




	Click Here for CHCN's Provider Portal			
 COMMUNITY HEALTH CENTER NETWORK	Community Health Center Network (CHCN) PRIOR AUTHORIZATION GRID Before services are provided PLEASE CHECK Provider Portal for: *Member Eligibility *Benefit Coverage *Contracted Provider Questions --Call CHCN at 510-297-0220 5/1/2017	Non-Covered Benefit	Authorization Required	No Authorization Required
All Services from non-contracted providers	Excluding sensitive services		√	
All Out-of-Area Services	Outpatient and office		√	
Bariatric psychiatric evaluations			√	
Biofeedback	Refer to plan Evidence Of Coverage (EOC) for exceptions	√		
Cataract spectacles and lenses			√	
Cataract Surgery	AAH		√	
	ABC		√	
Laser Surgery				√
Cardiac Rehab			√	
Children's Developmental Evaluations				√
Chiropractic services	Refer to plan			
Clinical Trials			√	
Cosmetic Services	Excluding reconstructive or certain transgender surgeries. Refer to plan EOC	√		
Custodial Care Services		√		
Coumadin Clinic Services				√
Dental Care	Medi-Cal: IV Sedation and general anesthesia		√	
	Refer to plan EOC for coverage criteria and exceptions			
	Group Care: Covered through Public Authority	√		
Dermatology	PA required for the following services performed in office by Dr. Min-Wei (Christine) Lee: MOHS (removal of cancerous tissue), advanced closures and excisions			√
	Keloid Scar Treatments such as 5-FU, cryotherapy, surgery, radiation, laser therapy (effective 5/1/17)		√	
	Keloid Scar Treatments such Topical pressure/silicone gel, intralesional steroid injection (effective 5/1/17)			√
Diabetes Self-Management			√	
Diagnostic and Laboratory Services	Lab tests performed by Quest Diagnostics			√
	Lab tests performed by providers other than Quest Diagnostics		√	
	All genetic testing performed by Quest Diagnostics		√	
Dialysis	AAH: Refer to plan.			√
	ABC: Extended authorizations for 6 months		√	
	AAH: Submit CHME DME Prior Authorization (PA) form to CHME: Phone: 1-800-906-0626; fax: 650-357-8551; email: aaquestions@chme.org; aaquestions@chme.org		√	

 COMMUNITY HEALTH CENTER NETWORK	Community Health Center Network (CHCN) PRIOR AUTHORIZATION GRID Before services are provided PLEASE CHECK Provider Portal for: *Member Eligibility *Benefit Coverage *Contracted Provider Questions --Call CHCN at 510-297-0220 5/1/2017	Non-Covered Benefit	Authorization Required	No Authorization Required
Durable Medical Equipment/Repair	ABC: Submit CHCN Prior Authorization form to CHCN, ONLY for the following DME: *Air Fluidized Beds, *Bone Growth Stimulators, *Cervical Collars, *Cold Therapy Units, *Compression Hosiery & Support Stockings, *Continuous Glucose Pump, *CPM device, *Cranial Helmets, *Diabetic Shoes, *Dynamic Splint, *Electric Patient Lifts, *Electric Seat Lift Chairs, *Home Infusion Therapy, *Insulin Pump, *Mastectomy Related Accessories, *Ocular Prosthetics, *Respiratory Therapy Medication, *Lymphedema Pumps, *Speech Generating Devices, *Traction, *Vest Airway Clearance System		√	
Enteral and nutrition formulas	AAH: refer to plan. ABC: submit PA to CHCN		√	
Emergency Care/Treatment				√
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) supplemental services				√
Experimental/Investigational treatments		√		
Facility admissions	Inpatient, SNF, LTAC, Hospice, Acute Rehab, Respite, Burn Centers		√	
Gender Identity/Transgender Services	Surgical Treatments		√	
Hearing Aids	AAH: refer to plan. ABC: Submit PA to CHCN		√	
Home Health:	Evaluation			√
Skilled Nursing, OT,PT, ST	Visits beyond evaluation		√	
Hospice Services	Home or Inpatient		√	
Incontinence creams and washes		√		
Infertility treatment		√		
Injectable, Chemotherapy, Infusion, Transfusions-- Outpatient	Refer to plan website for Drug Formulary		√	
Mental Health Services	Mild to Moderate: Refer to plan AAH: Submit PA to BEACON for Pre-Bariatric surgery Psych Eval ABC: Submit PA to CHCN for Pre-Bariatric surgery Psych Eval		√	
Nutrition and dietician assess/counseling	Pre-Bariatric surgery		√	
OB/GYN Services	Including ultrasounds			√
Ophthalmology	Annual services and care related to DM, glaucoma, ocular degeneration			√
Orthodontics, orthognathic and appliance therapy for TMJ		√		
Orthotics and Prosthetics (e.g. breast prostheses, footwear to treat/prevent diabetes complications,	AAH: Refer to plan ABC: submit PA to CHCN		√	
Outpatient surgery and specialty procedures			√	
Outpatient Therapy (OT, PT, ST)	OT, PT, ST Initial Evaluations			√
	OT, PT, ST follow-up visits		√	
	Medi-Cal: performed in FQHC all ages			√
	Medi-Cal: performed outside of FQHC under 21 y.o. or with diabetes			√

 COMMUNITY HEALTH CENTER NETWORK	Community Health Center Network (CHCN) PRIOR AUTHORIZATION GRID Before services are provided PLEASE CHECK Provider Portal for: *Member Eligibility *Benefit Coverage *Contracted Provider Questions --Call CHCN at 510-297-0220 5/1/2017	Non-Covered Benefit	Authorization Required	No Authorization Required
Podiatry	Medi-Cal: performed outside of FQHC and over 21 y.o. for members with chronic disease or, acute condition impairing ability to walk.		√	
	Group Care: All ages, clinic settings, and continuous		√	
Preventive Care				√
Pulmonary Rehab			√	
Interventional Radiology				√
Radiology	Advanced Radiology provided within the Hospital: CT with or without contrast, MRI, MRA, Nuclear Med, PET Scans, DEXA Scans.		√	
	Advanced Radiology provided within Non-Hospital/Freestanding facilities: CT with contrast, MRI, MRA, PET Scans, and DEXA Scans for members 64 years of age and younger.		√	
	Advanced Radiology provided within Non-Hospital/Freestanding facilities: CT without contrast, Nuclear Med, and DEXA Scans for members 65 years of age and older.			√
	Routine: X-ray, Ultrasound including OB, Mammography, VCUG, IVP, BE, Upper GI			√
Second Opinions			√	
Sensitive Services (including therapeutic abortion & HIV testing & counseling)	Medi-Cal: (contracted and non-contracted providers)			√
	Group Care: (contracted providers only)			√
	Group Care: (non-contracted providers)		√	
Sleep Studies				√
Specialist and Hospitalist Referrals (In-network)	PA required <u>only</u> for Dr. Scott Taylor			√
Standard diagnostic procedures	EKG, PFT, EGD, KUB, Nuchal Translucency Scan, Transthoracic Echocardiograms			√
Specialty diagnostic procedures	Stress/Pharmacologic or Trans-esophageal Echocardiograms,		√	
	Colonoscopy/Sigmoidoscopy			√
Surgery Services - Outpatient			√	
Transplant Services	All pre-transplant service evaluations, Kidney and Corneal			
	Medi-Cal: Refer to plans for major organ transplants (heart, lung, liver, bone marrow, etc.)			
	Group Care: All major organ and bone marrow transplants		√	
Vaccines				√
Wound Care services			√	