

2010 Prior Authorization List

Effective 01/01/2010



All procedures in an inpatient setting require prior authorization.

Procedures listed below require prior authorization in all settings.

Other services not listed may not be a benefit; please call to verify benefits and coverage.

BH=Basic Health; **MA**=Medicare Advantage

DRUGS/INJECTABLES

- 17 Alpha-hydroxyprogesterone
- Adalimumab (Humira)
- Abatacept (Orencia)
- Amifostine (Ethyol)
- Bevacizumab (Avastin)
- Botulinum toxin (Botox/Myobloc)
- Certolizumab (Cimzia) **NEW**
- Cetuximab (Erbix)
- Corticotropin (Acthar) **NEW**
- Docetaxel (Taxotere)
- Erythropoiesis-stimulating agents (Darbepoetin & Epoetin)
- Epoprostenol (Flolan)
- Etanercept (Enbrel)
- Gemcitabine (Gemzar)
- Golimumab (Simponi) **NEW**
- 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 **NEW**
- Natalizumab (Tysabri)
- Octreotide (Sandostatin)
- Omalizumab (Xolair)
- Oxaliplatin (Eloxatin)
- Palivizumab (e.g., Synagis)
- Pamidronate (Aredia)/Zoledronic Acid (Zometa)
- Rituximab (Rituxan)
- Trastuzumab (Herceptin)
- Trepstinil (Remodulin)

RADIOLOGY

- CT- Head (non-emergent)
- CT Angiography
- PET scan
- MRI/MRA

SURGICAL PROCEDURES

- Urethral suspensions
- Blepharoplasty
- Breast prostheses/implants
- Breast reduction/Mammoplasty
- Bunionectomy
- Capsule endoscopy
- Thoracic spinal fusion
- Thoracic spinal laminectomy
- Cochlear implant
- Cataract removal
- Endovenous laser/Radiofrequency ablation
- Hip/knee/shoulder replacement
- Hysterectomy
- Knee arthroscopy
- Reconstructive plastic surgery & supplies
- Rhinoplasty & septoplasty
- Sclerotherapy, leg veins
- Uvulopalatopharyngoplasty

ALTERNATIVE CARE

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

INPATIENT FACILITIES

- Inpatient hospitalization & rehabilitation
- Skilled nursing facility

To contact Community Health Plan customer service, call 1-800-440-1561 toll free. If you are hearing or speech impaired, please call TTY 1-866-816-2479 toll free or local 206-613-8875.

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BEHAVIORAL HEALTH

- Behavioral health care > 8 visits

DENTAL

- Accidental dental
- Dental anesthesia

DURABLE MEDICAL EQUIPMENT (DME) / PROSTHETICS

Please note: It is Community Health Plan's policy to require prior authorization for all DME with a purchase price that exceeds \$1000 per the DSHS fee schedule. (DME benefits are not covered for GA-U and Basic Health.)

Other specific services:

- Bone growth stimulators
- Chest compression devices
- Cough stimulating devices
- Communication devices (e.g., speech generators)
- C-PAP/Bi-PAP rental & purchase
- Insulin pumps
- Hospital beds & accessories
- Oxygen
- Patient lifts
- Prosthetic limbs
- TENS unit
- Ventilators
- Wheelchairs/scooters (rental & purchase)
- Wound vac

HOME HEALTH/HOME INFUSION (including enteral therapy)

HOSPICE CARE

THERAPIES & SPECIALTY SERVICES

- Cardiac rehabilitation
- CORF (MA Only)
- Dialysis
- Physical therapy (BH)
- Extended therapy > 12 visits (PT/OT/ST/Wound Care)
- Extended specialty services (>12 visits per individual specialist)

TRANSPLANTS

- Work-ups
- Transplants (excluding corneal)
- Donation

OTHER

- Experimental/investigational services
- Hyperbaric oxygen treatment
- TMJ treatment
- Unlisted codes

Referral Policy (In-Network Participating Specialists)

Community Health Plan is a managed care health plan. Your Primary Care Physician (PCP) must give written or verbal orders before services, equipment, or supplies are provided.

Referral Policy (Out-of-Network Specialists)

You must use in-network providers whenever possible. If you need a referral to an out-of-network specialist, there must be a referral by your PCP in the system for the claim to be paid.

Inpatient Hospitalizations

Hospitals must notify the Plan of all inpatient admissions within the next business day.

Pregnancy Notifications

You do not need prior authorization to get maternity-related services, but you or your provider do need to notify the Plan of your pregnancy. This helps the Plan to identify high-risk members who may need case management services.

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