

PEHP LIST OF SERVICES WHICH REQUIRE PRE-AUTHORIZATION

SURGICAL PROCEDURES

All out-of-state surgery	Palatoplasty
Blepharoplasty - select plans only	Pectus excavatum or carinatum
Breast reconstruction surgery	Penile revascularization
Breast reduction - select plans only	Rhinoplasty
Capsule endoscopy	Skin grafts
Cochlear implant and related devices	Spinal cord stimulator placement/removal
Collagen knee implant	Stereotactic radiosurgery procedures
Destruction of cutaneous vascular proliferative lesions	Strayer Procedure (Gastroc recession)
Facial reconstruction surgery	Subtalar implants
Gastric neurostimulator placement/removal	Surgery performed in conjunction with obesity surgery
Implantable infusion pumps	Surgery that may be partially or wholly cosmetic
Implantation of artificial devices	Surgical procedures utilizing robotic assistance
Intrastromal corneal ring segments implantation	TMJ Surgery
Jaw surgery	Total ankle replacement
Male urinary incontinence procedures	Total disc arthroplasty
Neuroelectrode implantation/removal	Transanal endoscopic microsurgery
Neurostimulator placement/removal	Vein surgery - endovenous ablation - radiofrequency or laser
Obstructive sleep apnea surgery, including uvulopalatoplasty/uvuloplasty	Vestibuloplasty
Organ or tissue transplants (except cornea)	

IMAGING/RADIOLOGY/NUCLEAR MEDICINE

OTHER

Brain imaging, tomographic (SPECT)	Anesthesia for manipulation of the spine
Coronary CT angiography (CCTA)	Anesthesia during standard colonoscopy or EGD surgery, other than moderate sedation (conscious sedation)
Gastrointestinal tract imaging, intraluminal (Pillcam)	Contact lens
Intensity modulated radiotherapy (IMRT)	Dental procedures performed in an outpatient facility for patients 6 years of age or older
Intravascular ultrasound (coronary vessel or graft)	Dialysis when using non-contracted providers
Magnetocephalography (MEG)/magnetic source imaging	Enterals and supplies
Neutron beam treatment	Extracorporeal shock wave therapy

Proton beam treatment	Home Health
Stereotactic radiation treatment delivery	Hospice
Virtual (CT or MRI) colonoscopy	Human pasteurized milk
	Hyperbaric oxygen treatment
DURABLE MEDICAL EQUIPMENT	Intrathecal pumps
See list in Master Policy Appendix A	New and unproven technologies
	Pelvic floor therapy
INJECTIONS	Physical and occupational therapy over 8 visits - select plans only
Botox	Psoriasis treatment (laser)
IV Iron	Speech therapy
IVIg	Sublingual antigens
Lupron	Voice therapy
Reclast	Wound care, except for diagnosis of burns
Remicade	Wound vac
Synagis	
Dual channel medications (too numerous to list)	LABORATORY PROCEDURES
	Genetic testing (molecular diagnostics)