

Interactive Voice Recognition (IVR) System

1-866-406-8762

Prior Authorization

1-800-425-7800

Provider OnLine

www.upmchealthplan.com

Provider/Member Services

1-800-606-8648

This Quick Reference Guide (QRG) is a snapshot of requirements for prior authorization, claims processing, retrospective utilization, and referral for the Medicare Special Needs Plans (SNP) product line.

• **Prior Authorization:**

Medical Policies outline the indications, limitations, and information that must be submitted to the UPMC Health Plan Medical Management Department for each service that requires prior authorization. The grid below lists all existing Medical Policies applicable to our Medicare SNP members.

• **Claims Processing/Quality Audit:**

Pay Policies outline the criteria, limitations, and prerequisites for certain services used during claims processing as well as post-service review and audit.

Medical and Pay policies are found in the Medical Management Program link on the left sidebar on the UPMC Health Plan Provider Portal.

• **Patient Self-Referral – allowed for the following services:**

- ✓ **Chiropractic Services (consult benefit plan) – for members 13 years old and older**
- ✓ **Dental Care – routine (Restrictions apply. Members call 1-888-729-7951; providers call 1-888-209-1243.)**
- ✓ **Mental Health and Substance Abuse (1-800-606-8648)**
- ✓ **Specialist Visit (including diagnostic testing and surgery in the office)**
- ✓ **Vision Services – routine (Restrictions apply; members and providers can call 1-866-921-7964.)**

Please note:

- Possession of a UPMC Medicare Special Needs Plan member ID card does not guarantee eligibility.
- To verify member eligibility, call IVR at 1-866-406-8762 or Provider/Member Services at 1-800-606-8648. Or access Provider OnLine at www.upmchealthplan.com by selecting Provider OnLine under the Providers tab.

Claims Submission Address:

UPMC Medicare Special Needs Plans, P.O. Box 2997 Pittsburgh, PA 15230

	See Provider Manual – Section:	Prior Authorization Required – See Medical Policy
INPATIENT SERVICES		
Hospital Admissions (elective, acute, and behavioral health; excludes deliveries)	Chapter G Medical Management - Prior auth	
Long-Term Acute Care (LTAC) Admissions	Chapter G Medical Management - Prior auth	
Rehabilitation Facility Admissions	Chapter G Medical Management - Prior auth	
Skilled Nursing Facility (SNF) Admissions	Chapter G Medical Management - Prior auth	
OUTPATIENT SERVICES		
Molecular/Genetic Testing		MP.097
Chromosome Microarray (CMA) Testing		MP.098
Acupuncture for Nausea and Vomiting		MP.057
Genetic Testing for Long QT Syndrome		MP.027
Home Physical Therapy		MP.068
Hospice Care	UPMC Medicare Special Needs Plans: Covered Benefits and Services	
Molecular Susceptibility Testing for Breast Cancer and/or Ovarian Cancer (BRCA)		MP.055
Neuromuscular Electrical Stimulators		MP.042
Non-Emergent Transportation — facility requesting transport must call 1-877-521-RIDE (7433) to coordinate		CRM.072
Oncotype Dx Assay for Breast Cancer		MP.018
Outpatient/Mobile Real Time Cardiac Surveillance		MP.060
Outpatient Therapy (physical, occupational, and speech)	UPMC Medicare Special Needs Plans: Covered Benefits and Services	
Referrals to Non-Participating Providers	Chapter G Medical Management - Prior auth	
Routine Non-Emergency Transportation — UPMC <i>for You</i> Advantage must contact the Medical Assistance Transportation Program (MATP) to coordinate* *UPMC <i>for Life</i> Options and UPMC <i>Community Care</i> must contact UPMC Health Plan		CRM.072
Upper Endoscopies ((Esophagogastroduodenoscopy [EGD]))		MP.096
Wireless Capsule Endoscopy		MP.033
SURGICAL PROCEDURES		
Abdominoplasty/Panniculectomy		MP.021
Breast Reduction (excluding reconstruction for breast cancer)		MP.022
Carotid Angioplasty with Stenting		MP.046
Cochlear Implants and Osseointegrated Bone Stimulators (BAHA)		MP.072
Dental Anesthesia		MP.049
Implantable Miniature Telescope (IMT) for Macular Degeneration		MP.085
Lumbar Laminectomy/Hemi-Laminectomy/Discectomy		MP.091
Lumbar Spinal Fusion		MP.092
Pancreatectomy with Islet Cell Autotransplantation		MP.095
Selective Internal Radiation Therapy (SIRT)		MP.037
Total Ankle Replacement		MP.053

Total Hip Replacement/Arthroplasty		MP.089
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	See Provider Manual – Section:	Prior Authorization Required – See Medical Policy
Total Knee Replacement/Arthroplasty		MP.090
Transcatheter Aortic Valve Implantation (TAVI)/Replacement (TAVR)		MP.088
Transplant policies (bone marrow, stem cell, and solid organs)		T
Ventricular Assist Devices		MP.051
Vertebral Augmentation (Percutaneous Kyphoplasty)		MP.086
Weight Reduction Surgery		MP.040
DURABLE MEDICAL EQUIPMENT AND ANCILLARY SERVICES (412-454-7525)		
Bone Growth Stimulators, Non-Invasive		MP.011
Continuous Glucose Monitoring, Long Term, Interstitial		MP.034
Cranial Remolding Orthosis		MP.017
Durable Medical Equipment, Corrective Appliance, and Other Devices		MP.010
External Insulin Pumps (for under 13 years old)		MP.035
High Frequency Chest Wall Oscillating Device (formerly called “ThAIRapy Vest”)		MP.066
Lymphedema Pump and Appliances		MP.075
Microprocessor Ankle/Foot		MP.048
Microprocessor Knee (C-Leg®)		MP.012
Myoelectric Prosthesis - Upper Limb		MP.084
Negative Pressure Wound Therapy		MP.009
Nutritional Products		MP.054
Parenteral Nutrition		MP.056
Power Mobility Devices (PMDs)		MP.070
Pressure Reducing Support Surfaces — Groups 2 and 3		MP.028
Specialized Manual Wheelchairs		MP.087
Wearable Cardiac Defibrillator		MP.074
Wheelchair Accessories, Repairs, and Replacement		MP.071
Wheelchair Seating		MP.073
Chiropractic Services (consult benefit plan) for child under 13 years old		MP.059
OTHER SERVICES		
Proton Beam Therapy		MP.083
Experimental/Investigational - Humanitarian Device Exemption (HDE)		MP.079