

UPMC *for Kids*™

QUICK REFERENCE GUIDE

UPMC *for Kids*™

A Product of UPMC Health Plan

Prior Authorization
1-800-425-7800

Provider/Member Services
1-800-650-8762

All services may be subject to retrospective review to determine medical necessity.

- Possession of a UPMC *for Kids*™ member ID card does not guarantee eligibility.
- To verify member eligibility, call UPMC *for Kids*™ at 1-800-650-8762. Or access Provider OnLine at www.upmchealthplan.com by selecting “Provider OnLine” under the “Providers” tab.

Claims Submission Address: UPMC *for Kids*™, P.O. Box 2999, Pittsburgh, PA 15230

- Members cannot be billed for any service covered by UPMC *for Kids*™. However, some members may have copayments. The copayment amounts are listed on the front of the UPMC *for Kids*™ member ID card. To verify if a copayment is required, contact us as described above.

	Prior Authorization Required (call)	Referral Required	Self-Referral
INPATIENT SERVICES			
Hospital Admissions	●		
Rehabilitation Facility Admissions	●		
Skilled Nursing Facility (SNF) Admissions	●		
SERVICES AND PROCEDURES REQUIRING A PRIOR AUTHORIZATION*			
Abdominoplasty/Panniculectomy	●		
Breast Reduction (excluding reconstruction for breast cancer)	●		
Canaloplasty for Primary Open-Angle Glaucoma	●		
Carotid Angioplasty with Stenting	●		
Cochlear Implants and Osseointegrated Bone Stimulators (BAHA)	●		
Genetic Testing for Long QT Syndrome	●		
Microprocessor Knee (C-Leg™)	●		
Molecular Susceptibility Testing for Breast Cancer and/or Ovarian Cancer (BRCA)	●		
Non-Emergent Transportation — facility requesting transport must call 1-877-521-RIDE(7433) to coordinate	●		
Nutritional Products	●		
Oncotype Dx Assay for Breast Cancer	●		
Outpatient/Mobile Real Time Cardiac Surveillance	●		
Parenteral Nutrition	●		
Private Duty Nursing	●		
Referrals to Non-Participating Providers	●		
Surgical Management of Low Back Pain	●		
Transplants	●		
Ventricular Assist Devices	●		
Wireless Capsule Endoscopy	●		
DURABLE MEDICAL EQUIPMENT (DME) (limited to \$5,000 per benefit period) Note: Rental of DME caps at 10 months or when purchase price is met.			
Bone Growth Stimulators	●		
Continuous Glucose Monitoring, Long Term, Interstitial	●		
Cranial Remolding Orthosis	●		
External Insulin Pumps (for under 13 years old)	●		
Lymphedema Pump and Appliances	●		
Negative Pressure Wound Therapy	●		
Pressure Reducing Support Surfaces — Groups 2 and 3	●		
Purchase of Mobility Devices (PMDs)	●		
ThAIRapy Vest®	●		
Wearable Cardiac Defibrillator	●		
Wheelchair Accessories, Repairs, and Replacement	●		
Wheelchair Seating	●		

SELF-REFERRAL			
Annual Well-Woman Visit (Pap smear and age-appropriate mammogram)			●
Specialist Visit (including diagnostic testing and surgery in the office)			●
Obstetrical Services			●
Family Planning			●
Outpatient Therapy (physical, occupational, and speech)			●
Dental Care (Members call 1-800-516-0165.)			●
Outpatient Mental Health and Outpatient Substance Abuse Visits*			●
Vision Exam (Members call 1-866-921-7965.)			●

*Obtaining the authorization is the provider's responsibility.