

*Quick Glance*

The following grid provides a **QUICK GLANCE** look at **ALL** services that require **Prior Authorization** by the CHP and the corresponding criterion used for medical review. **C = CHP criteria M = Milliman Ambulatory Care Guidelines (unless otherwise specified).**

<b>Service/Item</b>	<b>Clinical Criteria</b>	<b>Remarks</b>
Acupuncture	<b>C</b>	See Alternative Care Guideline
Apnea Monitors	<b>C</b>	
Biofeedback Therapy	<b>C</b>	See Alternative Care Guideline
Bladder Neck Suspension	<b>M</b>	
Blepharoplasty	<b>M</b>	
Botox™ Injections	<b>M</b>	
Breast Reduction Mammoplasty	<b>M</b>	
Bunionectomy	<b>M</b>	
Cardiac Rehabilitation	<b>M</b>	
Chiropractic Care	<b>M</b>	
Cochlear Implants	<b>M</b>	
Communication Devices	<b>C</b>	Refer to CHP DME Formulary
Continuous Passive Motion Machine	<b>C</b>	
C-Pap/Bi-Pap Machines	<b>C</b>	
Dental Services	<b>C</b>	
Dialysis (Kidney)	<b>C</b>	CHP Case Manager Referral Required
Enbrel™ (etanercept)	<b>M</b>	
Experimental / Investigational Service	<b>*</b>	*Experimental / Investigational (E/I) services are not covered. For medical review to determine if a service/item is E/I, submit PA request
Growth Hormone Therapy	<b>M</b>	
Hip Replacement Surgery	<b>M</b>	
Home Health Care	<b>M</b>	
Home Infusion Therapy	<b>M</b>	
Hospice Care	<b>C</b>	CHP Case Manager Referral Required
Hospital Beds & Accessories	<b>M</b>	Also refer to CHP DME Formulary
Hyperbaric Oxygen Pressurization	<b>M</b>	
Hypnotherapy	<b>C</b>	See Alternative Care Guideline
Insulin Pumps	<b>M</b>	

**NOTE:** All services are subject to eligibility, benefit limitations and exclusions. Please refer to your 2007 Benefit Grids for more specific information.

<b>Service/Item</b>	<b>Clinical Criteria</b>	<b>Remarks</b>
Knee Replacement Surgery	<b>M</b>	
Massage Therapy	<b>C</b>	See Alternative Care Guideline
Medical Nutritional Therapy	<b>C</b>	
MRI/MRA	<b>M</b>	
Naturopathy	<b>C</b>	See Alternative Care Guideline
Occupational Therapy	<b>M</b>	
Orencia™ (abatacept)	<b>C</b>	
Orthotics	<b>C</b>	Refer to CHP DME Formulary
Osteogenic Bone Stimulators	<b>M</b>	
Oxygen & Supplies	<b>M</b>	
Patient Lifts	<b>C</b>	Refer to CHP DME Formulary
PET Scans	<b>M</b>	
Physical Therapy	<b>M</b>	
Prosthetic Limbs	<b>C</b>	Refer to CHP DME Formulary
Reconstructive Plastic Surgery	<b>M</b>	
Rehabilitation (Inpatient)	<b>C</b>	CHP Case Manager Referral Required.
Remicade™ (infliximab)	<b>C</b>	
Rituxan™ (rituximab)	<b>C</b>	
Skilled Nursing Facility	<b>C</b>	See Rehabilitation (Inpatient) guideline CHP Case Manager Referral Required.
Speech Therapy	<b>M (adult)</b> <b>C (peds)</b>	
Suction Pumps	<b>C</b>	
Synagis™/RespiGam™	<b>M</b>	
TENS Unit	<b>M</b>	
TMJ/MPD Treatment	<b>C</b>	
Transmyocardial Laser Revascularization	<b>M</b>	
Transplants, Bone Marrow	<b>C</b>	Interlink 2005 - 2006
Transplant Donor Search (tissue typing) / Donation	<b>C</b>	Interlink 2005 - 2006
Transplant Work-ups	<b>C</b>	Interlink 2005 - 2006
Transplants, Solid Organ (excluding corneal)	<b>C</b>	Interlink 2005 - 2006
Tysabri™ (natalizumab)	<b>C</b>	
Uvulopalatopharyngoplasty	<b>M</b>	
Ventilators	<b>M</b>	CHP Case Manager Referral Required

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Service/Item	Clinical Criteria	Remarks
Viscosupplementation (Synvisc™/Hyalgan™, etc.)	<b>C</b>	
Wheelchairs	<b>M</b>	
Wound Care	<b>M</b>	
Xolair™ (omalizumab)	<b>M</b>	

To obtain a copy of criteria:

- Community Health Plan guidelines may be obtained from Community Health Plan's web site (chpw.org). A copy of an individual criteria set may be obtained from the web-site, or by calling Community Health Plan customer service (800-440-1561).
- Milliman Care Guidelines are proprietary, and at this time, only Member CHC's have direct access; affiliate clinics and specialist providers may obtain Milliman criteria on a case-by-case basis. To obtain a copy of a specific Milliman guideline, telephone Customer Service (800-440-1561), or email [guidelinerequests@chpw.org](mailto:guidelinerequests@chpw.org). When requesting a guideline, please include your name and telephone number so UM staff can call and discuss your request.

For Medicare Advantage, CHP uses CMS National Coverage Determinations.

- CMS National Coverage Determinations may be found on the CMS website: <http://www.cms.hhs.gov> under the Medicare Coverage Database section.

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