



Pre-Approved 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 you may call PHP Medical Management or submit the appropriate request form through email, fax, or mail.



Call

260-432-6690, ext. 12
or
1-800-982-6257, ext. 12



Fax or Email

260-436-4809
medmanfax@phpni.com



Mail

PHP Medical Management
1700 Magnavox Way, Suite 201
Fort Wayne, IN 46804



PROCEDURES

- Bariatric Treatment
- Cochlear Implants
- 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)
- Total Hips and Knees
- Capsular Endoscopy
- Cyber Knife



OUTPATIENT SERVICES

- ABA Therapy
- Behavioral Health Testing
- Home Health Services (Including Drugs)
- Hospice
- Hyperbaric Oxygen
- IOP & Partial Hospital Programs
- Out of Network Referrals
- Sleep Studies
- TPN (Total Parenteral 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
- CPM 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



MEDICATIONS See the documents listed below for current listings of medications that require prior authorization:

- **For Providers** – Prior Authorization Drug List
- **For Members** – Drugs that Require Prior Authorization
- **Medication** delivered to Physician's 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



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:

- Submitted at least three (3) working days prior to the scheduled service; **AND**
- Not available through a PHP participating provider; **AND** • 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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