

PARTNERS HEALTH PLAN

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

- ❖ **Adult Day Health Care**
- ❖ **AIDS Adult Day Health Care**
- ❖ **Assistive Technology**
- ❖ **Community Habilitation**
- ❖ **Community Transitional Services**
- ❖ **Consumer Directed Personal Assistance Services (CDPAS)**
- ❖ **Durable Medical Equipment (DME)**
- ❖ **Environmental Modification**
- ❖ **Experimental and/or Investigational Treatment**
- ❖ **Foot Care Services**
- ❖ **Home Delivered Meals**
- ❖ **Home Health Services**
- ❖ **Hospice**
- ❖ **Inpatient Hospital Services**
- ❖ **Inpatient Mental Health Services**
- ❖ **Inpatient Hospital Stay**
 - Pending alternate level of medical care
- ❖ **Personal Care Services**
- ❖ **Personal Emergency Response Services (PERS)**
- ❖ **Prescription and Non-Prescription (OTC) Drugs / Medical Supplies / Enteral Formula**
- ❖ **Private Duty Nursing Services**
- ❖ **Prosthetic / Orthotic Services / Orthopedic Footwear**
- ❖ **Radiology Services**
- ❖ **Rehabilitation Services**
- ❖ **Residential Health Care Facility (Nursing Home) Services (RHCF)**
- ❖ **SUD Inpatient Detoxification Services**
- ❖ **SUD Inpatient Rehabilitation and Treatment Services**
- ❖ **Vehicle Modification**



HOW DOES A PROVIDER OBTAIN PRIOR AUTHORIZATION FOR THESE SERVICES?

- ❖ Obtain the Prior Authorization Request Form from our website

<http://phpcares.org/providers/provider-materials>

- ❖ Complete the form and **fax**, along with all pertinent clinical information, to Utilization Management at **855-769-2509**
- ❖ **Call** Utilization Management if you have any questions at **855-769-2508**

