# 2019 Prior Authorization List and Utilization Guidelines
## Medical & Surgical

**Effective:** January 1, 2019

**Services for a specific program may not be a covered benefit; please call Customer Service to verify benefits and coverage or verify online by clicking on this link at [hip.chpw.org](http://hip.chpw.org)**

### CLINICAL TRIALS

### DURABLE MEDICAL EQUIPMENT, PROSTHETICS & MEDICAL SUPPLIES
- All DME > $500 allowed amount per line item or > $1000 total allowed amount
- Bone growth stimulators
- Chest compression devices
- C-Pap/Bi-Pap
- Enteral Nutrition (21 and over)
- Enteral Pumps
- Hospital beds & accessories
- Oxygen
- Ventilators
- Wheelchair/Scooters
- Wound Vac

### UNLISTED CODES WITH CHARGE GREATER THAN $500

### EXPERIMENTAL/INVESTIGATIONAL SERVICES AND DRUGS

### GENETIC TESTING NOT RELATED TO PREGNANCY

### PRIVATE DUTY NURSING AND HOME HEALTH

### 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

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

### imaging/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
- Mammaplasty
- Mammoplasty (Augmentation/Reduction)
- Reconstructive plastic surgery & supplies
- Rhinoplasty and septoplasty
- Sclerotherapy, leg veins
- Spinal surgeries
- Shoulder Arthroscopy
- Knee Arthroscopy
- Cardiac Stents WAH
- Tympanostomy Tubes 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.**

**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

**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 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.