

# PARTNERS HEALTH PLAN

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## WHAT SERVICES REQUIRE PRIOR AUTHORIZATION THROUGH PHP'S UTILIZATION MANAGEMENT?

### ❖ **Ambulatory Surgery Procedures**

- Abdominoplasty
- Blepharoplasty
- Mastopexy
- Otoplasty
- Keloid & Scar Revisions
- Mammoplasty, Reduction or Augmentation
- Surgical Treatment of Gynecomastia
- ENT Procedures (Rhinoplasty, Septoplasty, Uvuloplasty, LAUP)
- Varicose Veins Treatment
- Ventral Hernias

### ❖ **Home Health Care Services**

- Does not include CDPAS & PCA as IDT team will approve
- Initial Assessment – Nursing, OT, PT, Speech, and Nutritional Counseling, no auth required

### ❖ **Home Infusion Services**

### ❖ **Inpatient Admissions**

- Acute Care Facilities, including Inpatient OBGYN
- Skilled Nursing Facilities / Nursing Home
- Behavioral / Substance Abuse Health Care Facilities
- Comprehensive Rehabilitation Facilities

### ❖ **Medical Social Services**

### ❖ **Nerve Block / Epidurals**

### ❖ **Organ Transplant Evaluation & Services**

### ❖ **Radiology**

- MRI
- Functional MRI
- MRA
- PET

