

Services That Need Preauthorization

SURGERY

- » All out-of-state surgery
- » 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
- » Panniculectomy
- » Pectus excavatum
- » Rhinoplasty
- » Skin substitute 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)
- » 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/preauthorization

LABORATORY

Genetic testing (molecular diagnostics)

OTHER

- » 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
- » Radiofrequency (RF) neurolysis for back (thoracic, lumbar) or neck (cervical) pain.
- » Transcranial Magnetic Stimulation
- » Wound care products
- » 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.