Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Prescriptions , Pharmacy, Drugs	Please visit CHPW's searchable formulary (http://chpw.org/for-members/pharmacy/apple-health-formulary) to look up current formulary status of medications	Refer to searchable formulary to look up current status of medications.	Yes	Yes	See Prescriptions, Pharmacy, Covered by HCA only and EXCLUDED (Not Covered by HCA or CHPW) in this grid.
Medical Injectable Drugs, injections	For current prior authorization requirements for injectable drugs visit the Prior Authorization website: http://chpw.org/for-providers/prior-authorization-and-medical-review/	Refer to PA list Note: All Unclassified biologics (J3590) require a prior authorization.	Yes	Yes	See Prescriptions, Pharmacy, Covered by HCA only and EXCLUDED (Not Covered by HCA or CHPW) in this grid.
Prescriptions, Pharmacy: Medication Assisted Therapy, MAT	Prior Authorization required: • Buprenorphine monotherapy: • Buprenorphine not combined with Naloxone is covered only in pregnancy and naloxone allergies (NOT nausea/vomiting). • Buprenorphine/naloxone maximum daily dose = 32mg/day.	• If PA is required, provider and member must sign MAT form to be submitted by pharmacy to Express Scripts. Maximum approval length is 6 months. • See "Medication Assisted Treatment" guidelines and forms at http://chpw.org/for-providers/documents-and-tools/	Yes	Yes	Not Covered

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Prescriptions, Pharmacy COVERED BY HCA ONLY (includes the generic equivalents): • Brineura • Crysvita eff. 1/1/19 New • Eterplirsen (Exondys 51) • Kymriah • Luxterna eff. 7/1/18 • Palynziq eff. 1/1/19 New • Radicava • Spinraza • Yescarta • Hepatitis C medication • Hemophilia medication	Covered by HCA Only	Covered by HCA Only	Covered by HCA Only	Covered by HCA Only	Covered by HCA Only
Prescriptions, pharmacy: EXCLUDED (Not Covered CHPW or HCA): • Alternative Medicines • Herbal medicines • Homeopathy For Treatment of: • Impotence • Infertility • Sexual Dysfunction • Weight loss	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

COMMUNITY HEALTH PLAN of Washington™

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Vaccinations, Shots, immunizations, flu	• PA Required if outside of age or dose limits. • Refer to searchable formulary to verify requirements: http://chpw.org/for-members/pharmacy/apple-health-formulary	• PA not required when administered by the Primary Care Provider, Participating Pharmacy or the Public Health Dept. • Routine vaccines are administered according to the Centers for Disease Control (CDC) schedule for adults and children in the U.S. • Travel vaccines not covered. • Nasal flu vaccine, FluMist™ Covered for the 2019-2020 flu season.	Yes	Yes	Not Covered
Allergy Testing/Serum	Not Required	Not Required	Yes	Yes	Not Covered
Surgeries,surgery:	Check Prior Authorization list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/	Prior authorization	Yes	Yes	Not Covered
Mammogram: Screening	Not required		Yes	Yes	Not Covered
Injections: B12 Injections	Not Required		Yes	Yes	Not Covered
Vocational Rehabilitation	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Wound Care: Outpatient	Not Required		Yes	Yes	No, Not Covered

COMMUNITY HEALTH PLAN of Washington™

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Rehabilitation: Outpatient Physical Therapy, PT	• PA is required for any Optometrist performing physical therapy (Orthoptic, Pleoptic Therapy). - EXCEPTION: This requirement is waived when services are performed in a Neurodevelopmental Center of Excellence. • Age 20 and younger, PA is required after 12 visits per calendar year for additional PT services. - EXCEPTION: This requirement is waived when services are performed in a Neurodevelopmental Center of Excellence. • Age 21 and over, after 6 Hours PT per calendar year submit a Benefit Limit Extension form		• The evaluation and reevaluation is limited to 1 per member, per provider, per calendar year, not included in 6 hr limit • 6 Hour PT limit per calendar year. Additional PT requires a Benefit Limit Extension form.	• Evaluation and reevaluations are not limited and are not included in the 12 visits. • Age 20 and younger, PA is required after 12 visits per calendar year for additional PT services. - EXCEPTION: This requirement is waived when services are performed in a Neurodevelopment Center of Excellence.	Not Covered
Screening, Brief Intervention, Referral and Treatment (SBIRT) IMC also has Mental Health: Brief Intervention Treatment and Substance Use Disorder: Brief Intervention.	Not required	SBIRT 1 screening and 4 brief interventions so total of 5 units for these two codes (99408 & 99409) per year	Yes, when client is age 18 or older	Not covered for members younger than 17 years of age	Not Covered
Genetic Counseling	Not Required	Genetic Counseling is covered for non pregnant adults and children when performed by a health care professional appropriately credentialed by the Dept. of Health (DOH).	Yes.	Yes.	Provider must bill the HCA directly for prenatal genetic counseling provided for MCO clients. HCA Criteria must be met.
Genetic Testing: Non-Prenatal	Refer to PA list		Yes	Yes	Not Covered
Genetic Testing: Prenatal	Refer to PA list		Yes	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Allergy Injections	Not Required		Yes	Yes	Not Covered
Allergy Office Visit	Not Required		Yes	Yes	Not Covered
Acupuncture	• Extra visits after initial 6, require prior approval • Extra visits are only considered in cases of chronic pain or opioid use disorder.	Must be in CHPW provider network • Only acupuncturists and naturopaths with dual license covered • Only acupuncture needle treatment covered. All other services not covered, e.g. herbs, salves • No referral required. • King County – Benefit Eff. Date 06/01/19 • Other Counties – Benefit Eff. Date 08/01/19	• Services allowed 6 times, between effective date and December 31, 2019. • 6 Visits per calendar year, effective 2020 • Any unused visits do not roll over into the next calendar year	Yes, when client is age 18 or older	Not covered for members 17 years of age and younger
Alternative Care: Biofeedback Therapy	Not required		Yes	Yes	Not Covered
Alternative Care: Chiropractic Treatment	Required when more than 12 visits are billed for children when requirements are met.	Age 20 and younger. EPSDT exam from PCP must be on file to allow Chiro Treatment.	Not Covered for age 21 years or older.	See requirements	Not Covered
Alternative Care: Homeopathy	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Alternative Care: Hypnotherapy	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Alternative Care: Massage Therapy	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Alternative Care: Naturopathic Physicians (Naturopathy)	Not required	• CHPW contracts with Naturopaths for Specialty Care services that fall within the scope of the Naturopath's license. • Every service or treatment provided by a Naturopath may not be covered under the member's plan. • Naturopath providers contracted with CHPW as specialists may not refer members for other services. The member must contact the PCP for referral to other specialists.	Yes	Yes	Not Covered
Osteopathic Manipulative Therapy	Not required	LIMITED benefit: Ten (10) osteopathic manipulations per calendar year are covered by the health plan, only when performed by a plan Doctor of Osteopathy (D.O.).	Yes	Yes	Not Covered
Ambulance: Ground	Not Covered	Not covered	Not Covered	Not Covered	All transportation covered by the HCA. Effective 01/01/18
Ambulance: Air	Not Covered	Not covered	Not Covered	Not Covered	All transportation covered by the HCA. Effective 01/01/18
Ambulance: Facility-To- Facility	Not Covered	Not covered	Not Covered	Not Covered	All transportation covered by the HCA. Effective 01/01/18
Attention Deficit, ADD, ADHD	See Applied Behavior Health Services, ABA	See Applied Behavior Health Services, ABA			Not Covered
Birth Defects And Congenital Anomalies: Office Visits	Not Required		Yes	Yes	No Covered
Birth Defects And Congenital Anomalies: Surgical Treatment	Required	Also see, Surgeries: Reconstructive, Plastic Surgery and Supplies	Yes	Yes	Not Covered

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
DME: Breast Pumps (Manual)	Not Required	• Purchase only. Limit of 1 per client per lifetime. • If client received a kit during hospitalization, an additional kit will not be covered.	Yes	Yes	Not Covered
DME: Breast Pumps (Electric)	Not Required	• Not hospital grade pump, purchase only. Limit of 1 per client per lifetime. • Hospital grade electric pump, only rental allowed • If client received a kit during hospitalization, an additional kit will not be covered.	Yes	Yes	Not Covered
Maternity Support Services	Not Covered	No Covered	Not Covered	Not Covered	Part of the First Steps Program. Call 1-800-322-2588.
Blood/Blood Component	Not Required	Covered, including but not limited to, synthetic factors, plasma expanders, and their administration	Yes	Yes	Not Covered
Cardiac Rehabilitation	Not Required		Yes	Yes	Not Covered
Circumcision: Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Osteopathic Manipulative Therapy	Not Required		Yes	Yes	Not Covered
Hearing Aid: Surgically-implanted hearing assistance devices (Cochlear, BAHA)	PA Required age 20 and younger: • Cochlear/BAHA Implant PA Required age 21 and older: • Removal or repair requires prior authorization • New implants are not covered for age 21 and older		New implants are not covered age 21 and older. PA required for removal or repair.	Replacement parts including batteries are covered. PA is required if parts are over $500 per line item or over $1000 total charges.	No, Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Complications from Non-Covered Service	Prior authorization may apply: Please visit Prior Authorization on the CHPW website: http://chpw.org/for-providers/prior-authorization-and-medical-review/	Covered after 90 days from the date the Non-covered Service was performed.	See requirements	See requirements	Not Covered
Cosmetic Services	Not covered, including tattoo removal, face lifts, ear or body piercing	Prior Authorization required for reconstructive plastic surgery & supplies (not cosmetic surgery)	Not covered	Not Covered	Not Covered
Court Ordered Services	See Mental Health and Substance Use Disorder services	See Mental Health and Substance Use Disorder services	See Mental Health and Substance Use Disorder services	See Mental Health and Substance Use Disorder services	See Mental Health and Substance Use Disorder services
Court Ordered Transportation Services, including ambulance services	Not Covered	Not Covered	Not Covered	Not Covered	All transportation/ambulance covered by the HCA. Effective 01/01/18
Custodial/Convalescent Care	Not Covered	Not Covered	Not Covered	Not Covered	Contact ALTSA (Aging and Long Term Support Administration) https://www.dshs.wa.gov/altsa
Dental: Anesthesia for Dental Services In Hospital	Not Covered	Not Covered	• CHPW covers the related facility charges for dental services performed under anesthesia.	• CHPW covers the related facility charges for dental services performed under anesthesia.	• HCA covers professional charges for dental care/services provided by a dentist or an oral surgeon EXCEPTION: • CHPW covers one pre-operative (E/M) visit by the PCP prior to dental services under anesthesia to provide medical clearance.
Dental: Accidental Services	Not required	Dental care/services provided by a dentist or an oral surgeon related to an emergency, is covered by the HCA.	Yes	Yes	Dental care/services provided by a dentist or an oral surgeon related to emergency, is covered by the HCA. CHPW covers the related facility charges.

COMMUNITY HEALTH PLAN of Washington™

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Dental: Routine Services	Not Covered	Not Covered	• CHPW covers the related facility charges for dental services performed under anesthesia.	• CHPW covers the related facility charges for dental services performed under anesthesia.	• HCA covers professional charges for dental care/services provided by a dentist or an oral surgeon EXCEPTION: • CHPW covers one pre-operative (E/M) visit by the PCP prior to dental services under anesthesia to provide medical clearance.
Dental: Medically Necessary Services	Some related diagnostic tests and services may require a PA e.g. MRI, Surgery, Refer to PA list. http://www.chpw.org/for-providers/prior-authorization-and-medical-review/	• Dental care/services provided by a dentist or an oral surgeon, is covered by the HCA. • Also see, Temporomandibular Joint (TMJ) & Myofacial Pain.	Yes	Yes	Dental care/services provided by a dentist or an oral surgeon, is covered by the HCA. CHPW covers the related facility charges, when medically necessary.
Developmental Disabilities (see Applied Behavioral Health Services, ABA)	See Applied Behavior Health Services, ABA		Not Covered.	See Applied Behavior Health Services, ABA	Not Covered
Dialysis (hemodialysis, peritoneal, renal (kidney failure)	• PA is not required for dialysis. • Some drugs do require PA • For current prior authorization requirements for injectable drugs visit the Prior Authorization website: http://chpw.org/for-providers/prior-authorization-and-medical-review/	Notification of dialysis is required. Please complete the Dialysis Notification Form at www.chpw.org or contact our Case Management Team at 1-866-418-7003 for additional information.	Yes	Yes	Not Covered
DME: Apnea Monitor	Not Required	Limited to under 1 yr. of age and six (6) months of rentals	Not Covered	Yes	Not Covered
DME: Bra, Bras, Post Surgical	Not Required	Yes, 2 bras covered post mastectomy only. Limit 2 per year.	Yes	Yes	Not Covered
DME: Communication Devices	Not Required		Yes.	Yes.	Not Covered
DME: C-pap/Bi-Pap 3 month rental, auto-Titration	Required		Yes.	Yes.	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
DME: C-pap/Bi-pap Purchase	Required		Yes.	Yes.	Not Covered
DME, Pharmacy: Diabetic Supplies	Not Required		Yes	Yes	Not Covered
DME: Incontinent Supplies (briefs, pull-ups, Liners)	Not Required		Yes, adult 20 years of age and older: • Disposable briefs and pull-up pants (any size) are limited to 150 per month. • Disposable pant liners, shields, guards, pads, and undergarments are limited to 200 per month.	Yes, child age 3 to 20 years of age: • Disposable briefs and pull-up pants (any size) are limited to: 200 per month. • Disposable pant liners, shields, guards, pads, and undergarments are limited to 200 per month.	Not Covered
DME: Enteral Therapy Formula	• Required for 21 years of age and older. • Required for enteral nutrition (thickeners) for children under 1 year old. Link to HCA guidelines: https://www.hca.wa.gov/assets/billers-and-providers/Enteral-nutrition-bi-20171001_0.pdf	PA is not required for ages 1 through 20.	Yes	Yes	Not Covered
DME: Enteral Therapy Pump (Infusion Services)	Required	Prior Authorization	Yes	Yes	Not Covered
DME: Fracture Frames	• PA for rental required • PA for purchase required only if $500.00 or greater		Yes	Yes	Not Covered
DME: Hospital Bed	Refer to PA list		Yes	Yes	Not Covered
DME: Humidifiers	Not Required		Yes	Yes	Not Covered
DME: Insulin Pump (Infusion Services)	Not Required		Yes	Yes	Not Covered
DME: Lymphedema Sleeve	Not Required	Covered as part of cancer treatment	Yes	Yes	Not Covered
DME: Nebulizer	Not Required	Purchase only	Yes	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
DME: Oseogen (Bone Growth Stimulator)	Refer to PA list		Yes	Yes	Not Covered
DME: Oxygen & Related Equipment	Refer to PA list		Yes	Yes	Not Covered
DME: Prenatal Therapy and Supplies	Not Required		Yes	Yes	Not Covered
DME: Patient Lifts	Not required		Yes.	Yes.	Not Covered
DME: Suction Pumps	Not Required		Yes	Yes	Not Covered
DME: Chest Compression Devices	Refer to PA list		Yes	Yes	Not Covered
DME: Cough Stimulating Devices	Not required		Yes	Yes	Not Covered
DME: Wound Vac	Refer to PA list		Yes	Yes	Not Covered
Medical Nutrition Therapy	Not Required	• Covered for clients under age 21 • Must be referred by PCP after an EPSDT screening	Not Covered	Yes	Not Covered
DME: TENS Unit (Covered under Medicare only)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
DME: Trapeze Bars	Not Required		Yes	Yes	Not Covered
DME: Ventilators And Related Equipment	Refer to PA list		Yes	Yes	Not Covered
DME: Wheelchairs, Scooters	Required		Yes	Yes	Not Covered
Emergency Room Services	Not Required		Yes	Yes	Not Covered
Experimental / Investigational Services and Drugs	Refer to PA list		Refer to PA list	Refer to PA list	Not Covered
Prosthetics, Eye Ball Polishing	Not Required		Yes	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Vision:Eye Exam, fitting fees, refractions, visual fields (Routine)	Not Required		Effective 11/01/20 Age 21 and older: •Members must obtain routine eye exams from a provider in the Superior Vision Network •Prior to 11/01/20 eye exams covered for any CHPW contracted provider •Limit one eye exam every 2 calendar years	•Age 20 and younger: •Limit - One every year. •Members may self refer to contracted providers for routine eye exams	Not Covered
Vision: Eye Exam, Medical Condition (diagnose and treat)	Not Required		Yes	Yes	Not Covered
Vision: Eyeglasses and eyeglasses adjustments and repair. (Hardware)	Not Required		Effective 11/01/20 Age 21 and older: • new vision hardware (eyeglasses) benefit. • Contacts are not covered. • Members must obtain eyeglasses from a provider in the Superior Vision Network • One (1) pair of glasses every 24 months for adults age 21 and older. • Free frames. Ask your Superior Vision Network provider for the selection. • If frames are chosen that are not included in the 'free' selection, member cost share will apply. • Basic lenses (single vision, bifocal, and trifocal) are covered. Other options, tinting, etc. are not covered but available if member wants to pay the cost share. •Repair of glasses or replacement	Children under age 21: •Initial eyeglasses for children are not covered by CHPW. Vision Hardware only available through Correctional Industries (CI) Optical. Orders for eyeglasses are submitted by the optical provider to CI Optical. •Repair and adjustments of eyeglasses (spectacles) is covered by CHPW for children under age 21.	Not Covered

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Pharmacy, Family Planning: Birth Control, Contraception Emergency and Over The Counter (OTC)	Not Required	Emergency contraceptive pills, condoms, gels, foams and creams covered without prescription from a pharmacy or participating clinic	Yes	Yes	Not Covered
Pharmacy, Family Planning: Birth Control, Contraception, Implants, Injections, IUD	Not Required	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network, then services are covered for HCA contracted providers by Fee-for-Service.	Yes	Yes	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network, then services are covered for HCA contracted providers by Fee-for-Service.
Maternity Services, Home Delivery: Outpatient	Not required	Member may self-refer to CHPW contracted women's health care providers. If the provider is not in network, then a Plan Approved Referral is required.	Yes	Yes	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network without a Plan Referral, then services are covered for HCA contracted providers by Fee-for-Service.
Maternity Services: Inpatient	Not Required	Hospital Notification Required	Yes	Yes	Not Covered
Family Planning: Outpatient (includes observations) preventive, pap tests, mammograms	Not Required	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network, then services are covered for HCA contracted providers by Fee-for-Service.	Yes	Yes	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network, then services are covered for HCA contracted providers by Fee-for-Service.
Family Planning: Office Visits	Not Required	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network, then services are covered for HCA contracted providers by Fee-for-Service.	Yes	Yes.	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network, then services are covered for HCA contracted providers by Fee-for-Service.

COMMUNITY HEALTH PLAN of Washington™

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Family Planning, Maternity: Home Delivery	Not Required	Member may self-refer to CHPW contracted women's health care providers. If the provider is not in network, then a Plan Approved Referral is required.	Yes. Parent must fill out the CHP newborn selection form within 60 days of child's birth to ensure child eligibility.	Yes. Parent must fill out the CHP newborn selection form within 60 days of child's birth to ensure child eligibility.	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network without a Plan Referral, then services are covered for HCA contracted providers by Fee-for-Service.
Family Planning, Maternity: Newborn Care	Not Required	Greater than 5 days in the hospital requires a separate Hospital Notification. Less than 5 days is covered under Mom's Notification	Yes, However parent must fill out the HP newborn selection form within 60 days of child's birth to ensure child eligibility	Yes, However parent must fill out the HP newborn selection form within 60 days of child's birth to ensure child eligibility	Not Covered
Family Planning: Sterilization for Women(includes tubal ligation)	Not Required	Member may self-refer to CHPW contracted women's health care providers. If provider is not in network, then services are covered for HCA contracted providers by Fee-for-Service.	Yes, must be older than 21 years of age and sign a consent form and wait 30 days after signature. (30 day requirement may be waived in cases of premature delivery or emergency abdominal surgery.)	No, Not Covered	Yes, for member less than 21 years old and those who do not Meet other federal requirements. They must sign a consent form and wait 30 days.
Forensic Exam	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Health Education And Wellness Programs: Asthma Education	Not Required	Yes, covered up to 6 combined (group and/or individual) visits per calendar year for asthma.	Yes	Yes	Not Covered
Health Education And Wellness Programs: Diabetic Education	Not Required	Yes, up to six hours of diabetes education/diabetes management per client, per calendar year.	Yes	Yes	Not Covered
Health Education And Wellness Programs: Nutritional Counseling	Not Required	• Covered for clients under age 21 • Must be referred by PCP after an EPSDT screening	Not Covered	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Hearing aids: Non-surgical, hearing hardware	Required when hearing aid is greater than $500.00.		Covered for one or both ears depending on medical necessity. Includes ear mold. Rental of hearing aid (s) for up to 2 months is covered while a client's own hearing aid (s) is being repaired.	Covered	Not Covered
Hearing Exams (audiology)	Not Required	Yes, examinations to determine hearing loss.	Yes	Yes	Not Covered
HIV/Aids- Screening	Not Required		Yes	Yes	Not Covered
Out of Area Coverage: Routine, Preventive Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Home Health Agency, Home Health Care	Required Eff. 01/01/19	Services related to the Home Health care may also require additional prior authorization, for example medication, physical therapy, enteral nutrition. Review Prior Authorization list for related services. Link: http://chpw.org/for-providers/prior-authorization-and-medical-review/	Yes	Yes	Not Covered
Home Infusion Therapy	Not Required for Home Infusion Services. Services related to the Home Infusion may require prior authorization, for example medication and oral enteral feeding. Review Prior Authorization list:http://www.chpw.org/for-providers/prior-authorization-and-medical-review/		Yes	Yes	Not Covered
Home intrauterine Activity Monitoring (Fetal heart Monitor)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Home Phototherapy Hyperbilirubinemia	Not Required		Yes	Yes	Not Covered
Hospice Care, Home	Not Required for Hospice Services. Services in relation to Hospice Care may require prior authorization, for example medication and DME in the home. Review Prior Authorization list for related services. http://www.chpw.org/for-providers/prior-authorization-and-medical-review/		Yes	Yes	Not Covered
Hospital Care: Inpatient Hospice	Not Required	Hospital notification is required for all admissions	Yes	Yes	Not Covered
Hospital Care: Inpatient	• Prior authorization is required for all planned inpatient stays • Prior authorization is required for Administrative days	Hospital notification is required for all admissions	Yes	Yes	Not Covered
Hospital Care: Outpatient Surgery	Refer to PA list		Yes	Yes	Not Covered
HPV (Human papilloma Virus) Test	Not Required		Yes CDC recommendations: Catch-up Vaccine through 26 years of age	Yes CDC recommendations: Adult 27 through 45 years of age	Not Covered
Hyperbaric Oxygen Pressurization	Refer to PA list		Yes	Yes	Not Covered
Vaccinations, immunizations: meningococcal vaccine	• Required if outside of age or dose limits. • Refer to searchable formulary to verify requirements. (http://chpw.org/for-members/pharmacy/apple-health-formulary)	No requirement when administered by the Participating Pharmacy, Primary Care Provider and or the Public health department (Participating Provider Only)	Yes	Yes	Not Covered
Incarcerated Care	Not Covered. Effective 07/01/2017	Not Covered Effective 07/01/2017	Not Covered. Effective 07/01/2017	Not Covered. Effective 07/01/2017.	Covered by Health Care Authority

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Infertility, Impotence and Sexual Dysfunction	Not Covered	Not covered, including but not limited to testing and treatment of infertility, sterility, artificial insemination, sterilization reversal and in vitro fertilization.	Not Covered	Not Covered	Not Covered
Interpreter Services: Medical Services (not Mental Health)	Not Required	Not covered, if not mental health related. See HCA Column for additional services available when not mental health related. See Mental Health: Interpreter in this grid if mental health related.			For medical encounters and HCA Fair Hearings, refer to the HCA. Interpreter services only covered for administrative issues such as handling member complaints and appeals. Interpreter must be certified with the HCA.
IV Therapy: Outpatient	Not Required for Infusion Services. Services related to the Infusion may require prior authorization, for example medication and oral enteral feeding. Check Prior Authorization list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/		Yes	Yes	Not Covered
IV Therapy: Home	Not Required for Home Infusion Services. Services related to the Home Infusion may require prior authorization, for example medication and oral enteral feeding. Check Prior Authorization list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/		Yes	Yes	Not Covered
Learning Disabilities	See Applied Behavior Health Services, ABA		Not Covered	See Applied Behavior Health Services, ABA	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Lymphedema Treatment	Not Required	Covered as part of cancer treatment.	Yes	Yes	Not Covered
Mammogram: Diagnostic	Not Required		Yes	Yes	Not Covered
Manipulation of Spine & Extremities (see Chiropractic)	(see Chiropractic care and osteopathic manipulation)	(see Chiropractic care and osteopathic manipulation)	(see Chiropractic care and osteopathic manipulation)	(see Chiropractic care and osteopathic manipulation)	(see Chiropractic care and osteopathic manipulation)
Mental Health: Inpatient Acute Care Facility Psychiatric Admission (Behavioral Health Unit or Free Standing Hospital)	Prior authorization for planned admits. Notification of emergent and voluntary admits required within 24 hours.	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Mental Health: Inpatient Acute Care Professional Services, Counseling, Therapy Services, Individual, Group	Based on Facility Authorization. If Facility stay is authorized the Professional Services are authorized.	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes. Effective 01/01/2017	Yes. Effective 01/01/2017	Not Covered
Vaccinations, immunizations: Shingles (Herpes Zoster)	• Required if outside of age or dose limits. • Refer to searchable formulary to verify requirements. (http://chpw.org/for-members/pharmacy/apple-health-formulary)	No requirement when administered by the Participating Pharmacy, Primary Care Provider and or the Public health department (Participating Provider Only)	ZOSTAVAX - 90736: 60 years of age and older SHINGRIX - 90750: 50 years of age and older	No	Not Covered
Unlisted Codes with Charge more than $250.00	Required	Unlisted codes is the actual, AMA description of the service. Medical necessity documentation and pricing must be submitted with the request. Example: 43499, Unlisted procedure, esophagus.	Yes	Yes	Not Covered
Mental Health: Outpatient Treatment	See specific Mental Health Service.	See specific Mental Health Service.	See specific Mental Health Service.	See specific Mental Health Service.	See specific Mental Health Service.
Methadone Treatment	See Opiate Substitution Treatment Services	See Opiate Substitution Treatment Services	See Opiate Substitution Treatment Services	See Opiate Substitution Treatment Services	See Opiate Substitution Treatment Services

COMMUNITY HEALTH PLAN of Washington™

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Neurodevelopment Therapy	Not Required	Only for Children ages 20 and under. Not covered for adults.	No.	Yes.	Not Covered
Mental Health: Neuropsychological Testing, Also see Psychological Assessment	Required	Prior Authorization	Yes	Yes	Not Covered
Obesity Services, Weight Reduction and Control Services	Not Covered	Not Covered, weight-loss drugs, weight-loss products, gym memberships, or equipment for the purpose of weight reduction.	Not Covered	Not Covered	Not Covered
Occupational Injuries	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Office Visit	Not required		Yes	Yes	Not Covered
Orthoptic, Pleoptic Therapy, eye exercises, eye training	Required	Prior Authorization	Yes	Yes	Not Covered
Out of Area Coverage: Urgent Care Within the U.S and U.S. Territories Only	Not Required	No requirement (par/non-par)	Yes	Yes	Not Covered
Out of Area Coverage: Inpatient Within the U.S and U.S. Territories Only	Required	Prior Authorization	Yes	Yes	Not Covered
Out Of Area Coverage: Emergency Room, ER Within the U.S and U.S. Territories Only	Not Required	No Requirement (par / non-par)	Yes	Yes	Not Covered
Outpatient Diagnostic and Therapeutic Radiology, Xray, Image	Refer to PA list		Yes	Yes	Not Covered
Outpatient Diagnostic: Laboratory Services	Refer to PA list		Yes	Yes	Not Covered
Outpatient Therapeutic and Diagnostic Radiology Service, Xray, Image	Refer to PA list		Yes.	Yes.	Not Covered
Pain Clinic: Office Visits	Not Required		Yes.	Yes.	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Pain Clinic: Outpatient Rehabilitation	Refer to PA list		Yes.	Yes.	Not Covered
Pain Clinic: Treatment (e.g. nerve block, epidural)	Refer to PA list		Yes.	Yes.	Not Covered
Pain Management	Refer to PA list		Yes.	Yes.	Not Covered
Hospice Care: Palliative Care	Not Required	Covered in conjunction with hospice care.	Yes.	Yes.	Not Covered
Pathology Services	Not Required	No Requirement needed (par/Non-Par)	Yes	Yes	Not Covered
Physical Exams, Preventive Care, Sports Physicals for ages 6 through 18.	Not Required	• Sports Physicals only for ages 6 through 18 • Sports Physicals not covered 19 years of age and greater.	Yes	Yes	Not Covered
PKU (Phenylketonuria) Formula	Not Required		Yes	Yes	Not Covered
PKU (Phenylketonuria) Screening	Not Covered	Not Covered	Not Covered	Not Covered	Yes, refer to HCA for newborn screenings for PKU and other metabolic disorders
Podiatry (including diabetic foot care)	Not Required	Routine care foot care not covered. Foot care must be medically necessary only for an acute condition, an exacerbation of a chronic condition, or presence of a systemic condition such as metabolic, neurologic, or peripheral vascular disease.	Age 21 and older	Not Covered	Not Covered
Prescriptions, Pharmacy: Inpatient Drugs	Not Required	Included with Inpatient Hospital Stay (Hospital Notification Required)	Yes	Yes	Not Covered
DME: Durable Medical Equipment	Some DME requires prior authorization, check procedure codes for details. All DME with a purchase price greater than $500.00 allowed amount.		Yes	Yes	Not Covered
Out of Area: Prescriptions, Pharmacy, Drugs	Approved on a case-by-case basis by CHPW pharmacy for emergencies only	Approved on a case-by-case basis by CHPW pharmacy for emergencies only	See requirements	See requirements	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Prescriptions, Pharmacy: Outpatient Drugs	Please visit CHPW's searchable formulary (http://chpw.org/for-members/pharmacy/apple-health-formulary) to look up current formulary status of medications	Yes, must be purchased at a participating pharmacy. Generic drugs will be dispensed unless the generic equivalent is not available.	Yes	Yes	Not Covered
Prescriptions, Pharmacy: Mail Order Prescriptions	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescriptions, Pharmacy: Take Home Drugs	Please visit CHPW's searchable formulary (http://chpw.org/for-members/pharmacy/apple-health-formulary) to look up current formulary status of medications	Yes, must be purchased at a participating pharmacy. Generic drugs will be dispensed unless the generic equivalent is not available.	Yes	Yes	Not Covered
Preventive Care, well-child checks, screening colonoscopies, Pap tests, mammograms, bone density testing, Early and periodic screening with diagnosis and treatment (EPSDT)	Not Required	No requirement when performed by the PCP.	Yes	Yes	Not Covered
DME: Prosthetics and Orthotics (Prostheses)	Check Prior Authorization list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/		Yes	Yes	Not Covered
Pulmonary Rehabilitation	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Radiation & Chemotherapy	Check Prior Authorization list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/	Yes, some agents require Prior Authorization	Yes	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Radiation & Chemotherapy: Oral Chemotherapy	Check prior authorization list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/	Yes, some agents require Prior Authorization	Yes	Yes	Not Covered
Radiation & chemotherapy: Injectable And Infused Chemotherapy	Check prior authorization list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/	Yes, some agents require Prior Authorization	Yes	Yes	Not Covered
Rehabilitation: Inpatient	Required	Prior authorization is required for all planned inpatient stays	Yes	Yes	Not Covered
Rehabilitation: Outpatient Occupational Therapy, OT	• PA is required for any Optometrist performing occupational therapy (Orthoptic, Pleoptic Therapy). EXCEPTION: This requirement is waived when services are performed in a Neurodevelopmental Center of Excellence. • Age 20 and younger, PA is required after 12 visits per calendar year for additional OT services. EXCEPTION: This requirement is waived when services are performed in a Neurodevelopmental Center of Excellence. • Age 21 and over, after 6 Hours OT per calendar year submit a Benefit Limit Extension form		• The evaluation and reevaluation is limited to 1 per member, per provider, per calendar year, not included in 6 hr. limit • 6 Hour OT limit per calendar year. Additional OT requires a Benefit Limit Extension form	• Evaluation and reevaluations are not limited and are not included in the visit limit. • Age 20 and younger, PA is required after 12 visits per calendar year for additional OT services. - EXCEPTION: This requirement is waived when services are performed in a Neurodevelopment Center of Excellence.	Not Covered

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Rehabilitation: Outpatient Speech Therapy, ST	• Not Required • Age 21 and over, after 6 Visits ST per calendar year, submit a Benefit Limit Extension form	Not Required	• The evaluation and reevaluation is limited to 1 per member, per provider, per calendar year, not included in 6 hr. limit. • 6 visit ST limit per calendar year. Additional ST requires a Benefit Limit Extension form	Effective 01/01/16 for age 20 and under, PA not required. No unit or hour limit.	Not Covered
Respite Care - See Hospice and Mental Health Care	Respite Care - See Hospice and Mental Health Care	Respite Care - See Hospice and Mental Health Care	Respite Care - See Hospice and Mental Health Care	Respite Care - See Hospice and Mental Health Care	Respite Care - See Hospice and Mental Health Care
Reversal of Sterilization	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Saliva Testing	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
School Nurse Services	Not Covered	Not Covered	Not Covered	Not Covered	Only for special education students with individual/family special education plan (IFSP). School bills fee-for-service.
Screening Exams: (preventive) Colorectal (colonoscopy)	Not Required		Yes	Yes	Not Covered
Screening Exams: (preventive)	Not Required	No requirement when performed by the PCP	Yes	Yes	Not Covered
Sexual Reassignment Surgery, Transgender Surgery, Transsexual Surgery	Not Covered	Not Covered	Not covered	Not Covered	May be covered by HCA
Skilled Nursing Facility, Inpatient, SNF	Required	Prior authorization is required for all planned inpatient stays	Yes	Yes	If care is no longer medically necessary and changes to custodial care, fax form to DSHS: • Notice of Action – Adult Residential Services Form • FAX to DSHS at 855-635-8305. Must include the date the client's status changed. • Link to form: https://www.dshs.wa.gov/fsa/forms

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Sleep Study	Not Required	Covered for obstructive sleep apnea and narcolepsy diagnoses only.	Yes	Yes.	Not Covered
Smoking, Tobacco, Nicotine Cessation: Services	Not Required		Yes, Ages 18 and older are covered through Alere Quit-for-Life smoking cessation program. For questions, please call 1-866-784-8454.	Not covered for members younger than 18.	Not Covered
Smoking, Tobacco, Nicotine Cessation: Pharmacy, Prescription, Drugs, Nicotine Replacement	Please visit CHPW's searchable formulary (http://chpw.org/for-members/pharmacy/apple-health-formulary) to look up current formulary status of medications	Covered 112 units allowed per year (365 days)	Yes	Yes	Not Covered
Substance Abuse (See Substance Use Disorder)	See Substance Use Disorder	See Substance Use Disorder	See Substance Use Disorder	See Substance Use Disorder	See Substance Use Disorder
Surgeries,Surgery: Abortion, Spontaneous (miscarriage)	Not required	Member may self-refer to contracted women's health care providers. If provider is not in network then services are covered by Fee-for-Service.	Yes	Yes	Family planning providers not under contract with an agency-contracted MCO must bill using fee-for-service when providing services to MCO clients who self-refer outside their MCO.
Surgeries,surgery: Abortion, Elective	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Surgeries: Ambulatory Surgery (outpatient or same day surgery)	Check prior authorization list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/		Yes.	Yes.	Not Covered
Surgeries: Bariatric Surgery/ Weight Loss Procedures	Required for the 3-stage program for bariatric surgery	Not intended to treat obesity	Yes	Yes	Not Covered
Surgeries,surgery: Mammoplasty	Required	Covered, initial reconstruction mammoplasty is covered regardless of whether the member was covered by CHP at the time of the original mastectomy.	Yes	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Surgeries: Breast Reduction Surgery (Mammoplasty)	Required		Yes	Yes	Not Covered
Surgeries: Cosmetic or Plastic Surgery. Including tattoo removal, face lifts, ear or body	Not covered, including tattoo removal, face lifts, ear or body piercing	Prior Authorization required for reconstructive plastic surgery & supplies (not cosmetic surgery)	Not Covered	Not Covered	Not Covered
Surgeries: Eye Surgery (Lasik®)(for vision improvement)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Surgeries: Eye Surgery (laser) (for a medical condition)	Check prior authorization list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/	Surgeries for a medical condition such as glaucoma, retinal detachment and cataracts are covered.	Yes	Yes	Not Covered
Surgeries,surgery: Mastectomy	If cancer related not required.	All planned inpatient admits require prior authorization.	Yes	Yes	Not Covered
Surgeries: Reconstructive, Plastic Surgery and Supplies	Required	Covered for the following: Plastic & reconstructive services (including implants after a mastectomy) To correct a physical disorder following an injury or incidental to covered surgery	Yes	Yes	Not Covered
Surgeries,surgery: Skin Tag Removal	Not Required	Only covered when performed by the member's assigned PCP.	Yes	Yes	Not Covered
Surgeries,surgery: Tonsillectomy and Adenoidectomy	Not Required		Yes	Yes	No, Not Covered
Surgeries,surgery: UPP (Uvulopalatopharyngoplasty)	Not Required		Yes	Yes	No, Not Covered
Surgeries,surgery: Vasectomy	Not Required	Must be more than 21 years of age, sign the consent form and must wait 30 days after signature	See requirements	Not Covered For members 20 and younger.	Refer to HCA if less than 21 years old and those who do not meet other federal requirements.
Temporomandibular Joint (TMJ) & Myofacial Pain	Related services may require a PA e.g. MRI, Surgery, refer to PA list: http://www.chpw.org/for-providers/prior-authorization-and-medical-review/	Medical treatment only. Services provided by a dentist or an oral surgeon, is covered by the HCA. CHPW covers the related facility charges, when medically necessary.	Yes	Yes	Dental care/services provided by a dentist or an oral surgeon, is covered by the HCA. CHPW covers the related facility charges, when medically necessary.

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Transplants: Corneal Transplant	Not required	Hospital Notification	Yes	Yes	Not Covered
Transplants: Organ Donation, Tissue Donation & work-up related to Transplants (Excludes Corneal)	Required Exception: Corneal Transplants do not require prior authorization	Yes, transplants for: heart, kidney, liver, bone marrow, lung, heart-lung, pancreas, kidney-pancreas, cornea & peripheral blood stem cell .	Yes	Yes	Not Covered
Habilitative Services	PA required for ages 21 and older for more than 6 hours of any therapy service.	"• A diagnosis from the Habilitative table must be submitted as the primary diagnosis. Refer to HCA diagnosis list: https://www.hca.wa.gov/assets/billers-and-providers/habilitative.pdf • 96 modifier for Habilitative care must be submitted in addition to the standard therapy modifiers. (SZ modifier termed 12/31/2017).	Ages 21 and older: Separate reimbursement for Evaluation and re-evaluation. Not included in 6 hour limit. • 6 Hours Occupational Therapy • 6 Hours Physical Therapy • 6 Visits Speech Therapy (Untimed)	Ages 20 and younger, unlimited habilitative services.	Not Covered
Transplants: Organ Donation, Tissue Donation, evaluation & work-up related to Transplants (Excludes Corneal)	Required	Organ recipient must be a CHPW member. Donor's initial medical expenses relating to harvesting of the organ's as well as the costs of treating complications directly resulting from the procedure.	Yes	Yes	Not Covered
Transplants: Transplant Donor Search	Required	Yes, covered up to 15 searches per calendar year.	Yes	Yes	Not Covered
Transportation (from and to office visits) home to office or from PCP to specialist.	Not Covered, effective 01/01/18	Not Covered, effective 01/01/18	Not Covered, effective 01/01/18	Not Covered, effective 01/01/18	All transportation/ambulance covered by the HCA. Effective 01/01/18
Urgent Care	Not Required	No referral requirements for urgent care services performed by a Par or Non-Par provider	Yes	Yes	Not Covered
Prescriptions, Pharmacy: Vitamins	Not Required	Prescription required. Some vitamins are covered through the pharmacy benefit. Not covered if over the counter.	Yes	Yes	Not Covered

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Inpatient (All Planned Admissions)	Required		Yes	Yes	Not Covered
Clinical Trials	Required	Prior authorization	Yes	Yes	Not Covered
Mental Health: Outpatient, Applied Behavioral Analysis, ABA, Autism, ADHD	Yes, age 20 and under. Pre-Service Prior Authorization required and continued treatment every six months.	Prior Authorization	Not Covered. Age 21 and older	Yes	Not Covered
Mental Health: Outpatient, Electroconvulsive Therapy (ECT)	Yes, Pre- Service Prior Authorization required for initiation, continuation and maintenance treatment.	Beyond 6 sessions is subject to MD review for initial and ongoing maintenance.	Yes.	Yes.	Not Covered
Mental Health: Outpatient, Psychiatric evaluations. This is different from IMC Mental Health: Intake Evaluation.	If more than one in a calendar year, by the same provider, PA required.	If more than one in a calendar year, by the same provider, PA required.	Yes.	Yes.	Not Covered
Mental Health: Brief Intervention Treatment, Individual, Family, Group (in addition to SBIRT)	Not Required		Yes	Yes	Not Covered
Mental Health: Crisis	Not Required	Evaluation and treatment for patient in crisis. Crisis hotline available 24 hours a day.	Yes	Yes	Not Covered
Mental Health: Outpatient Day Support, Intensive Outpatient (IOP), Partial Hospitalization (PHP) high intensity services	Authorization is not required for Outpatient Day Support Authorization is required for Intensive Outpatient (IOP) and Partial Hospitalization Program (PHP) and Day Treatment.		Yes	Yes	Not Covered
Mental Health: Family Treatment	Only Required when: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services	Professional inpatient services related to an inpatient psychiatric admission is now covered by CHPW, effective 01/01/2017.	Yes	Yes	Not Covered

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Mental Health: Freestanding Evaluation and Treatment	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Mental Health: Group Treatment Services	Only Required when: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services	Professional inpatient services related to an inpatient psychiatric admission is now covered by CHPW, effective 01/01/2017.	Yes	Yes	Not Covered
Mental Health: High Intensity Outpatient Treatment (intensive services)	Notification required for initial 6 month of services, followed by ongoing concurrent review. Additional authorization required to extend past 6 months.	Evaluation and treatment for patient in crisis. Crisis hotline available 24 hours a day.	Yes	Yes	Not Covered
Mental Health: Individual Treatment Services	Only Required when: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services	Professional inpatient services related to an inpatient psychiatric admission is now covered by CHPW, Effective 01/01/2017.	Yes	Yes	Not Covered
Mental Health: Intake Evaluation	Not Required		Yes	Yes	Not Covered
Mental Health: Medication Management	Not Required		Yes	Yes	Not Covered
Mental Health: Medication Monitoring	Not Required		Yes	Yes	Not Covered
Mental Health: Inpatient Residential Setting	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Mental Health: Inpatient Rehabilitation Facility	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Mental Health: Peer Support (Community Support Services)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services • Engagement and Outreach • Mental Health Rehabilitation Case Management • Mental Health Peer Support • SUD Case Management • SUD Recovery Support	Yes	Yes	Not Covered
Mental Health: Psychological Assessment Neuropsychological Testing	Required		Yes	Yes	Not Covered
Mental Health: Psychological Assessment Psychological Testing	Not required for first 2 units (hours) in a lifetime. Required for additional units (benefit exception request).	Not required for first 2 units (hours) in a lifetime. Required for additional units (benefit exception request).	Yes	Yes	Not Covered
Mental Health: Rehabilitation Case Management (Community Support Services)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services • Engagement and Outreach • Mental Health Rehabilitation Case Management • Mental Health Peer Support • SUD Case Management • SUD Recovery Support	Yes	Yes	Not Covered
Mental Health: Special Population Evaluation	Not Required		Yes	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Mental Health: Stabilization Services (Crisis)	Required when inpatient psychiatric place of service (51) or service is submitted with UD (WA-PACT) modifier	Required when inpatient psychiatric place of service (51) or service is submitted with UD (WA-PACT) modifier	Yes	Yes	Not Covered
Mental Health: Therapeutic Psychoeducation (Education)	Not Required		Yes	Yes	Not Covered
Mental Health: Care Coordination Services	Not Required		Yes	Yes	Not Covered
Mental Health: Child and Family Team Meetings	Not Required		Yes	Yes	Not Covered
Mental Health: Co-occurring Treatment	Not Required		Yes	Yes	Not Covered
Mental Health: Engagement and Outreach (Community Support Services)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services • Engagement and Outreach • Mental Health Rehabilitation Case Management • Mental Health Peer Support • SUD Case Management • SUD Recovery Support	Yes	Yes	Not Covered
Mental Health: Housing and Recovery through Peer Services (HARPS)	Not Required		Yes	Yes	Not Covered
Mental Health: Interpreter Services	Not Required		Yes	Yes	Not Covered

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Mental Health: Court Ordered Involuntary Treatment Investigation, Court Ordered Involuntary Commitment (Crisis)	Not Required	• All inpatient admits require notification. •CHPW Blind/Disabled member (plan FIMCBD/FHB) covered by the HCA	Yes	Yes	These services for members on the CHPW plan FIMCBD/FHB, are covered by the HCA.
Mental Health: Clubhouse	Not Required		Yes	Yes	Not Covered
Mental Health: Request for Services Not Crisis	Not Required		Yes	Yes	Not Covered
Mental Health: Respite Care	Not Required		Yes	Yes	Not Covered
Mental Health: Supported Employment	Not Required		Yes	Yes	Not Covered
Mental Health: Court Ordered Testimony for Involuntary Treatment Services	Not Required		Yes	Yes	Not Covered
Mental Health: Evidence Based Practice Children's Mental Health	Not Required		No	Yes	Not Covered
Mental Health: Court Ordered Jail Services Community Transition	Refer to Beacon	Refer to Beacon	Yes	Yes	Not Covered
Mental Health: Court Ordered Offender Re-Entry Community Safety Program (ORCSP)	Refer to Beacon	Refer to Beacon	Yes	Yes	Not Covered
Mental Health: WA-PACT	Notification required for initial 6 month of services, followed by ongoing concurrent review. Additional authorization required to extend past 6 months.		Yes	Yes	Not Covered

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Mental Health:Wraparound Services intensive services, WISe	Notification not required for WISe services however, WISe providers must notify CHPW of any member who does not meet CANS assessment for WISe services.		NO for over age 21.	Yes	Not Covered
Mental Health: Inpatient Acute Care Facility Psychiatric Admission (Behavioral Health Unit or Free Standing Hospital)	Prior authorization for planned admits. Notification of emergent and voluntary admits required within 24 hours.	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Mental Health: Inpatient Acute Care Professional Services, Counseling, Therapy Services, Individual, Group	Not required	Not required	Yes. Covered by CHPW, effective 01/01/2017.	Yes. Covered by CHPW, effective 01/01/2017.	Not Covered
Mental Health: Outpatient, Repetitive Transcranial Magnetic Stimulation, rTMS	Yes, Pre-service Authorization Required for Initial or Acute Treatment.	Prior Authorization	Yes.	Yes.	Not Covered
Mental Health: Out of Area Coverage: Within the U.S and U.S. Territories Only	Required	Prior Authorization	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Assessment (initial)	Not Required	Must be done by CDP or CDPT under the supervision of a CDP. Includes DUI assessment.	Yes	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Substance Use Disorder: Outpatient Case Management (Community Support Service)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services • Engagement and Outreach • Mental Health Rehabilitation Case Management • Mental Health Peer Support • SUD Case Management • SUD Recovery Support	Yes	Yes	Not Covered
Substance Use Disorder: Opiate Substitution Treatment Services	Not Required	The drug, Naltrexone IM (Vivitrol) does require prior authorization. Prescribing and dispensing of an approved medication does not require prior authorization.	Yes	Yes	Not Covered
Substance Use Disorder: Outpatient, Brief Outpatient Treatment - Individual, Family, Group	Only Required when: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services		Yes	Yes	Not Covered
Substance Use Disorder: Outpatient Intensive Outpatient Treatment - Individual, Family, Group	Only Required when: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services		Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Intensive Short Term Residential Facility	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Substance Use Disorder (SUD): Inpatient Intensive Short Term Residential Professional Services	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Long Term Residential Facility	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Long Term Residential Professional Services	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Recovery House Residential Facility	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Recovery House Residential Professional Services	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder: Brief Intervention (Withdrawal Management)	Not Required		Yes	Yes	Not Covered
Substance Use Disorder (SUD): Inpatient Acute Withdrawal Management, Detoxification	No prior authorization if emergent, notification within 24 hours required.	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder: Alcohol Information School Drug Information School	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Interim Services	Not Required	Services provided until Individual is admitted to SUD treatment program.	Yes	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Substance Use Disorder: Recovery Support (Community Support Service)	Required after 16 hours of Community Support Services within 60 days .	Community Support Services include: • Community Psychiatric Supportive Treatment • Comprehensive Community Support Services • Psychosocial Rehabilitation Services • Engagement and Outreach • Mental Health Rehabilitation Case Management • Mental Health Peer Support • SUD Case Management • SUD Recovery Support	Yes	Yes	Not Covered
Substance Use Disorder: Court Ordered Involuntary Commitment (Crisis)	Not Required	• All inpatient admits require notification. •CHPW Blind/Disabled member (plan FIMCBD/FHB) covered by the HCA	Yes	Yes	These services for members on the CHPW plan FIMCBD/FHB, are covered by the HCA.
Substance Use Disorder: Sobering Services	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Pregnant, Post Partum or Parenting (PPW) Women's Housing Support Services	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Crisis	Not Required	Evaluation and treatment for patient in crisis. Crisis hotline available 24 hours a day.	Yes	Yes	Not Covered
Substance Use Disorder: Brief Intervention (in addition to SBIRT)	Not Required		Yes	Yes	No, Not Covered
Substance Use Disorder (SUD):Inpatient Rehabilitation	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered

Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Substance Use Disorder (SUD):Inpatient Residential	Required	Required for any facility-based service providing 24 hours/day and 7 days per week services	Yes	Yes	Not Covered
Substance Use Disorder: Medication Management	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Medication Monitoring	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Request for Services, Not Crisis	Not Required		Yes	Yes	Not Covered
Substance Use Disorder: Out of Area Coverage: Within the U.S and U.S. Territories Only	Required	Prior Authorization	Yes	Yes	Not Covered
Vaccinations, immunizations: HPV (Human papilloma virus) Vaccine GARDASIL® HPV	• Required if outside of age or dose limits. • Refer to searchable formulary to verify requirements. (http://chpw.org/for-members/pharmacy/apple-health-formulary)	No requirement when administered by the Primary Care Provider and /or the Public health department (Participating Provider Only)	Yes. Ages 19 through 26	Yes. Ages 9 through 18.	Not Covered
Injections: Hydroxyprogesterone Caproate (Makena)	• Pharmacy Benefit Only • PA Required	Direct prescription to Accredo Specialty Pharmacy Telephone Number 1-800-903-8224.	Pharmacy Benefit Only	Pharmacy Benefit Only	Not Covered
Surgeries,surgery:Tympanostomy Tubes for age 16 and under	Not Required		Yes	Yes	Not Covered
Surgeries,surgery: Extracorporeal Membrane Oxygenation	Not Required	Prior authorization	Yes	Yes	Not Covered

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Benefit or Service	Prior Authorization	Requirements	Adults Covered Age +20 unless otherwise specified	Children Covered Age 20 & Younger unless otherwise specified	Medicaid coverage through the HCA
Telehealth, Telemedicine, TelePsych (medical services, mental health, substance use disorder)	• Network Providers, prior authorization is not required • Non-network Providers, prior authorization is required		Yes	Yes	Not Covered
Private Duty Nursing (for children)	Required	Prior Authorization	Not covered for ages 18 and older	Covered ages 17 or younger	Private Duty Nursing for ages 18 and older, refer to the HCA.
Dental: Facility Charges ONLY	Not Required	CHPW covers only the facility charges when service is performed by a dentist or oral surgeon.	Covered	Covered	• HCA covers professional charges for dental care/services provided by a dentist or an oral surgeon EXCEPTION: • CHPW covers one pre-operative (E/M) visit by the PCP prior to dental services under anesthesia to provide medical clearance.