

Dear Provider,

Absolute Total Care is committed to delivering cost effective care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Absolute Total Care accomplishes this goal by utilizing prior authorization and benefit limit guidelines to verify the medical necessity of a treatment.

For Licensed Individual Practitioners (LIPS) providers, prior authorization will be required starting **June 1, 2019** for any combination of the following procedure codes for continued services after the 24th encounter within a calendar year per member: 90832, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90849, and 90853.

Additionally, for all provider types, Absolute Total Care will reset its benefit limits for all codes identified above to match the benefit limits currently outlined by the South Carolina Department of Health and Human Services (SCDHHS). Details on benefit limits for each code per provider type are outlined in the provider manuals provided on the SCDHHS website.

You may submit the prior authorization requests utilizing our Secure Web Portal at [absolutetotalcare.com](http://absolutetotalcare.com). If you are not currently registered on our Secure Web Portal, you may register through a quick and simple online process. If your request is approved you will receive verification through the Secure Web Portal. You may also submit the prior authorization request by faxing an Outpatient Treatment Request (OTR) form to 1-866-694-3649. The OTR form can be found at [cenpatico.com](http://cenpatico.com) under Provider Tools.

If you have questions about this update, please reach out to Provider Services at 1-866-433-6041.

Sincerely,

Absolute Total Care