

Services Requiring Preauthorization

Select Health Medicaid/CHIP

EFFECTIVE AUGUST 5, 2020

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

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Services Requiring Preauthorization, Continued

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- 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
- 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