

QUICK REFERENCE GUIDE

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, and select "For Providers" and then "Provider OnLine."

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.

| INPATIENT SERVICES | | Prior Authorization Required (call) | Referral Required | Self- Referral |
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| Rehabilitation Facility Admissions Skillied Nursing Facility (SNF) Admissions Services and PROCEDURES REQUIRING A PRIOR AUTHORIZATION* Abdominoplasty/Panniculectorny Preast Reduction (excluding reconstruction for breast cancer) Carotid Angioplasty with Stenting Cochlear Implants and Osseointegrated Bone Stimulators (BAHA) Endovascular Stent for Abdominal Aortic Aneurysm Inome Based Real Time Cardiac Surveillance Inome Based Real Time Cardiac Surveillance Inome Telemonitoring Magneto-Encephalography (MEG) Microprocessor Knee (C Leg ^{M)} Molecular Susceptibility Testing for Breast Cancer and/or Ovarian Cancer (BRCA) Nutritional Products Oncotype Dx Assay for Breast Cancer Preneral Nutrition Private Duty Nursing Prophylactic Mastectomy Prophylactic Oophorectomy Referrals to Non-Participating Providers Transplants Wireless Capsule Endoscopy Wireless Capsule Endoscopy Note: Rental of DME Equipment caps at 10 months or when purchase price is met. Bone Growth Stimulators Continuous Glucose Monitoring, Long Term, Interstitial Pressure Reducing Support Surfaces - Groups 2 and 3 Purchase of Mobility Devices (PMDs) ThAIRapy Vest Wearable Cardiac Defibrillator Wheelchair Accessories, Repairs & Replacement Wheelchair Seating Annual Well-Woman Visit (Pap smear and age appropriate mammogram) Pessure Feducing Support Surfaces - Groups 2 and 3 Purchase of Mobility Devices (PMDs) ThAIRapy Vest Wearable Cardiac Defibrillator Prophylactic Mobility Devices (PMDs) ThAIRapy Vest Wearable Cardiac Defibrillator Prophylactic Mobility Devices (PMDs) ThAIRapy Vest Wearable Cardiac Defibrillator Prophylactic Mobility Devices (PMDs) ThAIRapy Vest Wearable Cardiac Defibrillator Prophylactic Mobility Devices (PMDs) ThAIRapy Vest Pressure Reducing Support Surfaces - Groups 2 and 3 Purchase of Mobility Devices (PMDs) ThAIRapy Vest Pressure Reducing Support Surfaces - Groups 2 and 3 Purchase of Mobility Devices (PMDs) ThAIRapy Vest Pressure Reducing Support Surfaces - Groups 2 and 3 Purchase of Mobility Devices (PMDs) ThAIRapy Vest Pressure Re | INPATIENT SERVICES | | | |
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| | Vision Exam (Members call 1-866-921-7965.) | | | • |

^{*}Obtaining the authorization is the provider's responsibility.



