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 imaging including magnetic resonance imaging (MRI), computerized tomography (CT) scans, positron emission tomography (PET) scans, and cardiac imaging
> 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

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Services Requiring Preauthorization, Continued

• 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