

**Community Health Direct  
PPO, HDHP and EPO Health Plans  
2022 Authorization Quick Reference Guide**

Community Health Direct supports the concept of the PCP as the “medical home” for its members. Services from Out-of-Network providers will only be considered for coverage at the In-Network level if those services are unavailable with an In-Network provider.

***Please submit requests as soon as possible to allow time for review. Fax your request with CPT and ICD-10 codes along with clinical documentation. Routine requests for authorizations are processed within 3 business days after receipt of all needed clinical information.***

**Contact information**

Medical Management: 317-621-7575  
Provider Relations: 317-621-7581

Medical Management Fax: 317-621-7984  
Benefits/ Eligibility: 317-621-7565

Authorizations Required	No Authorizations Required
<p><b>Requests for Out-of-Network services at In-Network coverage:</b></p> <ul style="list-style-type: none"> <li>Any requests for services not provided by the Community Health Network or In-Network providers as listed in directory</li> </ul> <p><b>Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>Durable medical purchases over \$500 –this includes CGM sensors, wheelchairs, CPAP (initial rental/purchase <b>ONLY</b>), hospital beds, insulin pump (initial purchase <b>ONLY</b>)</li> <li>Prosthetics and Custom Orthotics</li> </ul> <p><b>Inpatient Notification</b></p> <ul style="list-style-type: none"> <li>All inpatient admissions, including clinical updates for continued stay</li> <li>Rehabilitation and Skilled Nursing Facilities</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>Spinraza (nusinersen)</li> <li>Prolia (denosumab)</li> <li>Entyvio (vedolizumab)</li> </ul> <p><b>Outpatient</b></p> <ul style="list-style-type: none"> <li>Tonsillectomies and Adenoidectomies</li> <li>Cosmetic/Aesthetic Procedures</li> <li>Transplant Requests</li> <li>Genetic testing (Excludes prenatal tests outlined in the American College of Obstetricians /Gynecologists (ACOG) guidelines, and surgical specimen testing)</li> <li>Routine labs/genetics tests performed by out-of-network laboratories</li> <li>Endoscopy services</li> <li>Colonoscopies in patients under the age of 45 and those that are not for colorectal cancer screening</li> <li>Investigational and experimental procedures</li> <li>Infertility</li> <li>Surgeries of the neck and back</li> <li>Rhinoplasties and Septoplasties</li> </ul> <p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>MRI- Spine (includes cervical)</li> <li>Non-oncology related PET Scans</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>All inpatient admissions for behavioral health treatment –this includes inpatient hospital and partial hospitalizations (PHP) for mental health and substance use disorder</li> </ul>	<p><b>Urgent Care at Urgent Care Centers, such as Med Check and Community Clinic at Walgreens</b></p> <p><b>Laboratory</b></p> <ul style="list-style-type: none"> <li>Genetic pre-natal tests outlined in the American College of Obstetricians /Gynecologists (ACOG) guidelines, and surgical specimen testing</li> </ul> <p><b>Durable Medical Equipment</b></p> <ul style="list-style-type: none"> <li>Medical purchases less than \$500</li> <li>Bilirubin blankets for newborns</li> <li>Nebulizers</li> <li>CPAP supplies after initial authorization</li> <li>Insulin pump supplies after initial authorization</li> <li>Catheters</li> <li>Other disposable supplies after initial authorization</li> </ul> <p><b>Outpatient</b></p> <ul style="list-style-type: none"> <li>Colonoscopies for colorectal cancer screening except for patients under the age of 45</li> <li>Dialysis and Epogen administration with dialysis</li> </ul> <p><b>Home Health Care</b></p> <ul style="list-style-type: none"> <li>Home Health Services</li> <li>Hospice Care (Outpatient and Inpatient)</li> <li>Total Parental Nutrition (TPN)</li> <li>Home oxygen</li> </ul> <p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>All radiology services <b>except</b> MRI(s) Spine (includes cervical) and non-oncology related PET Scans</li> </ul> <p><b>Miscellaneous Services</b></p> <ul style="list-style-type: none"> <li>Sleep studies performed at in-network sleep labs</li> <li>Sleep studies performed in home under the direction of an in-network sleep lab</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Neuropsychological testing</li> <li>Applied Behavior Analysis (ABA)</li> </ul>