

Total Health Care- Prior Authorization Grid

Services Authorized by Total Health Care- <i>all benefit plans</i>	Primary Care Physician- <i>electronic referral required- Excluding Select/POS</i>	No Auth Required- <i>network restrictions may apply</i>
Abdominoplasty/ Panneculectomy Abortion - (<i>Medicaid only</i>) Acute & Sub-Acute Rehabilitation All Cosmetic Procedures Alternative Care Settings Bariatric Surgery Blepharoplasty Botox and Dysport Injections Breast Reduction Buninectomy and Hammertoe Surgery Device Implants- <i>including, not limited to:</i> <ul style="list-style-type: none"> • <i>insulin pumps</i> • <i>interstim therapy</i> • <i>vagus nerve/bone growth stimulators</i> Genetic Testing Hearing Aids Home Health Care Infusion Rx/Specialty Medication Injections- <i>see grid</i> Inpatient Hospital Services Keloid Removal Long Term Acute Care Penile Implant Plasma Phoresis Prosthetics/Orthotics- <i>limited to purchases over \$200 with participating network</i> PT/OT/ST authorization fax #(810) 534-5037 (<i>excluding Select/POS</i>) Respiratory Therapy Rhinoplasty / Septoplasty Skilled Nursing Facility Admission Sterilization Procedures-Male/Female (<i>Medicaid only</i>) Surgeries to Treat Varicose Veins Temporomandibular Joint (TMJ) Procedures Transplant Services	Mammogram, Non-Routine Office/Outpatient Specialty Care Cardiac Rehabilitation Outpatient Diagnostic- <i>including, not limited to:</i> <ul style="list-style-type: none"> • <i>CT Scans</i> • <i>MRIs</i> • <i>Nuclear Medicine</i> • <i>PET Scans</i> • <i>EKG, EEG, EMG, Brain Scan</i> • <i>Colonoscopy, Gastroscopy, UGI</i> Outpatient Surgery- <i>except the procedures Total Health Care authorizes</i> PT/OT/ST- <i>initial evaluation only</i>	Ambulance Services Annual Well Woman Care- <i>participating network</i> Behavioral Health- <i>participating network</i> Durable Medical Equipment- <i>participating network</i> Emergency Services Mammogram, Routine- <i>participating network</i> Observation Room Services Prosthetics/Orthotics- <i>limited to purchases under \$200 with participating network</i> Routine Radiograph, i.e. <ul style="list-style-type: none"> • <i>Chest X-Rays</i> • <i>Flat Plate X-Rays</i> • <i>Ultrasounds</i> Routine Well Child Care- <i>participating network</i> Routine Pre/Postnatal Care- <i>participating network</i> Substance Abuse Services- <i>participating network</i> Urgent Care Services- <i>participating network</i> Vision Services- <i>participating network</i> Women's Specialist, Office Visits- <i>participating networks</i>

To receive prior authorization from Total Health Care, fax a typed letter of medical necessity to 313-871-3104. Include the following information:

- ✓ Member name, date of birth and THC ID number
- ✓ PCP name, address, phone and fax number (requestor)
- ✓ Applicable ICD-9 and CPT-4 codes
- ✓ Date of procedure
- ✓ Name and address of treating provider
- ✓ Name and address of treating physician
- ✓ Supporting physician notes, laboratory and radiology report