



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

**Retro Referrals are not available. Services provided without the appropriate PCP referral will be denied and are not appealable; members cannot be billed for services.**

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

- 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

The following information is required to process a Referral request:

- ✓ PCP inputs request into Provider Portal
  - Member information:
    - 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
    - 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).

**Requests will be processed within 14 days**

Fax Request to: 313-748-1312

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

**Important Phone Numbers**

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