

2018 Prior Authorization List and Utilization Guidelines

December 20, 2018

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



Services

- All clinical trials require prior authorization
- All experimental or investigational drugs and services require prior authorization
- All genetic counseling or testing not related to pregnancy requires prior authorization
- All inpatient and outpatient substance use disorder treatment for Medicare patients requires prior authorization
- All unlisted codes with a charge greater than \$500 require a prior authorization
- All unclassified biologics require a prior authorization

Durable Medical Equipment, Supplies and Prosthetics

- All DME over \$500 allowed amount per line item or over \$1000 total allowed amount.
- Bone growth stimulators
- Chest compression devices
- C-Pap/Bi-Pap
- Oral Enteral Nutrition Therapy: Exception to the Rule required for Apple Health Members age 21 and older.
- Enteral Nutrition Thickeners: Prior Authorization required for Apple Health members under one year old.
- Enteral Pumps
- Hospital beds & accessories
- Oxygen
- Ventilators
- Wheelchair/Scooters
- Wound Vac

Professionally Administered Medications

A, B, C

Abatacept (Orencia)
Adalimumab (Humira)
Ado-trastuzumab emtansine (Kadcyla)
Alemtuzumab (Lemtrada)
Aprepitant (Cinvanti)
Aripiprazole lauroxil (Aristada)
Atezolizumab (Tecentriq)
Avelumab (Bavencio)
Belimumab (Benlysta)
Benralizumab (Fasenra)
Botulinum toxins (such as Botox, Myobloc, Dysport, Xeomin)
Brentuximab vedotin (Adcetris)
Canakinumab (Ilaris)
Cetuximab (Erbix)
D-G
Darbepoetin alfa (Aranesp)
Denosumab (Prolia)
Denosumab (Xgeva)
Durvalumab (Imfinzi)
Ecallantide (Kalbitor)
Epoetin alfa (such as Epogen, Procrit, Retacrit)
Epoetin beta (Mircera)
Epoprostenol (such as Flolan, Veletri, generics)
Filgrastim (such as Neupogen, Zarxio, Nivestym)
Fremanezumab-vrfm (Ajovy)
GnRH Agonist (Lupron)
Golimumab (Simponi Aria)
Granisetron extended release (Sustol)

H, I

Hyaluronic acid derivatives (such as Euflexxa, Gel-One, Gelsyn-3, GenVisc_850,

Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz/Supartz FX, Synvisc, Synvisc-One)

Hydroxyprogesterone caproate (Makena) injection for intramuscular use

Ibandronate (Boniva)

Immune Globulin Intravenous (IVIG) (Bivigam, Carimune NF Nanofiltered, Flebogamma DIF, Gammagard Liquid, Gammagard S/D < 1 mcg/dL in 5% solution, Gammaked, Gammaplex, Gamunex-C, Octagam, Privigen Liquid)

Immune globulin subcutaneous (such as Cuvitru, Hizentra)

Infliximab products for IV infusion - Remicade (infliximab), Inflectra (infliximab-dyyb), Renflexis (infliximab-abda)

Ipilimumab (Yervoy)

J-N

Mepolizumab (Nucala) injection for subcutaneous use

Nanoparticle albumin bound paclitaxel (Abraxane)

Natalizumab (Tysabri)

Nivolumab (Opdivo)

O, P

Ocrelizumab (Ocrevus) injection for intravenous use

Omalizumab (Xolair) injection for subcutaneous use

Paclitaxel (Taxol)

Paliperidone palmitate (Invega Trinza, Invega Sustenna)

Palivizumab (Synagis)

Panitumumab (Vectibix)

Pegfilgrastim (such as Neulasta, Neulasta Onpro)

Pegloticase (Krystexxa)

Pembrolizumab (Keytruda)

Pemetrexed (Alimta)

Pertuzumab (Perjeta)

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Q-T

Ramucirumab (Cyramza)
Ranibizumab (Lucentis)
Reslizumab (Cinqair)
Rituximab (Rituxan), Rituximab hyaluronidase (Rituxan hycela)
Romiplostim (Nplate)
Sargramostim (Leukine)
Somatotropin (such as Genotropin, Humatrope, Norditropin, Serostim, Zorbtive)
Tbo-filgrastim (Granix)
Tocilizumab (Actemra)
Trastuzumab (Herceptin)
Trepstinil (Remodulin)

U-Z

Unclassified Biologics, All
Ustekinumab (Stelara)
Vedolizumab (Entyvio)
Zoledronic acid (Reclast)
Zoledronic acid (Zometa)
Ziv-aflibercept (Zaltrap)

Inpatient, Outpatient, and Specialty Services

OUTPATIENT AND SPECIALTY SERVICES

- Chiropractic: Prior Authorization required for Medicare Advantage members who need more than 12 visits, and for qualifying Apple Health/IMC members who are age 20 and under and need more than 12 visits.
- Hyperbaric Oxygen Treatment
- Speech Therapy: Prior Authorization required for Medicare Advantage member who need more than 12 visits. Apple Health/IMC members who are age 21 and over and need more than 6 visits have to submit a Benefit Limit Extension Form.
- Physical/Occupational Therapy:
- Prior Authorization required for Medicare Advantage members needing more than 12 visits.
- Prior Authorization required for Apple Health/IMC members who are age 20

and under and need more than 12 visits.

- Apple Health/IMC members who are age 21 and over and need more than 6 hours have to submit a Benefit Limit Extension Form.
- Orthoptic/Pleoptic Training
- Spinal Injections: Prior Authorization required for Apple Health/IMC members.

INPATIENT SERVICES

All admissions, planned and urgent, require notification of admission within 24 hours or next business day. Submit an **Inpatient**

Admission Form.

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

Mental Health Services

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

- Applied Behavior Analysis (Washington Apple Health/Integrated Managed Care/BHSO)
- Elective Inpatient Psychiatric Services (Integrated Managed Care/BHSO)
- Electroconvulsive Therapy (Washington Apple Health/Integrated Managed Care/BHSO)
- Repetitive Transcranial Magnetic Stimulation (rTMS) (Washington Apple

Health/Integrated Managed Care/BHSO)

- Neuropsychological Testing

Pharmaceutical Formulary (any drug not listed in the formulary will require prior authorization) Refer to the 2017 Formulary at <http://www.chpw.org/for-providers/pharmacy/>

Radiology, Surgical Procedures, and Transplants

RADIOLOGY

- MRI/MRA
- Proton Beam Radiation Therapy (Washington Apple Health/FIMC)
- Intensity Modulate Radiation Therapy (Washington Apple Health/FIMC)

SURGICAL PROCEDURES

- All planned Inpatient procedures
- Bariatric surgery (additional forms may be required, found here)
- Cochlear implant
- Endovenous laser/Radiofrequency ablation
- Facet Neurotomy
- Hysterectomy (additional forms may be required, found here)
- Mammoplasty (Augmentation/Reduction)
- Reconstructive plastic surgery & supplies
- Rhinoplasty and septoplasty
- Sclerotherapy, leg veins
- Spinal surgeries
- Shoulder Arthroscopy
- Knee Arthroscopy
- Spinal Injections (Apple Health/IMC) All planned Inpatient procedures

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TRANSPLANTS

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

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 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 or contact our Case Management Team at 1-800-440-1561 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.

2017 Prior Authorization List and Utilization Guidelines

January 2, 2018

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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.

CLARK & SKAMANIA

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