

PARTNERS HEALTH PLAN

WHAT SERVICES REQUIRE PRIOR AUTHORIZATION THROUGH PHP'S UTILIZATION MANAGEMENT?

❖ **Ambulatory Surgery Procedures ***

- Abdominoplasty
- Blepharoplasty
- Mastopexy
- Otoplasty
- Keloid & Scar Revisions
- Mammoplasty, Reduction or Augmentation
- Surgical Treatment of Gynecomastia
- ENT Procedures (Rhinoplasty, Septoplasty, Uvuloplasty, LAUP)
- Varicose Veins Treatment
- Ventral Hernias
- Bariatric Surgery

❖ **Home Health Care Services**

- Does not include CDPAS & PCA as IDT team will approve
- Initial Assessment – Nursing, OT, PT, Speech, Nutritional Counseling and Pulmonary Therapies
no auth required

❖ **Home Infusion Services**

❖ **Inpatient Admissions ***

- Acute Care Facilities, including Inpatient OBGYN
- Skilled Nursing Facilities / Nursing Home
- Behavioral Health Care Facilities
- Elective Admissions
- Urgent / Emergent Admissions
- Substance Abuse and Rehabilitation
- Inpatient Rehabilitation Facilities

❖ **Medical Social Services ***

❖ **Nerve Block / Epidurals ***

❖ **Organ Transplant Evaluation & Services ***



* Service requires authorization during Participant's 90-day continuity of care period *

WHAT SERVICES REQUIRE PRIOR AUTHORIZATION THROUGH PHP'S UTILIZATION MANAGEMENT?

(continued)

❖ Radiology *

- MRI
- Functional MRI
- MRA
- PET

❖ Rehabilitation Services – Outpatient

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Pulmonary & Cardiac Rehabilitative Therapy
- Nutritional Counseling

❖ Private Duty Nursing

❖ Outpatient Services * (below services only)

- Chiropractic Services
 - No PA required for subluxation of spine.
 - Any other services require prior auth
- Podiatry – 4 Annual Visits
 - 4 routine visits covered per year without UM review.
 - All other podiatry visits will require UM approval

❖ Other Services *

- Hyperbaric Oxygen Treatment
- Investigation & Experimental Treatment

HOW DOES A PROVIDER OBTAIN PRIOR AUTHORIZATION FOR THESE SERVICES?

- ❖ Obtain the Prior Authorization Request Form from our website

<http://phpcares.org/providers/provider-materials>

- ❖ Complete the form and **fax**, along with all pertinent clinical information, to Utilization Management at **855-769-2509**
- ❖ **Call** Utilization Management if you have any questions at **855-769-2508**



WHAT SERVICES REQUIRE PRIOR AUTHORIZATION THROUGH PHP'S CARE COORDINATION TEAM?

- ❖ **Adult Day Health Care**
- ❖ **Assertive Community Treatment**
- ❖ **Continuing Day Treatment**
- ❖ **Consumer Direction Personal Assistance Services (CDPAS)**
- ❖ **DME / Prosthetics / Orthotics**
- ❖ **Enteral / Parenteral Nutrition**
- ❖ **Personalized Recovery Oriented Services**
- ❖ **Personal Care Services**
- ❖ **Personal Emergency Response Services**
- ❖ **Office for People with Developmental Disabilities (OPWDD) Home and Community-Based (HCBS) Waiver Services**

