

# Services Requiring Preauthorization

## SelectHealth Community Care® (Medicaid/CHIP)

For items on the list below, access [online preauthorization forms](#) (there are separate forms for medical and psychological services and for services related to substance use). **Questions?** Contact Member Services at **800-538-5038**.

- > Abortion services
- > Adenoidectomy
- > Advanced radiation and proton beam treatments
- > All admissions to facilities, including rehabilitation, transitional care, skilled nursing, and all hospitalizations that are not for urgent or emergency conditions
- > All nonroutine obstetrics admissions; maternity stays longer than two days for a normal delivery or longer than four days for a cesarean section
- > Certain durable medical equipment (DME), including:
  - All DME items, prosthetics/orthotics, and medical supplies greater than \$1,500
  - Beds and attachments
  - Cough assist devices and vests
  - Insulin pumps
  - Medication pumps
  - Pressure devices
  - Speech devices
  - Stimulators (external or implantable for neuro, bone growth, and pain, except TENS units)
  - Vision aids
  - Certain injectable drugs and specialty medications
  - Wound vac
  - Motorized or custom wheelchairs
  - Helmets
  - Lifts and gait trainers
  - Prosthetic/orthotics
  - Wheelchairs and power-operated vehicles
  - Non-traditional PT/OT limits
- > Certain medical nutrition therapy (MNT)
- > Certain medical oncology drugs
- > Certain radiation therapies
- > Certain sleep studies
- > Certain ultrasounds
- > Circumcision for children
- > Cochlear implants (single and bilateral)
- > Continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP) machines
- > Continuous glucose monitors (CGM)
- > Dental services and oral appliances
- > Genetic testing
- > Hearing services (including audiologists, hearing aids, and batteries)
- > Home healthcare, hospice, private duty nursing (outpatient private nurse)
- > Hyperbaric oxygen therapy
- > Hysterectomy
- > Joint replacement for ankle and shoulder
- > Negative pressure wound therapy
- > Biofeedback
- > Occupational therapy services exceeding 20 visits (traditional plans)
- > Orthognathic/dental procedures
- > Pain management spinal procedures (except for epidural steroid injections) and pain clinic services
- > Parenteral and enteral feeding
- > Physical therapy services exceeding 20 visits (traditional plans); non-traditional physical therapy/occupational therapy limits
- > Potentially cosmetic procedures, including:
  - Breast procedures (reductions, enlargements, tattooing, and/or reconstruction)
  - Bariatric or weight loss procedures
  - Chest wall procedures
  - Eye procedures
  - Facial surgeries
  - Liposuction
  - Scar revisions
  - Vein procedures

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# Services Requiring Preauthorization, Continued

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- > Psychological evaluation services
- > Rehabilitation therapy services
- > Robotic procedures
- > Selected advanced bronchoscopy, endoscopy, and colonography procedures
- > Selected advanced cardiac imaging
- > Selected positron emission tomography (PET) scans
- > Selected prescription drugs
- > Selected spinal surgeries
- > Sex reassignment surgery (SRS) or procedures that may be done for sex reassignment
- > Sexual dysfunction treatments
- > Speech therapy services exceeding 10 visits (traditional plans)
- > Stereotactic and radiosurgery
- > Surgeries on vertebral bodies, vertebral joints, spinal discs
- > Tonsillectomy
- > Transcatheter valve replacements and other selected advanced percutaneous cardiac procedures
- > Transplants (except corneal transplants) including post-transplant care
- > Unlisted codes