

# 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 at [www.pehp.org](http://www.pehp.org)

## 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
- » Extracorporeal shock wave therapy
- » Home Health
- » Human pasteurized milk
- » Hyperbaric oxygen treatment
- » Intrathecal pumps
- » New and unproven technologies
- » Outpatient Mental Health (certain plans only)
- » Psoriasis treatment (laser)
- » 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 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.