

### **Services Requiring Peer Review**

a. Emergency health care *does not* require preauthorization.

b. Non-emergency procedures submitted for preauthorization **requiring peer review include:**

#### **Entire Spine (Cervical, Thoracic, Lumbar)**

- Multiple Level Fusions
- All Artificial Disc Replacements (ADRs)
- SI Joint Fusions
- Bone Morphogenic Protein (BMP, InFuse)
- Spinal Cord Stimulator (Trial)
- Discogenic Pain—Multi-levels
- Annular Tear—Multi-levels

#### **Any Investigational or Experimental Service or Device**