



## New Procedure Code Lookup Tool Coming Soon

CHPW is excited to announce a new Procedure Code Lookup Tool launching November 1, 2019.

With the new tool, you can search for services by procedure code and line of business to determine:

- If a prior authorization (PA) is required (indicates “yes” or “no”)
- If the service is a covered benefit (indicates “covered” or “not covered”)
- The benefit requirements (limits, frequency, etc.)
- Whether clinical review is needed
- Specific clinical criteria CHPW uses and documentation needed for prior authorization review

Please note:

- If you select the Washington Apple Health Behavioral Health Services Only (BHSO) plan, the lookup tool provides PA and coverage information for **behavioral health benefits only**. Medical benefits for BHSO members are not provided.
- For Medicare Advantage supplemental benefits (acupuncture, naturopathy, dental, meals, ride share, etc.), refer to the Member Benefit Grids for coverage information, <https://www.chpw.org/for-providers/care-and-case-management/member-benefits> or <https://medicare.chpw.org/provider-center/provider-resources/>. Some of these services are defined by provider specialty rather than procedure code, or are services covered outside the claims system, and therefore will not be listed within the tool.
- For Medicare Advantage, refer to local coverage determinations (LCD) and/or national coverage determinations (NCD) for full clinical criteria.

See also the “Examples” section at the end of this bulletin.

## Accessing the Lookup Tool

**Beginning November 1, 2019**, use the **new** lookup tool at <https://forms.chpw.org/pclt> **in addition to** the existing Prior Authorization list:

- Medicaid: <https://www.chpw.org/for-providers/prior-authorization-and-medical-review/>
- Medicare Advantage: <https://medicare.chpw.org/provider-center/prior-authorization/>





The Procedure Code Lookup Tool is not intended to replace the use of the Prior Authorization list, nor is the tool necessarily complete. Providers should only use this tool as a supplement to and after first consulting the Prior Authorization list.


### Questions?

If you have questions about the Procedure Code Lookup Tool, please email Customer Service at [customercare@chpw.org](mailto:customercare@chpw.org).

### Examples

Here are some examples from the new tool.

### Medicaid Plan

Procedure Code Lookup Tool

Select a Plan

Select One ▾

**This tool does not guarantee payment**

*Eligibility verification is required. Member must be covered as of the time/date of service.*


*Failure to obtain the required prior authorization may result in a claim denial.*

*Refer to the Member Medical/Behavioral Health Benefit Book, Medicare Advantage Evidence of Coverage or the Benefit Grids for additional information on coverage.*

*For Medicare coverage and limitations, please refer to the National Coverage Guidelines and/or Local Coverage Guidelines.*

*PCP to PCP referrals: if you are NOT the member's assigned PCP or group, an authorization to provide primary care services is required from the plan.*

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Select a Plan

Medicaid ▾

Is the member being admitted to an inpatient facility?

Yes  No

Are services being performed in an Emergency Department?

Yes  No

Are professional services being rendered in the home (does not include delivery of DME or supplies)?

Yes  No

Procedure Code

99484





**Selected Procedure Information**

**Procedure Code:**

99484

**Procedure Description:**

CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS; OUTPATIENT

**Line of Business:**

Medicaid - Apple Health

**Prior Authorization Required:**

Yes

**Prior Authorization Conditional Descriptions:**

Age 20 and under. Prior Authorization required.

**Benefit Status:**

Covered

**Benefit Requirements:**

\*Not Covered. Age 21 and older Not Covered by HCA\*

**Clinical Needed:**

Yes

**Clinical Criteria Used Medicaid:**

**Clinical Documentation Needed:**

No

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*Failure to obtain the required prior authorization may result in a claim denial.*

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*For Medicare coverage and limitations, please refer to the National Coverage Guidelines and/or Local Coverage Guidelines.*

*PCP to PCP referrals: if you are NOT the member's assigned PCP or group, an authorization to provide primary care services is required from the plan.*


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## Behavioral Health Services Only (BHSO) Plan

Procedure Code Lookup Tool

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Select a Plan

BHSO ▼

Behavioral Health Services Only (BHSO) members have coverage for behavioral health services through CHPW. Prior Authorization guidance for medical services does not apply for BHSO members

Is the member being admitted to an inpatient facility?

Yes  No

**This tool does not guarantee payment**

*Eligibility verification is required. Member must be covered as of the time/date of service.*

*Failure to obtain the required prior authorization may result in a claim denial.*

*Refer to the Member Medical/Behavioral Health Benefit Book, Medicare Advantage Evidence of Coverage or the Benefit Grids for additional information on coverage.*

*For Medicare coverage and limitations, please refer to the National Coverage Guidelines and/or Local Coverage Guidelines.*

*PCP to PCP referrals: if you are NOT the member's assigned PCP or group, an authorization to provide primary care services is required from the plan.*

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