



Prior Authorization from THC

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

PCP Initiated Referral (excludes Select POS)

Must process through the Provider Portal. Services must be provided in network

No Referral or Authorization

Services must be provided in network unless POS

Abortion - *(Medicaid only)*
 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/ Panneculectomy
 • Bariatric *(excluding lap band adjustments)*
 • Blepharoplasty
 • Breast Reduction / Augmentation
 • Foot – all, including Bunionectomy
 • Cosmetic Surgeries not otherwise listed
 • 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:*
 • Implantable Loop Records (cardiac)
 • Insulin pumps, continuous glucose monitors *(exclude 95249 - 95251)*
 • Interstim therapy
 • Penile Implant
 • Vagus nerve/bone growth stimulators
 Anti-emetic Drugs Apheresis
 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)
 Sterilization-Male/Female
 Temporomandibular Joint (TMJ) Procedures
 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
 Capsule Endoscopy
 PT/OT/ST beyond 30 visits *(excludes POS)*
Neuro-psych testing

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
 o EGD
 o ERCP
 o Gastroscopy
 o Laryngoscopy
 • Respiratory Tract:
 o Bronchoscopy
 • Laparoscopy
 • Arthroscopy
 • Female Reproductive System:
 o Hysteroscopy
 • **Nasal/sinus balloon endoscopy – Prior authorization required, NOT a Referral**
 High-tech radiology exams:
 • CT Scans
 • MRIs, MRAs
 • PET Scans
 • Nuclear Studies
 o Cardiac Stress Test
 o MUGA
 o HIDA Scan
 Infertility Testing
 Podiatry Visits and Treatment
 Photochemotherapy – UV Light Treatment
 PT/OT/ST- evaluation & 12 visits for first referral; additional referrals in increments of 6 visits, not to exceed 30 visits
 Chiropractic Visits and Treatment *(note chiro benefit is combined with PT for some groups)*
 Sleep Studies – **not eligible in the home**
 Wound care/ debridement
 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
 CMG – codes 95249 – 95251 only
 Colonoscopy, sigmoidoscopy, proctoscopy
 Dialysis
 Durable Medical Equipment:
 • Binson'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)
 • Doppler exams
 • Echocardiography – any code
 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:
 o IUD, Nexplanon, Paragard, Mirena, Kyleena
 o 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 (PA)	Process for PCP Initiated Referral
<p>Fax information to 313-748-1312</p> <p>If a PA service is entered into the portal, it will "Pend" for review. The supporting documentation may be uploaded with the referral BEFORE you hit "submit" or must be faxed to THC to initiate the review process. You CANNOT upload documentation after the request is submitted. DO NOT ADD ANOTHER ONLINE REQUEST.</p> <p>FOLLOW BELOW INSTRUCTIONS.</p> <p>Upon approval, UR will enter authorization into Portal. If a pended request is in the portal, UR will change the status of that initial request to approved or denied.</p> <p>Inpatient Authorizations – will start with letter "A" All other services requiring an authorization begin with "R"</p>	<p>Referral will auto approve for services requested from the PCP Initiated Referral column.</p> <p>Approval will begin with "PR" followed by 10 digits</p> <p>Referral must be completed under the member's assigned PCP and assigned location</p> <p>A pop-up stating "NO ACTION NEEDED" will appear if you enter a referral for a service that doesn't require one. You may delete the referral for that service.</p>
<p>The following information is required to process a request for Prior Authorization:</p> <ul style="list-style-type: none"> • Member information: <ul style="list-style-type: none"> ○ Full Name as it appears on the THC Member ID Card ○ Date of Birth ○ THC ID # • PCP information: <ul style="list-style-type: none"> ○ Name ○ Address ○ Phone / Fax • ICD-10 Diagnosis Code • CPT-4 or related HCPCS Codes • Procedure Location and Date • Treating Provider <ul style="list-style-type: none"> ○ Name ○ Address ○ Phone / Fax 	<p>The following information is required to process a Referral request:</p> <ul style="list-style-type: none"> ✓ PCP inputs request into Provider Portal <ul style="list-style-type: none"> • Member information: <ul style="list-style-type: none"> ○ Full Name as it appears on the THC Member ID Card • ICD-10 Diagnosis Code • CPT-4 or related HCPCS Codes • Procedure Location and Date • Authorized (Treating) Provider <ul style="list-style-type: none"> ○ Name ○ Address • 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 unless it is for a PT/OT/ST referral (see above).
<p>Requests will be processed within 14 days</p> <p>Fax Request to: 313-748-1312</p>	<p>NOTE: Referrals and Prior Authorizations do not guarantee payment, which is based on member eligibility and benefits on the date of service.</p>

Important Phone Numbers	
Behavioral Health / Substance Abuse – Beacon Health Options	855-377-2416
DME – Binsons Home Medical Equipment – exclusive provider	888-246-7667
P&O – Binsons Home Medical Equipment – exclusive provider	888-246-7667
Incontinence Supplies (CSHCS only) – J&B Medical Supply	800-980-0047
Diabetic Supplies / Insulin Pumps – J & B Medical Supply	844-236-7933

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