COMMUNITY HEALTH PLAN of Washington™
MEDICARE ADVANTAGE

Washington Apple Health

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 ;> 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

IMAGING/RADIOLOGY RADIOLOGY

- MRI/MRA
- 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
- Hip Arthroplasty `WAH`
- Hysterectomy
- Mammoplasty (Augmentation/Reduction)
- Reconstructive plastic surgery & supplies
- Rhinoplasty and septoplasty
- Sclerotherapy, leg veins
- Spinal surgeries
- Shoulder Arthroscopy
- Knee Arthroscopy
- Cardiac Stents `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.

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.

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.

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