

Prior Authorization

1-800-425-7800

Provider/Member Services

1-800-650-8762

This Quick Reference Guide (QRC) is a snapshot of requirements for prior authorization, claims processing, retrospective utilization, and referral for the CHIP product line.

- **Prior Authorization:**

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

- ✓ Outpatient Mental Health and Outpatient Substance Abuse (1-888-251-2224)
- ✓ Specialist Visits (including diagnostic testing and surgery in the office)
- ✓ Vision Services – routine (Members and Providers call 1-866-921-7965.)
- ✓ Outpatient Therapy (physical, occupational, and speech)
- ✓ Dental Care – Routine (Some services do require authorization. Members call 1-888-257-0350; providers call 1-888-209-1243.)
- ✓ Annual Well-Woman Visit (Pap-smear and age-appropriate mammogram)
- ✓ Obstetrical Services
- ✓ Family Planning

Please note:

- 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.
- 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.

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

	See Provider Manual – Section:	Prior Authorization Required – See Medical Policy
INPATIENT SERVICES		
Hospital Admissions	Med. Mgmt. — G.6 - Prior auth	
Rehabilitation Facility Admissions	Med. Mgmt. — G.6 - Prior auth	

	See Provider Manual – Section:	Prior Authorization Required – See Medical Policy
Skilled Nursing Facility (SNF) Admissions	Med. Mgmt. — G.6 - Prior auth	
SERVICES AND PROCEDURE		
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
Genetic Testing for Long QT Syndrome		MP.027
Lumbar Laminectomy/Hemi-Laminectomy/Discectomy		MP.091
Lumbar Spinal Fusion		MP.092
Microprocessor Knee (C-Leg™)		MP.012
Molecular Susceptibility Testing for Breast Cancer and/or Ovarian Cancer (BRCA)		MP.055
Non-Emergent Transportation — facility requesting transport must call 1-877-521-RIDE (7433) to coordinate		CRM.072
Nutritional Products		MP.054
Oncotype Dx Assay for Breast Cancer		MP.018
Outpatient/Mobile Real Time Cardiac Surveillance		MP.060
Pancreatectomy with Islet Cell Autotransplantation		MP.095
Parenteral Nutrition		MP.056
Private Duty Nursing		MP.050
Referrals to Non-Participating Providers	Med. Mgmt. — G.6 - Prior auth	
Total Hip Replacement/Arthroplasty		MP.089
Total Knee Replacement/Arthroplasty		MP.090
Transcatheter Aortic Valve Implantation (TAVI)/Replacement (TAVR)		MP.088
Transplant policies (bone marrow, stem cell, and solid organs)		I
Ventricular Assist Devices		MP.051
Vertebral Augmentation (Percutaneous Kyphoplasty)		MP.086
Upper Endoscopies (Esophagogastroduodenoscopy [EGD])		MP.096
Wireless Capsule Endoscopy		MP.033
DURABLE MEDICAL EQUIPMENT (DME) (limited to \$5,000 per benefit period) Note: Rental of DME caps at 13 months or when purchase price is met.		
Bone Growth Stimulators		MP.011
Continuous Glucose Monitoring, Long Term, Interstitial		MP.034
Cranial Remolding Orthosis		MP.017
DME, 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
Myoelectric Protheses – Upper Limb		MP.084
Negative Pressure Wound Therapy		MP.009
Pressure Reducing Support Surfaces — Groups 2 and 3		MP.028
Power Mobility Devices (PMDs)		MP.070
Specialized Manual Wheelchairs		MP.087
Wearable Cardiac Defibrillator		MP.074
Wheelchair Accessories, Repairs, and Replacement		MP.071
Wheelchair Seating		MP.073
OTHER SERVICES		
Pediatric Extended Care Program		MP.094