

**Community Health Direct
PPO, HDHP and EPO Health Plans
2023 Authorization Quick Reference Guide**

Community Health Direct supports the concept of the PCP as the “medical home” for its members. Services from Encore Combined and 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. Requests may be faxed to Medical Management or submitted online through the Provider Portal at <https://secure.healthx.com/chn.provider>. 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>Requests for Encore Combined or out-of-network services at in-network coverage:*</p> <ul style="list-style-type: none"> Any requests for services not provided by the Community Health Network or in-network providers as listed in directory (an exception that is never covered is out-of-network Preventive Care Services) <p>Durable Medical Equipment</p> <ul style="list-style-type: none"> Durable medical purchases over \$500 –this includes CGM sensors, wheelchairs, CPAP (initial rental/purchase ONLY), hospital beds, insulin pump (initial purchase ONLY) Prosthetics and Custom Orthotics <p>Inpatient Notification</p> <ul style="list-style-type: none"> All inpatient admissions, including clinical updates for continued stay Rehabilitation and Skilled Nursing Facilities <p>Medications</p> <ul style="list-style-type: none"> Spinraza (nusinersen) • Prolia (denosumab) Entyvio (vedolizumab) <p>Outpatient</p> <ul style="list-style-type: none"> Tonsillectomies and Adenoidectomies Cosmetic/Aesthetic Procedures Transplant Requests Genetic Tests and Lab Tests performed by Encore Combined & out-of-network laboratories Focused Ultrasound Thalamotomy Endoscopy services Colonoscopies in patients under the age of 45 & those that are not for colorectal cancer screening Investigational and experimental procedures Clinical trial without Federal approval Infertility Surgeries of the neck and back Rhinoplasties and Septoplasties <p>Radiology</p> <ul style="list-style-type: none"> MRI- Spine (includes cervical) Non-oncology related PET Scans <p>Behavioral Health</p> <ul style="list-style-type: none"> All inpatient admissions for behavioral health treatment – this includes inpatient hospital and partial hospitalizations (PHP) for mental health and substance use disorder 	<p>Urgent Care at Urgent Care Centers, such as Med Check and Community Clinic at Walgreens</p> <p>Laboratory</p> <ul style="list-style-type: none"> Genetic tests performed by in-network providers Lab tests performed by in-network providers <p>Durable Medical Equipment</p> <ul style="list-style-type: none"> Medical purchases less than \$500 Bilirubin blankets for newborns Nebulizers CPAP supplies after initial authorization Insulin pump supplies after initial authorization Catheters Other disposable supplies after initial authorization <p>Outpatient</p> <ul style="list-style-type: none"> Colonoscopies for colorectal cancer screening except for patients under the age of 45 Dialysis and Epogen administration with dialysis <p>Home Health Care</p> <ul style="list-style-type: none"> Home Health Services Hospice Care (Outpatient and Inpatient) Total Parental Nutrition (TPN) Home oxygen <p>Radiology</p> <ul style="list-style-type: none"> All radiology services except MRI(s) Spine (includes cervical) and non-oncology related PET Scans <p>Miscellaneous Services</p> <ul style="list-style-type: none"> Sleep studies performed at in-network sleep labs Sleep studies performed in home under the direction of an in-network sleep lab <p>Behavioral Health</p> <ul style="list-style-type: none"> Neuropsychological testing Applied Behavior Analysis (ABA) <p>Only these pediatric services that are unavailable in-network are covered at in-network levels without a prior authorization**</p> <p>Office visits and office-based testing:</p> <ul style="list-style-type: none"> Pediatric neurosurgery < 15 years old; and for members < 18 years old – pediatric cardiology, pediatric endocrinology, pediatric hematology/oncology, pediatric ophthalmology, pediatric pulmonology, pediatric rheumatology, pediatric urology

*See exception for specific unavailable in-network pediatric services under *No Authorization Required* section

**Pediatric provider must be an Encore Combined provider to qualify for in-network coverage. Out-of-network providers are not included for consideration of in-network coverage for these pediatric services without a prior authorization