
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)

DENTAL

- Accidental Dental
- Dental Anesthesia

DRUGS/INJECTABLES*

- 17 Alpha-Hydroxyprogesterone
- Amifostine
- Aranesp/ Darbapoietin/EPO
- Botox™ Injections
- Docetaxel
- Enbrel™
- Gemcitabine
- Growth Hormone Therapy
- Herceptin
- Orendia™
- Oxaliplatin
- Pegfilgrastim
- Remicade™
- Rituxan™
- Synagis™/RespiGam™
- Synvisc™/Hyalgan™
- Tysabri™
- Xolair™

DURABLE MEDICAL EQUIPMENT (DME) / PROSTHETICS

- Bone Growth Stimulators
- Communication Devices
- C-Pap/Bi-Pap Purchase
- Insulin Pumps
- Hospital Beds & Accessories
- Orthotics (custom)
- Oxygen
- Patient Lifts
- Prosthetic Limbs
- TENS Unit
- Ventilators
- Wheelchairs (includes parts & repairs)

HOME HEALTH/INFUSION & HOSPICE CARE*

INPATIENT FACILITIES*

- Inpatient Rehabilitation
- Skilled Nursing Facility/Sub-acute Inpatient

RADIOLOGY

- PET Scan
- MRI/MRA of head, spine and trunk

SURGICAL PROCEDURES

- Bladder Neck Suspension
- Blepharoplasty
- Breast Reduction
- Bunionectomy
- Cochlear Implant
- Hip/knee replacement
- Reconstructive Plastic Surgery & Supplies
- Transplants, except corneal
- Uvulopalatopharyngoplasty

THERAPIES

- Cardiac Rehabilitation
- CORF (MA Only)
- Dialysis (Kidney)
- Physical Therapy (BH)
- Extended Therapy > 12 visits (PT/OT/ST)

TRANSPLANTS *

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

OTHER

- Chemotherapy/Radiation (>60 visits combined)
- Experimental/Investigative Services
- Extended Referrals (>12 visits)
- Hyperbaric Oxygen Treatment
- TMJ/MPD Treatment
- Wound Care

Services listed above, must be reviewed for medical necessity and require prior authorization. Other services not listed may not be a benefit. Please call to verify benefits and coverage.

BH=Basic Health; MA=Medicare Advantage

Information Required to Support Decision-Making

- PCP or Specialist progress or consultation notes
- History and/or physical examination that addresses the problem
- Current notes that show requested service will be ordered or include a prescription for services
- Any other pertinent clinical information to support the request
- Please note that all services must be a covered benefit under the member's plan in order to be reimbursed, however not all services require prior authorization. For eligibility and benefits, please call our Customer Service department at 1-800-440-1561, M-F, 8:00am - 6:00 pm (for Medicare Advantage, please call 1-800-942-0247).

Referral Policy (In-Network Participating Specialists)

Community Health Plan is a managed care health plan and requires written or verbal orders from the member's assigned Primary Care Physician (PCP) prior to all services being rendered or items being dispensed. PCP orders should be the result of a face-to-face encounter with the patient and all PCP orders should include both visit and length of authorization parameters. If verbal orders are given, a note must be written in the patient's medical chart, demonstrating PCP intent to refer.

Referral Policy (Out-of-Network Specialists)

Community Health Plan requires use of in-network providers whenever possible. When circumstances arise that require a referral to an out-of-network specialist, CHP requires a referral be submitted to our Customer Service department. There must be a referral in the system in order for the claim to be paid. Referrals to non-participating providers can be submitted via FAX to (206) 624-7769 or they may be phoned in by calling our Customer Service department at 1-800-440-1561, M-F, 8:00am - 6:00 pm (for Medicare Advantage, please call 1-800-942-0247).

Inpatient Hospitalizations

Community Health Plan requires hospitals to notify the Plan of all inpatient admissions within the next business day. This can be done by faxing the notification to (206) 613-7769 or calling Customer Service at 1-800-440-1561, M-F, 8:00am - 6:00pm (for Medicare Advantage please call 1-800-942-0247).

Pregnancy Notifications

Although Community Health 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 see the "Pregnancy Notification Form" or contact Nicole Kline, RN, BSN at (206) 613-5053 for additional information.

*Case Management Services

Case management is a process that promotes a client's access to care, the containment of costs, the enhancement of quality services and products, the identification of alternative care plans, the increase of a client's awareness of his disease and the facilitation of the member's empowerment over his disease. A case manager's role is advocacy, assessment and coordination of care between multiple providers and the member.

*Some Prior Authorization requests after processing will be automatically referred to Case Management. If you feel your patient would benefit from Case Management services, please complete a referral form that may be found at: www.chpw.org/en/provider/caremgmt/case.php