

Services Requiring Prior Authorization

SelectHealth Medicare™

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 procedures
- > Acupuncture services
- > Adenoidectomies
- > All admissions to facilities, including rehabilitation, transitional care, skilled nursing facilities, and all hospitalizations that are not for urgent or emergency conditions
- > Select **ambulance services** (such as non-emergency transportation by ambulance)
- > Chiropractic services (after 10 visits)
- > Cochlear implants
- > Potentially **cosmetic procedures**, including (but not limited to):
 - Breast procedures (reductions, enlargements, tattooing, and/or reconstruction)
 - Bariatric or weight-loss procedures
 - Chest-wall procedures
 - Eye procedures
 - Facial surgeries
 - Liposuction and panniculectomy
 - Scar revisions
 - Vein procedures
- > Continuous glucose monitors
- > Dental services and oral appliances covered under Original Medicare, including any services related to the teeth or structures directly supporting the teeth
- > Select **durable medical equipment (DME) prosthetics/orthotics, medical supplies, and implants** (but not limited to):
 - All DME items, prosthetics/orthotics, and medical supplies with purchase price greater than \$1,500
 - External defibrillators
 - Insulin pumps
 - INR monitors
 - Medication pumps
 - Speech devices
 - Vision aids
- > Enteral nutrition
- > Experimental or investigational services, except as provided under a Medicare-approved clinical trial
- > Gender affirmation surgery
- > Select **home health services**
- > Home infusion therapy
- > Hyperbaric oxygen therapy
- > Hysterectomies
- > Infertility services
- > Select **injectable drugs and specialty medications**
- > Joint replacements and autologous chondrocyte implantation of the knee
- > Select **laboratory tests**
- > Negative pressure wound therapy
- > Neuropsychological testing, selected psychological services, and biofeedback
- > Orthognathic surgery
- > Outpatient diagnostic tests and procedures (in a provider office or outpatient facility), such as:
 - Select advanced bronchoscopy, endoscopy, and colonography procedures
 - Select advanced cardiac imaging
 - Select advanced imaging (MRI and CT scans)
 - Advanced radiation and proton beam treatments
 - Genetic testing
 - Select Positron Emission Tomography (PET) scans

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- > Pain management
- > Select **prescription drugs**
- > Rehabilitation therapy services as follows:
 - Physical therapy services exceeding 20 visits
 - Occupational therapy services exceeding 10 visits
 - Speech therapy services exceeding 10 visits
- > Robotic procedures
- > Sexual dysfunction treatments
- > Select **spinal surgeries**
- > Stimulators (external or Implantable for neuro, bone growth, and pain, except TENS units)
- > Stereotactic surgery and radiosurgery
- > Tonsillectomies
- > Transplants
- > Transcatheter valve replacements and other selected advanced percutaneous cardiac procedures