# Prior Authorization from THC

**PCP must FAX clinical information to THC Utilization Department at 313-748-1312**

<table>
<thead>
<tr>
<th>Abortion - <em>(Medicaid only)</em></th>
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<tbody>
<tr>
<td>Admissions:</td>
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<tr>
<td>• Inpatient Hospital – acute, emergent, elective</td>
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<tr>
<td>• Long Term Acute Care Admission</td>
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<tr>
<td>• Skilled Nursing Facility</td>
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<tr>
<td>• Acute &amp; Sub-Acute Rehabilitation</td>
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<tr>
<td><strong>Excluding</strong> Observation Stay (no auth required)</td>
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| Surgeries: |
| Abdominoplasty/ Panneucleotomy |
| Bariatric *excluding lap band adjustments* |
| Blepharoplasty |
| Breast Reduction / Augmentation |
| Bunionectomy |
| Cosmetic Surgeries not otherwise listed |
| Foot – all; Hammertoe |
| Hysterectomy (need form only) |
| Transplant, Organ, Tissue, Bone Marrow |
| Rhinoplasty / Septoplasty |
| Scar Revision / Keloid Removal |
| Surgery to Treat Varicose Veins |

| Device Implants - *including, not limited to*: |
| Insulin pumps, continuous glucose monitors |
| Interstim therapy |
| Penile Implant |
| Vagus nerve/bone growth stimulators |
| Implantable Loop Records (cardiac) |

| Anti-emetic Drugs |
| Genetic Testing |
| Hearing Aids |
| Home Health Care / Hospice |
| Infusion Therapy in the home; |
| Infusion Therapy in office/clinic – refer to drug list* |
| Laser Treatment for Skin Diseases |
| Specialty Medication Injections *(see separate list)* |

## Out of Network Services (excludes Select POS)

- Prosthetics/Orthotics- > $200
- Sterilization-Male/Female
- Temporomandibular Joint (TMJ) Procedures
- PT/OT/ST Treatment *(excludes Select POS)*
- Behavioral Health
- Substance Abuse Services
- Power/motorized wheel chairs
- Experimental & Investigational Services
- Non-emergent ambulance transportation
- Cardiac LifeVest
- Apheresis
- Contact Lenses, Prosthetic Eyes, Low Vision Aids

## No Referral or Authorization

- All procedures/surgeries in an ASC (Ambulatory Surgical Center) or Outpatient Hospital :
  - **Excluding** procedures noted as requiring prior authorization

- The following procedures when performed in POS 22 or Outpatient:
  - Biofeedback Therapy
  - Cardiac Catheterization
  - Cardioversion Tilt-table, TEE
  - Cardiac Rehabilitation
  - Hyperbaric Oxygen Therapy
  - Endoscopy procedures in an outpatient setting:
    - GI Tract – **excluding** colonoscopy, sigmoidoscopy, proctoscopy
      - **Excluding** capsule endoscopy
      - EGD
      - ERCP
      - Gastroscopy
      - Laryngoscopy
    - Respiratory Tract:
      - Bronchoscopy
    - Laparoscopy
    - Arthroscopy
    - Female Reproductive System:
      - Hysteroscopy
- High-tech radiology exams:
  - CT Scans
  - MRIs, MRAs
  - PET Scans
  - Nuclear Studies
    - Cardiac Stress Test
    - MUGA
    - HIDA Scan
- Infertility Testing
- Podiatry Visits and Treatment
- Photopherotherapy – UV Light Treatment
- PT/OT/ST - *initial evaluation only*
- Sleep Studies
- Wound care/ debridement
- Chiropractic Visits and Treatment

## No Referral or Authorization

- Allergy Testing, Injections, Treatment
- Ambulance Services
- Audiology Testing
- Blood Transfusion
- Cardiac Event / Holter Monitors / EKG
- Cardiac Exercise Stress Test (non-nuclear)
- Chemotherapy *(refer to specific list of drugs that may need auth)*
- Colonoscopy, sigmoidoscopy, proctoscopy
- Dialysis
- Durable Medical Equipment:
  - Binson’s Home Medical Equipment – all supplies
  - J&B for incontinence supplies only *(CSHCS only)*
- Injectable Medications:
  - J7321 – Euflexa
  - J7324 – Othrovisc
  - J7322 – Supartz
  - J7325 – Synvisc
  - J7323 – Synvisc 1
- Neurology Studies:
  - EEG / EMG
  - Evoked Potential
- Pacemaker check
- Prosthetics/Orthotics- < $200
- Radiation Therapy
- Laboratory
- Low-tech radiology:
  - X-rays, Dexa Bone Scan
  - Ultrasounds
  - Mammography *(screening & diagnostic)*
  - Doppler exams
  - Echocardiography
  - Specialist Office Visits/Consults (POS 11 & 22) & in-office treatment *(excluding Podiatry and Chiropractic)*
  - Urgent Care Services
- Well Woman Care in the office:
  - Pap Test
  - Ultrasound, trans-vaginal ultrasound
  - Colposcopy, w, w/o biopsy
  - Cryosurgery
  - Pregnancy Test
  - Birth control, including insertion & removal:
    - IUD, Nexplanon, Paragard, Mirena
    - Depo-Provera *(RX Benefit)*
- Obstetric Care in the office:
  - Prenatal / Antepartum Care / Post-partum Care
  - Ultrasound, Fetal non-stress test
  - Bio-physical profile, CVS
  - Amniocentesis
  - Pulmonary Function Test (PFT)
  - Swallowing Study
  - Vision services- participating network
### Process to Request Prior Authorization

**NOTE:** DO NOT ENTER REQUEST INTO PORTAL for ANY service that requires a Prior Authorization as noted above.

**FOLLOW BELOW INSTRUCTIONS.**

Upon approval, UR will enter into Portal. Service is approved when the comment box is noted with an approval from the THC Medical Director of UR Department. Without the comment, DO NOT proceed.

**Inpatient Authorizations – will start with letter “A”**
**All other services requiring an authorization begin with “R”**

The following information is required to process a request for Prior Authorization:

- **PCP must fax** information, which includes the following:
  - Member information:
    - Full Name as it appears on the THC Member ID Card
    - Date of Birth
    - THC ID #
  - PCP information:
    - Name
    - Address
    - Phone / Fax
  - ICD-10 Diagnosis Code
  - CPT-4 or related HCPCS Codes
  - Procedure Location and Date
  - Treating Provider:
    - Name
    - Address
    - Phone / Fax

Requests will be processed within 14 days

Fax Request to: 313-748-1312

### Important Phone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Behavioral Health / Substance Abuse</td>
<td>855-377-2416</td>
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<td>PT/OT/ST – Navant</td>
<td>734-995-0198 Fax for authorizations</td>
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<tr>
<td>DME – Binsons Home Medical Equipment</td>
<td>888-246-7667</td>
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<td>Incontinence Supplies (CSHCS only)</td>
<td>800-980-0047</td>
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<tr>
<td>Diabetic Supplies / Insulin Pumps</td>
<td>844-236-7933</td>
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NOTE: Referrals and Prior Authorizations do not guarantee payment, which is based on member eligibility and benefits on the date of service.