

FHP/ACA Authorization List



322 S. Green Street, Suite 400 • Chicago, IL 60607
www.fhnchicago.com

Revised: August 2016

Important Information	<ul style="list-style-type: none"> To verify benefit coverage, call 1-888-FHN-4YOU (346-4968) All services rendered by non-participating providers require prior authorization For urgent requests (delay will seriously jeopardize the life or health of a member, or severe pain), mark URGENT. The standard for urgent requests is 72 hours. The standard for non-urgent or routine requests is 10 days.
Dental	<ul style="list-style-type: none"> Routine dental services do not require authorization. Dental services are provided by DentaQuest, please call 1-888-FHN-4YOU (346-4968), option 2 with any questions. You can also visit them online at www.dentaquest.com.
Vision	<ul style="list-style-type: none"> Optometry services do not require authorization. Optometry services are provided by eyeQuest, please call 1-888-FHN-4YOU (346-4968), option 3 with any questions. You can also visit them online at www.eye-quest.com.
Transportation	<ul style="list-style-type: none"> Prior authorization is required for non-emergent ambulance transportation. Call 1-888-FHN-4YOU (346-4968), option 1
Pharmacy Services	<ul style="list-style-type: none"> Pharmacy services are provided by CVS Caremark, please call 1-888-FHN-4YOU (346-4968), option 6 with any questions. Go online at www.fhnchicago.com to view the formulary.

Behavioral Health and Substance Abuse Services

- Main phone #: 1-888-211-6851
- Inpatient fax #: 1-312-324-0647
- Outpatient fax #: 1-312-324-0649
- Prior authorizations can be submitted via our portal at www.fhnchicago.com

Prior authorization <i>IS NOT</i> Required	<ul style="list-style-type: none"> • Outpatient visits; first ten (10) visits
Prior authorization <i>IS</i> Required	<ul style="list-style-type: none"> • Acute psychiatric • Acute substance use (Detox & Rehabilitation) • All services requested by out-of-network providers • Applied behavior analysis (ABA) • Day treatment programs • Electroconvulsive therapy (ECT) • Intensive outpatient services (IOP) • Neuropsychological testing • Outpatient psychological testing • Outpatient visits after first ten (10) visits • PACT/ACT (Program of Assertive Community Treatment / Assertive Community Treatment) • Partial hospitalization program (PHP) • Repetitive transcranial magnetic stimulation (RTMS) • Residential mental health • Residential substance use disorder

Medical Services

- For inpatient admissions and outpatient surgeries, fax prior authorization requests to 312-738-3116
- For outpatient diagnostic services and other services requiring prior authorization, fax requests to 312-436-2784
- Prior authorizations can be submitted via our portal at www.fhnchicago.com
- Contact FHN's Utilization Department at 1-888-FHN-4YOU (346-4968), option 5 for assistance

Prior authorization <i>IS NOT</i> Required	<ul style="list-style-type: none"> • Audiology services • Cardiology: Stress test, thallium stress test, 2 D echo / 2 D stress echo • Chiropractic services for members <21 years old • Family planning and supplies. HFS Sterilization Consent Form must be submitted at the time of request; Informed Consent Form must be obtained not less than 30 days nor more than 180 days prior to the procedure; >21 years of age • Lab services • Neurology - EEG, EMG/NCS • Observation ≤ 23 hours • Podiatry • Prenatal care • Prenatal ultrasound. Up to two (2) prenatal ultrasounds • Radiation Therapy • Radiology - Mammography, ultrasound, X-Rays, CT scan, Dexa scan • In-network specialist office visits - initial and follow up visits EXCEPT for hematology/oncology, dermatology, allergy and immunology, plastic surgeons, neurosurgery • Sleep study • Vascular - Doppler ultrasound arterial and venous
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FHP/ACA AUTHORIZATION LIST (continued)

Medical Services (continued)		
<p>Prior authorization IS Required</p>	<ul style="list-style-type: none"> • Abdominoplasty, panniculectomy, suction lipectomy, lipoabdominoplasty • Back and neck surgery • Bariatric surgery/gastric bypass/lap band-gastric adjustment • Biofeedback therapy • Blepharoplasty and repair of blepharoptosis • Breast reconstruction • Breast reduction • Capsule endoscopy • Cardiac implant recorder/loop recorder • Cardiac pacemaker • Cardiac rehabilitation • Cardiology - Cardiac catheterization & other invasive procedures • Chemotherapy • Cochlear implantation/device • Dental anesthesia/facility for members >6 years of age • Dermabrasion • Dialysis • DME >\$1,000 quantity limit applies • Enteral and parenteral services • Experimental and investigational procedures • Facet injections • Genetic testing • Hearing aids > \$1,000 • Home health care • Hyperbaric oxygen therapy • Hysterectomy. <i>Acknowledgement of receipt of hysterectomy information must be submitted at the time of request.</i> • Implantation/Revision/Removal of stimulators and/or electrodes • Infusion therapy/facility/physician office • Inpatient admissions/acute inpatient: Acute inpatient, transplant, observation/acute and subacute rehabilitation, skilled nursing, custodial care and LTAC 	<ul style="list-style-type: none"> • Joint arthroplasty; shoulder, elbow, hip, knee, ankle • Laparoscopy fundoplasty • Laparoscopy paraesophageal hernia repair • Mastectomy for gynecomastia • Multi-fetal pregnancy reduction • Neurology - video EEG • Orthognathic surgery • Orthotics and prosthetics >\$1,000 • Palliative and hospice services • Penile implant/prosthesis • Photo chemotherapy for psoriasis • Prenatal ultrasound. >2 prenatal ultrasounds during pregnancy • PT/OT/ST after 8 visits • Pulmonary rehabilitation • Radiology - MRA, MRI, PET scan, nuclear medicine • Radiofrequency ablation • Scar excision/revision • Septoplasty/rhinoplasty • Services by an out of network provider/facility* <i>Exception: Emergency Department services *Women's health, family planning and obstetric services, child and adolescent health center services, local health department services *Other services based on state requirements</i> • Specialist office visits - initial and follow up visits: hematology/oncology, dermatology, allergy and immunology, plastic surgeons, neurosurgery • Termination of pregnancy. <i>HFS Abortion Payment Application Form must be submitted at the time of request.</i> • Transesophageal therapies • Transplant - evaluation and workup • Uvulectomy / Palatopharyngoplasty / Laser assisted uvulopalatoplasty • Varicose Vein Treatment/Surgery • Ventral hernia repair • Vertebroplasty • Wound clinic/visits after 10 Visits
<p>Most Common Non-covered Benefits Requested</p>	<ul style="list-style-type: none"> • Acupuncture • Chiropractic services/members ≥21 years of age • Cosmetic procedures • Immunization for elective travel • Impotence therapy • Diagnostic and therapeutic procedures related to infertility and sterility 	<ul style="list-style-type: none"> • LASIK Eye surgery • Massage therapy • Naturopathic treatment • Sex change procedure • Sterilization reversal • Whirlpools/Whirlpool bath equipment

Please call Member Services
They can be reached at:
1-888-FHN-4YOU (346-4968) TTY 711
You can also visit us online at:
www.fhnchicago.com

