

Health Tradition Services Requiring Preauthorization

- Allergen Immunotherapy Services
- Arthroscopic Procedures (Knees, Hips and Shoulders)
- Autologous Chondrocyte Implantations
- Behavioral Health Care:
 - Partial Hospitalization
 - Intensive Outpatient
 - Residential Services
- BAHA (bone anchored hearing aids)
- Cochlear Implants
- Continuous Glucose Monitoring Systems
- Continuous Passive Motion Device (knee use only)
- Dental/Oral Surgery
- DME and Orthotic Devices with a purchase OR rental price greater than \$1,000
- Dialysis (outpatient and home dialysis)
- Experimental OR Investigative Services
- Genetic Testing
- Helmet for Positional Plagiocephaly
- Home Health Services including Wound Care
- Home INR Demonstration and Monitoring
- Home Infusion
- Hospice Services
- Intensity-Modulated Radiation Therapy (IMRT)
- Invasive Back Procedures (injections, surgery, radiofrequency ablation)
- Inpatient Admissions (including observation stays that extend beyond 48 hours)
- Negative Pressure Wound Therapy
- Non-emergency Ambulance Transportation
- Non-invasive Airway Assist Devices
- Nutritional Support and Counseling
- Oncology Related Services:
 - *All treatment regimens (including chemotherapy, radiation, services, procedures, etc.) being requested for a member with a cancer diagnosis requires pre-approval
- Orthognathic Surgery
- Outpatient Hysterectomies
- Polysomnography (PSG) (Sleep Studies), Sleep Center
- Proton Beam Therapy
- Psychological and Neuropsychological Testing
- Reconstructive or Plastic Surgery such as, but not limited to:
 - Abdominoplasty
 - Blepharoplasty and ptosis repair
 - Brachioplasty
 - Breast augmentation, lift, or other breast reconstructive surgery
 - Panniculectomy

- Thighplasty
- Pneumatic Compression Devices and Appliances
- Reduction Mammoplasty
- Skilled Nursing Facilities
- Skilled Rehabilitation Services
- TMJ Treatments
- Transplant Evaluations, Services and Procedures
- Treatment of Varicose Veins
- Upper Airway Stimulation (UAS) Therapy

Specialty Medications that Require Prior Authorization

- Actemra
- ACTCHAR HP
- Antiarrhythmic Drug
- Antihemophilic
- Botox
- Entyvio
- Epogen
- Fasenra
- Granulocyte Colony-Stimulating Factors
- Infliximab
- Interferon and Peginterferon for Hepatitis B
- Lemtrada
- Lupron
- Nucala
- Ocrevus
- Oncology Coverage Policy
- Opiate Medication
- Orencia
- Orencia IV
- Prolia
- Reclast-Zometa
- Remicade
- Rituxan
- Simponi Aria
- Soliris
- Stellara
- Sublocade
- Vivitrol
- Xolair