Services Requiring Preauthorization

COMMERCIAL PLANS

Preauthorization is required for the following services/procedures:

- All admissions to facilities, including rehabilitation, transitional care, skilled nursing, and all hospitalizations that are not for urgent or emergency conditions
- All non-routine obstetric (OB) admissions, maternity stays longer than two days for a normal delivery or longer than four days for a caesarean section, and deliveries outside of the service area
- Home health care, hospice care, and private duty nursing
- Pain management/pain clinic services
  
  **Note:** Trigger point injections do not require preauthorization
- Selected prescription drugs (Call SelectHealth Pharmacy Services at 800-442-3129)
- All services obtained outside of the United States unless for routine care, an urgent condition, or an emergency condition
- Certain Durable Medical Equipment (Call Member Services at 800-538-5038 to verify coverage of specific equipment)
- Certain injectable drugs and specialty medications (Call Member Services)
- Cochlear implants
- Organ transplants
- Certain genetic testing (Call Member Services)

**Note:** Failure to obtain preauthorization for these procedures may result in the reduction or denial of benefits.

Additional preauthorization requirements may apply for plans with custom benefits.