

		<a href="#">Click Here for CHCN's Provider Portal</a>			
 <b>COMMUNITY HEALTH CENTER NETWORK</b>		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	<b>Medi-Cal:</b> IV Sedation and general anesthesia			✓	
	Refer to plan EOC for coverage criteria and exceptions				
	<b>Group Care:</b> 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	<b>AAH:</b> Refer to plan.				✓
	<b>ABC:</b> Extended authorizations for 6 months			✓	
	<b>AAH:</b> Submit CHME DME Prior Authorization (PA) form to CHME: Phone: 1-800-906-0626; fax: 650-357-8551; email: <a href="mailto:aquestions@chme.org">aquestions@chme.org</a> ; <a href="mailto:aquestions@chme.org">aquestions@chme.org</a>			✓	

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Durable Medical Equipment/Repair		<b>ABC:</b> 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		<b>AAH:</b> refer to plan. <b>ABC:</b> 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		<b>AAH:</b> refer to plan. <b>ABC:</b> Submit PA to CHCN		✓	
Home Health: Skilled Nursing, OT,PT, ST		Evaluation 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		<b>Mild to Moderate:</b> Refer to plan			
		<b>AAH:</b> Submit PA to BEACON for <b>Pre-Bariatric</b> surgery Psych Eval			
		<b>ABC:</b> Submit PA to CHCN for <b>Pre-Bariatric</b> 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,		<b>AAH:</b> Refer to plan <b>ABC:</b> 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		✓	
		<b>Medi-Cal:</b> performed in FQHC all ages			✓
		<b>Medi-Cal:</b> 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	<b>Medi-Cal:</b> performed outside of FQHC and over 21 y.o. for members with chronic disease or, acute condition impairing ability to walk.  <b>Group Care:</b> All ages, clinic settings, and continuous			✓	
Preventive Care					✓
Pulmonary Rehab				✓	
Interventional Radiology					✓
Radiology	<b>Advanced Radiology provided within the Hospital:</b> CT with or without contrast, MRI, MRA, Nuclear Med, PET Scans, DEXA Scans.			✓	
	<b>Advanced Radiology provided within Non-Hospital/Freestanding facilities:</b> CT with contrast, MRI, MRA, PET Scans, and DEXA Scans for members 64 years of age and younger.			✓	
	<b>Advanced Radiology provided within Non-Hospital/Freestanding facilities:</b> CT without contrast, Nuclear Med, and DEXA Scans for members 65 years of age and older.				✓
	<b>Routine:</b> X-ray, Ultrasound including OB, Mammography, VCUG, IVP, BE, Upper GI				✓
Second Opinions				✓	
Sensitive Services (including therapeutic abortion & HIV testing & counseling)	<b>Medi-Cal:</b> (contracted and non-contracted providers)				✓
	<b>Group Care:</b> (contracted providers only)				✓
	<b>Group Care:</b> (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				
	<b>Medi-Cal:</b> Refer to plans for major organ transplants (heart, lung, liver, bone marrow, etc.)				
	<b>Group Care:</b> All major organ and bone marrow transplants			✓	
Vaccines					✓
Wound Care services				✓	