PHP

Pre-Approve Services to Verify Coverage

Services Requiring Prior Authorization

Below is a listing of some services that require prior authorization. Failure to prior authorize these services will result in unnecessary claim denials. To request authorization call *PHP* or submit the appropriate request form by:

Phone or Toll-Free:	Fax or Email:	Website:
1-800-982-6257	260-436-4809 or medmanfax@phpni.com	www.phpni.com



Procedures

- Bariatric Treatment
- Capsular Endoscopy
- Cochlear Implants
- Cyber Knife
- Cartilaginous Defect Procedures *(ACI -Autologous Chondrocyte Implantation, Mosaic plasty, OATS - Osteochondral Autograft)*
- Fetal Surgeries
- Genetic Testing
- Obstructive Sleep Apnea Treatment including surgical procedures
- Oral Surgery *(biopsies or treatment of oral lesions by oral surgeons, Orthognathic Surgery)*
- Proton Beam Treatment
- Radiology - MRI, MRA, CT, PET, Nuclear Medicine, Nuclear Cardiology, 3D Rendering
- Sclerotherapy
- Sinus Endoscopy with Balloon Dilation
- Spine Surgeries *(Artificial Disc, Dorsal Column Stimulators, Spinal Fusions)*



Medications *See documents below for current listings of medications that require prior authorization:*

- For Providers: Prior Auth Drug List
- For Members: Drugs that Require Prior Auth
- Medication delivered to doctor office/pain pump



Inpatient Services

- All Inpatient Admissions *(including Rehab, Behavioral Health, Hospice, Skilled Nursing, Transitional Care)*
- High Risk OB *(please notify PHP by the 2nd trimester)*
- Multiple Births



Outpatient Services

- ABA Therapy
- Behavioral Health Testing
- Home Infusion Services *(Including Drugs)*
- Hyperbaric Oxygen
- IOP & Partial Hospital Programs
- Medical drug preferred formulary drugs
- Out of Network Referrals
- Sleep Studies
- Spine and neck procedures and surgery
- TPN *(Total Parenternal Nutrition and Home Infusion)*
- Transplantation Services



Reconstructive Procedures

- Abdominoplasty
- Blepharoplasty/Brow Suspension
- Breast Reconstruction
- Mandibular/maxillary reconstruction due to trauma or congenital anomalies
- Scar Revisions or other reconstructive procedures
- Nasal Fracture Repair
- Reduction Mammoplasty
- Rhinoplasty



Durable Medical Equipment *Durable medical equipment is subject to change. Contact PHP Medical Management with questions or to authorize services.*

- AED Garments
- Bi-pap Machines
- Chest Percussion Vest
- CPAP Machines
- Custom made oral sleep apnea appliances *(by oral surgeons)*
- Enteral Feedings
- Hospital Beds
- Insulin Pumps
- Lift Chairs
- Oxygen Systems
- Pain Pumps *(I-Flow, etc.)*
- Pneumatic Lymphadema Treatment Devices
- Prosthetics
- Pressure Relief Devices
- Standing Frames
- Stimulators-Bone Growth, Muscle, Neuro, Sacral, Pain
- UV Lights
- Ventilators
- Wigs
- Wheelchairs & Accessories

Off-Plan Referral Requirements

For referrals to non-participating providers, organizations, or facilities to be considered for coverage, the request for prior authorization of services or care MUST be:

1. Submitted at least three *(3)* working days prior to the scheduled service; AND 2. Not available through a PHP participating provider; AND 3. Approved by PHP prior to services being rendered.

Pharmacy Prior Authorization

- **Contact PHP's Pharmacy Department at 260-432-6690, ext. 339 for a list of prescription drugs that require prior authorization.**
- **Routine updates are provided to the physician's office through PHARMACY-FACTS.**

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