

# Individual Personal Choice Services That Require Preauthorization



Service	In-Network	Out-of-Network
<b>ALL NON-EMERGENCY INPATIENT ADMISSIONS</b> (Except maternity admissions)	Required	Required
<b>OUTPATIENT SURGICAL PROCEDURES</b>		
Bunionectomy	Required	Required
Cataract Surgery	Not Required	Required
Laparoscopic Cholecystectomy	Required	Required
Hemorrhoidectomy	Required	Required
Hernia Repair	Not Required	Required
Arthroscopic Knee Surgery / Diagnostic Arthroscopy	Required	Required
Ligation and Stripping of Varicose Veins	Required	Required
Obesity Surgery	Required	Required
Orthognathic Surgery Procedures	Required	Required
Prostate Surgery	Not Required	Required
Spinal/Vertebral Surgery	Not Required	Required
Submucous Resection (nasal surgery)	Required	Required
Tonsillectomy and/or Adenoidectomy	Required	Required
<b>TRANSPLANTS</b>	Required	Required
<b>OPERATIVE AND DIAGNOSTIC ENDOSCOPIES</b>	Not Required	Required
<b>MRI/MRA</b>	Required	Required
<b>CT/CTA SCAN</b>	Required	Required
<b>PET SCAN</b>	Required	Required
<b>NUCLEAR CARDIAC STUDIES</b>	Required	Required
<b>OUTPATIENT THERAPIES</b>	Required	Required
Speech, Cardiac, Pulmonary, Respiratory		
<b>OUTPATIENT PRIVATE DUTY NURSING</b>	Required	Required
<b>OTHER FACILITY SERVICES</b>	Required	Required
Skilled Nursing, Inpatient Hospice, Home Health, Birth Center		
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>		
Inpatient	Required	Required
Outpatient and Partial Facility	Required	Not Required
<b>DAY REHABILITATION PROGRAMS</b>	Required	Required
<b>DENTAL SERVICES AS A RESULT OF ACCIDENTAL INJURY</b>	Required	Required
<b>NON-EMERGENCY AMBULANCE</b>	Required	Required
<b>DURABLE MEDICAL EQUIPMENT</b>	Required	Required
Purchase items (including repairs and replacements) over \$500, and ALL Rentals (except oxygen, diabetic supplies, and unit dose medication for nebulizer)		
<b>PROSTHETICS AND ORTHOTICS</b>	Required	Required
Purchase items (including repairs and replacements) over \$500 (except ostomy supplies)		
<b>INFUSION THERAPY IN A HOME SETTING</b>	Required	Required
<b>INFUSION THERAPY DRUGS</b>	Required	Required
Administered in an Outpatient Facility or in a Professional Provider's Office (see list)		

For more information regarding preauthorization requirements please call 1-800-ASK-BLUE  
or visit [www.ibx.com/providers/preapproval/index.html](http://www.ibx.com/providers/preapproval/index.html)