<table>
<thead>
<tr>
<th>Prior Authorization from THC</th>
<th>PCP Initiated Referral (excludes Select POS)</th>
<th>No Referral or Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP must FAX clinical information to THC Utilization Department at 313-748-1312</td>
<td>Must process through the Provider Portal Services must be provided in network</td>
<td>Services must be provided in network unless POS</td>
</tr>
</tbody>
</table>
| Abortion - (Medicaid only) | 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  
  - Capsule endoscopy  
  - EGD  
  - ERCP  
  - Gastroscopy  
  - Laryngoscopy  
- Respiratory Tract:  
  - Bronchoscopy  
- Laparoscopy  
- Arthroscopy  
- Female Reproductive System:  
  - Hysteroscopy  
- Nasal/sinus endoscopy – Prior authorization required  
High-tech radiology exams:  
- CT Scans  
- MRIs, MRAs  
- PET Scans  
- Nuclear Studies  
  - Cardiac Stress Test  
  - MUGA  
  - HIDA Scan  
Infertility Testing  
Podiatry Visits and Treatment  
Photocoagulation therapy – UV Light Treatment  
PT/ST - initial evaluation only  
Sleep Studies  
Wound care/ debridement  
Chiropractic Visits and Treatment  
Echocardiography except 99307, 99308 Evoked Potentials  
| Allergy Testing, Injections, Treatment  
Ambulance Services  
Audiology Testing  
Blood Transfusion  
Cardiac Event / Holter Monitors / EKG  
Cardiac Exercise Stress Test (non-nuclear)  
Chemotherapy < $2000  
Colonoscopy, sigmoidoscopy, proctoscopy  
Dialysis  
Durable Medical Equipment:  
  - Bins’s Home Medical Equipment – all supplies  
  - J&B for incontinence supplies only (CSHCS only)  
Injectable Medications < $2000  
Neurology Studies:  
  - EEG / EMG  
Pacemaker check  
Prosthetics/Orthotics- < $200  
Radiation Therapy  
Laboratory  
Low-tech radiology:  
  - X-rays, Dexa Bone Scan  
  - Ultrasounds  
  - Mammography (screening & diagnostic)  
  - Echocardiography 99307, 99308 only  
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/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 |
| Admissions:  
- Inpatient Hospital – acute, emergent, elective  
- Long Term Acute Care Admission  
- Skilled Nursing Facility  
- Acute & Sub-Acute Rehabilitation  
- Excluding Observation Stay (no auth required)  
Surgeries:  
- Abdominoplasty/ Pancreatectomy  
- 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, Fecal  
- Nasal / Sinus Endoscopy Balloon Dilation  
- 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  
Cochlear Implants / Auditory Osseointegrated Device  
Home Health Care / Hospice  
Infusion Therapy  
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  
Contact Lenses, Prosthetic Eyes, Low Vision Aids  
| Amniocentesis  
Cardiac Event / Holter Monitors / EKG  
Cardiac Exercise Stress Test (non-nuclear)  
Chemotherapy < $2000  
Colonoscopy, sigmoidoscopy, proctoscopy  
Dialysis  
Durable Medical Equipment:  
  - Bins’s Home Medical Equipment – all supplies  
  - J&B for incontinence supplies only (CSHCS only)  
Injectable Medications < $2000  
Neurology Studies:  
  - EEG / EMG  
Pacemaker check  
Prosthetics/Orthotics- < $200  
Radiation Therapy  
Laboratory  
Low-tech radiology:  
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  - 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:

1. 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>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health / Substance Abuse – Beacon Health Options</td>
<td>855-377-2416</td>
</tr>
<tr>
<td>PT/OT/ST – Navant</td>
<td>734-995-0198 Fax for authorizations</td>
</tr>
<tr>
<td>DME – Binsons Home Medical Equipment – effective 9/1/2016</td>
<td>888-246-7667</td>
</tr>
<tr>
<td>Incontinence Supplies (CSHCS only) – J&amp;B Medical Supply</td>
<td>800-980-0047</td>
</tr>
<tr>
<td>Diabetic Supplies / Insulin Pumps – J &amp; B Medical Supply</td>
<td>844-236-7933</td>
</tr>
</tbody>
</table>

### Process to Request Referral

The following information is required to process a Referral request:

1. PCP inputs request into Provider Portal
   - Member information:
     - Full Name as it appears on the THC Member ID Card
     - Date of Birth
     - THC ID #
   - ICD-10 Diagnosis Code
   - CPT-4 or related HCPCS Codes
   - Procedure Location and Date
   - Authorized (Treating) Provider (use Provider Search to look up in-Network providers)
     - Name
     - Address
     - Phone / Fax
   - The referral will default to a period of 120 days; it is recommended that you do not change the date for a shorter period of time.

**NOTE:** Referrals and Prior Authorizations do not guarantee payment, which is based on member eligibility and benefits on the date of service.

1/1/2019