

# 2017 Prior Authorization List and Utilization Guidelines

Effective: May 5, 2017

Services for a specific program may not be a covered benefit; please call Customer Service to verify benefits and coverage or verify online at <https://hip.chpw.org>



COMMUNITY HEALTH PLAN  
of Washington™

Community **HealthFirst**™  
Medicare Advantage Plans



## CLINICAL TRIALS

### DURABLE MEDICAL EQUIPMENT, PROSTHETICS & MEDICAL SUPPLIES

- All DME > \$500 allowed amount per line item or > \$1000 total allowed amount
- Bone growth stimulators
- Chest compression devices
- C-Pap/Bi-Pap
- Enteral Nutrition (21 and over)
- Enteral Pumps
- Hospital beds & accessories
- Oxygen
- Ventilators
- Wheelchair/Scooters
- Wound Vac

### UNLISTED CODES WITH CHARGE GREATER THAN \$500

### EXPERIMENTAL/ INVESTIGATIONAL SERVICES AND DRUGS

### GENETIC COUNSELING AND TESTING NOT RELATED TO PREGNANCY\*

## INJECTABLE DRUGS (Not all brand names are listed)

- Abatacept (Orencia)
- Adalimumab (Humira)
- Ado-trastuzumab Emtansine (Kadcyla)
- Alemtuzumab (Lemtrada)
- Aripiprazole Lauroxil (Aristada) **WAH**
- Belimumab (Benlysta)
- Botulinum Toxin (Botox/ Myobloc/ Dysport/ Xeomin)
- Brentuximab (Adcetris)
- Canakinumab (Ilaris)
- Cetuximab (Erbix)
- Denosumab (Prolia/ Xgeva)
- Docetaxel (Taxotere)
- Ecallantide (Kalbitor)
- Epoprostenol (Flolan, Veletri)
- Erythropoiesis- Stimulating Agents (Darbepoetin/ Epoetin)
- GnRH Agonists (Lupron)
- Golimumab (Simponi, Aria)
- Granulocyte-Colony Stimulating Factor (G-Csf) (Pegfilgrastim, Filgrastim, Sargramostim)
- Growth Hormone (Somatropin)
- Hyaluronic Acid Derivatives (Synvisc/ Hyalgan)
- Hydroxyprogesterone Caproate (Makena)
- **WAH** Pharmacy Benefit  
Please direct prescription to Accredo Specialty Pharmacy, phone 1-800-903-8224  
**MA** Prior Authorization is required.
- Ibandronate (Boniva)
- Infliximab products (Remicade/Inflectra)
- Intravenous/Subcutaneous Immunoglobulin (Gamunex-C, Priviligen)
- Ipilimumab (Yervoy)
- Mepolizumab (Nucala)
- Natalizumab (Tysabri)
- Naltrexone IM (Vivitrol) **WAH**
- Nivolumab (Opdivo)
- Omalizumab (Xolair)
- Paclitaxel (Taxol)
- Paclitaxel, protein bound (Abraxane)
- Nivolumab (Opdivo)
- Omalizumab (Xolair)
- Paliperidone Palmitate (Invega Trinza) **WAH**
- Palivizumab (Synagis)
- Panitumumab (Vectibix)
- Pegloticase (Krystexxa)
- Pembrolizumab (Keytruda)
- Pemetrexed (Alimta)
- Pertuzumab (Perjeta)
- Ramucirumab (Cyramza)
- Ranibizumab (Lucentis)
- Rituximab (Rituxan)
- Trastuzumab (Herceptin)
- Tocilizumab (Actemra)
- Trepstinil (Remodulin)
- Ustekinumab (Stelara)
- Vedolizumab (Entyvio)
- Ziv - Aflibercept (Zaltrap)
- Zoledronic Acid (Reclast, Zometa)

## SUBMITTING YOUR REQUEST:

- Submit all prior authorization requests online through the CHPW Medical Management Portal <https://jiva.chpw.org>
- For assistance with registration, contact **portal.support@chpw.org**
- You may also fax requests:  
**Prior Authorization Requests**  
(206) 613-8873  
**Inpatient Admission Notifications**  
(206) 652-7078
- For Medicare Advantage plans, fax requests:  
**Prior Authorization Requests**  
(206) 652-7065  
**Inpatient Admission Notifications**  
(206) 652-7065

## DOCUMENTATION REQUIRED TO SUPPORT DECISION-MAKING

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

- Current (within 6 months, or more recent depending on condition) history and/or physician examination notes that address the problem and need for services requested
- Relevant lab and/or radiology results
- Relevant specialty consultation notes
- Other pertinent information

## CUSTOMER SERVICE:

1-800-440-1561  
Monday-Friday, 8 a.m.-5 p.m.

Medicare Advantage:  
1-800-942-0247  
Seven days a week, 8 a.m.-5 p.m.

Please visit [www.chpw.org](http://www.chpw.org) regularly for updates to this list.

## WAH FIMC (CLARK & SKAMANIA)

For additional Behavioral Health Service Requirements, please refer to the FIMC & Behavioral Health Services Only PA List located on the PA page.

Legend:

**WAH** = Washington Apple Health & Washington Apple Health FIMC (Clark & Skamania)

**MA** = Medicare Advantage

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*For FIMC/BHSO Mental Health/SUD Requirements in Clark & Skamania Counties, please refer to the FIMC & Behavioral Health Services Only Prior Authorization List located on the PA page.*

**FIMC**= Fully Integrated Managed Care Plan  
**BHSO**= Behavioral Health Services Only Plan

## MENTAL HEALTH

All admissions, planned and urgent, require notification of admission within 24 hours or next business day

- Applied Behavior Analysis **WAH**
- Elective Inpatient Psychiatric Services
- Electroconvulsive Therapy **WAH**
- Repetitive Transcranial Magnetic Stimulation (rTMS) **WAH**
- Neuropsychological Testing

## CHEMICAL DEPENDENCY/ SUBSTANCE ABUSE

- Inpatient and outpatient treatment **MA**

## OUTPATIENT AND SPECIALTY SERVICES

- Chiropractic (> 12 visits **MA** and qualifying **WAH** 20 and under; see Benefits for further info)
- Hyperbaric oxygen treatment
- ST Therapy (>12 visits **MA**; > 6 visits: require a PA 21 and over **WAH**: Must Submit a Benefit Limit Extension Form located on Forms & Tools Page
- PT/OT therapy (> 12 hours **MA** and **WAH** 20 and under require a PA ;> 6 hours **WAH** 21 and over : Must Submit a Benefit Limit Extension Form located on Forms & Tools Page
- Orthoptic/Pleoptic Training
- Spinal Injections **WAH**

## TRANSPLANTS

- Organ donation (living)
- Transplants (excluding corneal)
- Evaluation/Work-Up

## RADIOLOGY

- MRI/MRA
- Dual X-ray Absorptiometry **WAH**
- Proton Beam Radiation Therapy **WAH**
- Intensity Modulated Radiation Therapy **WAH**

## SURGICAL PROCEDURES

- All planned Inpatient procedures
- Bariatric surgery\*
- Cochlear implant
- Endovenous laser/Radiofrequency ablation
- Facet Neurotomy
- Hysterectomy\*
- Mammoplasty (Augmentation/Reduction)
- Reconstructive plastic surgery & supplies
- Rhinoplasty and septoplasty
- Sclerotherapy, leg veins
- Spinal surgeries
- Shoulder Arthroscopy
- Knee Arthroscopy
- Cardiac Stents **WAH**
- Tympanostomy Tubes (16 and under) **WAH**
- Spinal Injections **WAH**
- Extracorporeal Membrane Oxygenation **WAH**

## INPATIENT SERVICES

All admissions, planned and urgent, require notification of admission within 24 hours or next business day

- Planned inpatient services, including surgery
- Inpatient rehabilitation
- Skilled nursing facility
- Administrative Days following denial of inpatient days require prior authorization.

## UNLISTED CODES WITH CHARGE GREATER THAN \$500

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**MA** = Medicare Advantage

\* Additional forms may be required; found at [chpw.org/for-providers/prior-authorization-and-medical-review](https://chpw.org/for-providers/prior-authorization-and-medical-review)

## 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) for an in-network provider, 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.

**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

CHPW requires notification of all inpatient admissions, planned and urgent, within 24 hours or next business day.

All planned admissions also require prior authorization.

### PREGNANCY NOTIFICATION

Although CHPW does not require prior authorization for maternity-related services, notification of pregnancy is required. Please complete the Pregnancy Notification Form at [www.chpw.org](https://www.chpw.org) or contact our Maternity Case manager at (206) 652-7124 for additional information.

### DIALYSIS NOTIFICATION

Although CHPW does not require prior authorization for dialysis-related services, notification of dialysis is required. Please complete the Dialysis Notification Form at [www.chpw.org](https://www.chpw.org) or contact our Case Management Team at 1-800-336-5231 for additional information.

### BENEFIT AND COVERAGE LIMITATIONS

This PA list is not all-inclusive. Please refer to the HCA Provider Billing Guidelines Manual and/or Fee Schedule. For Medicare coverage limitations, please refer to the National Coverage Guidelines and/or Local Coverage Guidelines. Failure to obtain the required prior authorization may result in a denied claim. Services are subject to benefit coverage, limitations and exclusions as described in plan coverage guidelines.

Please refer to the PA Code Lookup Tool for additional details on services listed on the PA List.