast reconstruction surgery
- » Breast reduction — select plans only
- » Cochlear implant and related devices
- » Collagen knee implant
- » Destruction of cutaneous vascular proliferative lesions
- » Facial reconstruction surgery
- » Foot surgeries with implants
- » 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
- » Panniculectomy
- » Pectus excavatum or carinatum
- » Penile revascularization
- » Rhinoplasty
- » Skin grafts
- » Spinal cord stimulator placement/removal
- » Stereotactic radiosurgery procedures
- » Strayer Procedure (Gastroc recession)
- » 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)
- » Intensity modulated radiotherapy (IMRT)
- » Magnetocephalography (MEG)/magnetic source imaging
- » Neutron beam treatment
- » Proton beam treatment
- » Stereotactic radiation treatment delivery
- » Virtual (CT or MRI) colonoscopy

INJECTIONS/INFUSIONS

- » Botox
- » Growth hormone
- » Hemophilia medications
- » IV Iron
- » IVIG (intravenous immunoglobulin)
- » Lupron
- » Remicade
- » Synagis
- » Vivitrol

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)
- » Attended Sleep Studies and Sleep Studies performed in a facility.» 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)
- » Radiofrequency (RF) neurolysis for lower back (lumbosacral) or neck (cervical) pain.
- » Speech therapy
- » Transcranial Magnetic Stimulation
- » 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
- » Mental health and substance abuse (including Day Treatment and Intensive Outpatient)
- » 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 regarding Preauthorization.