

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.

	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)	•		
Carotid Angioplasty with Stenting	•		
Cochlear Implants and Osseointegrated Bone Stimulators (BAHA)	•		
Endovascular Stent for Abdominal Aortic Aneurysm	•		
Home Based Real Time Cardiac Surveillance	•		
Home Telemonitoring	•		
Magneto-Encephalography (MEG)	•		
Microprocessor Knee (C Leg™)	•		
Molecular Susceptibility Testing for Breast Cancer and/or Ovarian Cancer (BRCA)	•		
Nutritional Products	•		
Oncotype Dx Assay for Breast Cancer	•		
Parenteral Nutrition	•		
Private Duty Nursing	•		
Prophylactic Mastectomy	•		
Prophylactic Oophorectomy	•		
Referrals to Non-Participating Providers	•		
Transplants	•		
Wireless Capsule Endoscopy	•		
DURABLE MEDICAL EQUIPMENT (Limited to \$5,000 per benefit period)			
Note: Rental of DME Equipment 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 & 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, 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.