

2012 Prior Authorization List and Utilization Guidelines Effective: January 1, 2012



Please visit www.chpw.org regularly for updates to this list.

- Services not specifically listed below may not be a benefit; please call to verify benefits and coverage or verify online at <https://hip.chpw.org>.
- Utilization Management requests may be made through the Care Management Portal at <https://jiva.chpw.org>

Customer Service:

- 1-800-440-1561, M-F, 8 am - 5 pm.
- For Medicare Advantage, please call 1-800-942-0247, 7 days a week, 8 am - 8 pm.

DRUGS/INJECTABLES--NOT ALL BRAND NAMES ARE LISTED

- 17 Alpha-hydroxyprogesterone
- Adalimumab (Humira)
- Abatacept (Orencia)
- Actemra (tocilizumab)
- Amifostine (Ethyol)
- Bevacizumab (Avastin)
- Botulinum toxin (Botox/Myobloc)
- Certolizumab (Cimzia)
- Cetuximab (Erbix)
- Corticotropin (Acthar)
- Denosumab (Prolia or Xgeva)
- Docetaxel (Taxotere)
- Erythropoiesis-stimulating agents (Darbepoetin & Epoetin)
- Epoprostenol (Flolan)
- Etanercept (Enbrel)
- Gemcitabine (Gemzar)
- Golimumab (Simponi)
- GnRH agonists (e.g., Lupron)
- Granulocyte-colony stimulating factor (G-CSF) (e.g., Pegfilgrastim)
- Growth hormone (Somatropin)
- Hyaluronic acid derivatives (e.g., Synvisc/Hyalgan)
- Iloprost (Ventavis)
- Infliximab (Remicade)
- Intravenous immunoglobulin
- Makena
- Natalizumab (Tysabri)
- Octreotide (Sandostatin)

DRUGS/INJECTABLES--NOT ALL BRAND NAMES ARE LISTED (CONTINUED)

- Omalizumab (Xolair)
- Oxaliplatin (Eloxatin)
- Palivizumab (e.g., Synagis)
- Pamidronate (Aredia)/Zoledronic Acid (Zometa)
- Rituximab (Rituxan)
- Trastuzumab (Herceptin)
- Treprostinil (Remodulin)

INPATIENT SERVICES

- Inpatient rehabilitation
- Skilled nursing facility
- Planned inpatient services require prior authorization (including surgeries)
- All admissions (planned and urgent) require notification of admission within 24 hours or next business day

RADIOLOGY

- CT Angiography
- PET scan
- MRI/MRA

SURGICAL PROCEDURES

All inpatient surgical procedures and the following additionally in the outpatient setting:

- Bariatric surgery
- Blepharoplasty
- Breast prostheses/implants
- Bunionectomy

Revised: 10/20/11

Legend: BH=Basic Health, MA=Medicare Advantage, WHP=Washington Health Plan, DL=Disability Lifeline

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SURGICAL PROCEDURES (CONTINUED)

- Capsule endoscopy
- Cataract procedures
- Cochlear implant
- Endovenous laser/Radiofrequency ablation
- Essure hysteroscopic sterilization
- Hip/knee/shoulder replacement
- Hysterectomy
- Knee arthroscopy
- Mammoplasty (Augmentation/Reduction)
- Reconstructive plastic surgery & supplies
- Rhinoplasty and septoplasty
- Sclerotherapy, leg veins
- Shoulder arthroscopy
- Spinal surgeries
- Tonsillectomy
- Urethral suspensions
- Uvulopalatopharyngoplasty

ALTERNATIVE CARE

- Acupuncture > 6 Visits (BH/WHP)
- Biofeedback > 6 Visits
- Chiropractic > 12 visits (except BH/WHP)
- Chiropractic (BH/WHP)
- Hypnotherapy > 6 visits (BH/WHP)
- Massage > 6 visits (BH/WHP)
- Naturopathy > 6 visits (BH/WHP)

CHEMICAL DEPENDENCY/SUBSTANCE ABUSE

- Prior authorization required for all outpatient and inpatient treatment. (BH/MA/WHP)

DENTAL

- Accidental dental
- General anesthesia

DURABLE MEDICAL EQUIPMENT (DME),

PROSTHETICS & MEDICAL SUPPLIES

Specific DME services that require prior authorization:

- Bone growth stimulators
- Chest compression devices
- Cough stimulating devices
- Communication devices (e.g., speech generators)
- C-PAP/Bi-PAP rental & purchase
- Insulin pumps

DURABLE MEDICAL EQUIPMENT (DME),

PROSTHETICS & MEDICAL SUPPLIES (CONTINUED)

- Hospital beds & accessories
- Oxygen
- Patient lifts
- Prosthetic limbs
- TENS unit
- Ventilators
- Wheelchairs/scooters (rental & purchase)
- Wound vac

Please note: It is the Plan's policy to require prior authorization for each DME, prosthetic and supply with a purchase price on the HCA fee schedule that exceeds \$1,000. (DME benefits are not covered for DL and BH regardless of purchase price).

HOME SERVICES

- Home Health
- Enteral/Parenteral Services
- Infusion
- Therapy (PT/OT/ST)

HOSPICE CARE

MENTAL HEALTH

- Planned inpatient psychiatric services require prior authorization
- All admissions (planned and urgent) require notification of admission within 24 hours or next business day

OUTPATIENT THERAPIES AND SPECIALTY SERVICES

- Cardiac rehabilitation
- Comprehensive Outpatient Rehabilitation Facility (MA Only)
- Dialysis and dialysis management services
- PT/OT (BH/WHP)
- Pediatric extended therapy > 12 visits -- PT/OT/ST (except BH/WHP)
- Extended specialty services -- >12 visits per individual specialist

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TRANSPLANTS

- Donation
- Transplants (excluding corneal)
- Evaluation/Work-Ups

OTHER

- Experimental/investigational services
- Hyperbaric oxygen treatment
- TMJ treatment
- Unlisted codes with charges greater than \$1,100

DOCUMENTATION REQUIRED TO SUPPORT DECISION-MAKING

Please provide documentation with the request to support medical necessity. Examples of appropriate documents include:

- Pre-procedure evaluation and trial of nonsurgical conservative methods
- PCP or specialist progress/consultation notes
- History and/or physical examination notes that address the problem(s)
- Current notes that show order for requested services or copy of prescription for services
- Any other pertinent clinical information to support the request

REFERRAL POLICY

- **Referrals to Network Providers:** The Plan requires use of in-network providers whenever possible. If a request is received from the member's assigned Primary Care Physician (PCP) no Plan authorization is required.
- **Referrals to Out-of-Network Providers:** When circumstances arise that require a referral to an out-of-network specialist, authorization from the Plan is required. For all out-of-network referrals, the first 2 visits will be approved if the referred service request is outside the primary care scope of services. All subsequent visits require supporting clinical information and the initial consult document with the request.
- **PCP to PCP Referrals:** If you are not the member's assigned PCP or group, an authorization to provide primary care is required from the Plan.

INPATIENT HOSPITALIZATION

The Plan requires hospitals to notify the Plan of all inpatient admissions (planned and urgent) within 24 hours of admission or next business day. Some admissions may also require prior authorization.

PREGNANCY NOTIFICATIONS

Although the Plan does not require prior authorization for maternity-related services, notification of pregnancy is needed. Early notification of pregnancy enables the Plan to identify high-risk members and assess for high-risk case management services. Please complete the Pregnancy Notification Form (www.chpw.org) or contact our Maternity Case Manager at 206-613-5053 for additional information.

CASE MANAGEMENT SERVICES

A case manager's role is to provide advocacy, assessment, and coordination of care between multiple providers and the member. If you feel your patient would benefit from Case Management services, please complete a referral form, which may be found at: <http://chpw.org/assets/file/going.doc>

SUBMITTING YOUR REQUEST

Use of our online Care Management Portal is the preferred method to submit authorization requests (<https://jiva.chpw.org>). For assistance with registration, contact Portal.Support@chpw.org

You may also fax requests to:

- Outpatient Requests: (206) 613-8873
- Inpatient Requests: (206) 652-7078
- Clinical Reviews: (206) 652-7082
- Case Management: (206) 652-7073