## 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
- Gender Reassignment – select plans only
- Implantable infusion pumps
- Implantable medications (excluding contraception)
- Implantation of artificial devices
- Intrastromal corneal ring segments implantation
- Jaw surgery
- Interstim (sacral nerve stimulation)
- Neuroelectrode implantation/removal
- Neurostimulator placement/removal
- Obstructive sleep apnea surgery, including uvulopalatoplasty/uvuloplasty, or any other surgery for snoring
- Organ or tissue transplants (only Lung/Heart-Lung/Intestinal/Bone Marrow)
- Pancreculectomy
- Pectus excavatum
- Rhinoplasty
- Skin grafts
- Spinal cord stimulator placement/removal
- Stereotactic radiosurgery procedures
- 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
- Video EEG monitoring (VEEG)

### IMAGING / RADIOLOGY / NUCLEAR MEDICINE
- Gastrointestinal tract imaging, intraluminal (Pillcam)
- Intensity modulated radiotherapy (IMRT)
- Magnetoencephalography (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)

### LABORATORY
- Genetic testing (molecular diagnostics)

### OTHER
- Anesthesia during standard colonoscopy or EGD surgery, other than moderate sedation (conscious sedation) - selected facilities only
- 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
- Extracorporeal shock wave therapy
- Human pasteurized milk
- Hyperbaric oxygen treatment
- Inpatient stays with an expected length of greater than 6 days requires authorization
- Intrathecal pumps
- New and unproven technologies
- Outpatient Mental Health (certain plans only)
- Radiofrequency (RF) neurolysis for lower back (lumbosacral) or neck (cervical) pain.
- 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 Residential Treatment (if covered), Day Treatment and Intensive Outpatient
- All out-of-network inpatient admissions
- All out-of-state 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.