2020 Prior Authorization List and Utilization Guidelines Medical & Surgical

Effective: January 1, 2020

Services for a specific program may not be a covered benefit. Please call Customer Service to verify benefits and coverage or verify online at mychpw.chpw.org/en/provider

CLINICAL TRIALS

DURABLE MEDICAL EQUIPMENT, PROSTHETICS & MEDICAL SUPPLIES
- All DME > $500 allowed amount
- Bone growth stimulators
- Chest compression devices
- C-Pap/Bi-Pap
- Enteral Nutrition (21 and over)
- Enteral Pumps
- Hospital beds & accessories
- Ventilators
- Wheelchair/Scooters
- Wound Vac

UNLISTED CODES WITH CHARGE GREATER THAN $250
Medical necessity documentation and pricing must be submitted with the request

EXPERIMENTAL/INVESTIGATIONAL SERVICES AND DRUGS

GENETIC TESTING NOT RELATED TO PREGNANCY

PRIVATE DUTY NURSING AND HOME HEALTH
- Any service provided in the home (RN, OT, PT, ST) requires prior authorization

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
- 21 and over WAH 21 and over: Must Submit a Benefit Limit Extension Form located on Forms & Tools Page
- Orthoptic/Pleoptic Training
- Spinal Injections WAH

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

IMAGING/RADIOLOGY
- MRI/MRA
- Proton Beam Radiation Therapy WAH
- Intensity Modulated Radiation Therapy 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.

SURGICAL PROCEDURES
- All planned Inpatient procedures
- Bariatric surgery
- Cochlear implant
- Endovascular laser/ Radiofrequency ablation
- Facet Neurotomy
- Hip Arthroplasty WAH
- Hysterectomy
- Mammoplasty (Augmentation/Reduction)
- Reconstructive plastic surgery & supplies
- Rhinoplasty and sepolasty
- Sclerotherapy, leg veins
- Spinal surgeries
- Shoulder Arthroscopy
- Knee Arthroscopy
- CardiacStents WAH
- Spinal Injections WAH
- Extracorporeal Membrane Oxygenation WAH

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.

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

REFERRAL POLICY
PCP to PCP Referrals:
If you are the member’s assigned PCP or group, an authorization to provide primary care is required from the Plan.

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.
https://forms.chpw.org/pclt

Legend:
WAH = Washington Apple Health & Washington Apple Health IMC
MA = Medicare Advantage

Updated: 02/21/2020