

<p style="text-align: center;">Cascade Health Alliance</p>	<p style="text-align: center;">Cascade Health Alliance PRIOR AUTHORIZATION GRID Before services are provided PLEASE CHECK MMIS for: Member Eligibility & Benefit Coverage. Questions please call Provider Services at (541) 883-2947</p>	<p style="text-align: center;">All services, procedures must be allowable under Oregon Administrative Rules and the prioritized List for OHP. Authorization is not a guarantee of benefits or payment. Revision Date: 06/01/2018</p>		
<p style="text-align: center;">Type of Service</p>	<p style="text-align: center;">Comments</p>	<p style="text-align: center;">Authorization Required</p>	<p style="text-align: center;">No Authorization Required</p>	<p style="text-align: center;">Non-Covered Benefit</p>
<p>All Services from non-contracted providers</p>	<p>Outpatient, office, Diagnostic & Radiology Services</p>	<p style="text-align: center;">X</p>		
<p>All out-of-area Services</p>	<p>Outpatient, office, Wound Care, Diagnostic & Radiology Services. EXCEPTION: <i>Dr. Ali, Medford Cardiology, Medford Pacemaker Clinic, Asante Maternal Fetal Health, Pediatric Echos in Medford allowed initial evaluation and two (2) follow up visits without authorization</i></p>	<p style="text-align: center;">X</p>		
<p>Acupuncture</p>		<p style="text-align: center;">X</p>		
<p>Allergist</p>		<p style="text-align: center;">X</p>		
<p>Audiologist</p>		<p style="text-align: center;">X</p>		
<p>Bariatric Evaluations/Services</p>	<p>Southern Oregon Bariatric Services</p>	<p style="text-align: center;">X</p>		
<p>Behavioral Health Services</p>	<p>See Behavioral Health Auth Grid</p>			
<p>Biopsies</p>	<p>EXCEPTION: biopsies performed in office by local/in-network providers no auth required</p>	<p style="text-align: center;">X</p>		
<p>Cataract spectacles</p>		<p style="text-align: center;">X</p>		
<p>Cataract Surgery</p>			<p style="text-align: center;">X</p>	
<p>Cardiology</p>	<p><i>EXCEPTION: local/in network providers allowed initial evaluation and two (2) follow up visits without authorization. Anything additional requires auth</i></p>	<p style="text-align: center;">X</p>		
<p>Cardiac Rehab</p>		<p style="text-align: center;">X</p>		
<p>Chemotherapy</p>		<p style="text-align: center;">X</p>		
<p>Children's Developmental Evaluations</p>	<p><i>EXCEPTION ECI, no auth required for ECI Evaluation/Services</i></p>	<p style="text-align: center;">X</p>		
<p>Chiropractic Services</p>		<p style="text-align: center;">X</p>		
<p>Clinical Trials</p>				<p style="text-align: center;">X</p>
<p>Cosmetic Services</p>				<p style="text-align: center;">X</p>
<p>Custodial Care Services</p>				<p style="text-align: center;">X</p>
<p>Coumadin Clinic Services</p>			<p style="text-align: center;">X</p>	
<p>CPAP/Bi-PAP</p>		<p style="text-align: center;">X</p>		
<p>Dental Care</p>	<p>Coverage limited to general anesthesia and major medical only. Hospital Dentistry EXCEPTION: No Auth Required for Pediatric Hospital Dentistry. All other services please see Dental Auth Grid</p>	<p style="text-align: center;">X</p>		

Type of Service	Comments	Authorization Required	No Authorization Required	Non-Covered Benefit
Dermatology		X		
Diagnostic & Lab Services	Pregnancy tests, routine labs and diagnostics, Sweat Chloride Test(performed @ RVMC)		X	
Dialysis	Notification & treatment plan required		X	
Durable Medical Equipment/Repair	All DME requires Provider order and current chart notes . The following items are dispensed by CHA with auth: wheelchairs, FWW, shower benches, bed side commode, transfer benches, Shower chairs, quad Cane, standard canes.	X		
Enteral & Nutritional formula		X		
Emergency Care/Treatment			X	
ENT	EXCEPTION: local/in network providers allowed initial evaluation and two (2) follow up visits without authorization. Anything additional requires auth	X		
Experimental/Investigative Treatments				X
Facility Admissions	SNF, TCU, Acute Rehab, Respite, Burn Centers. (Current Provider order, supporting clinical documentation and current ICD-10/CPT codes required)	X		
Gastroenterology		X		
Gender Identity/Transgender Services		X		
Genetics	Counseling & Testing	X		
Hearing Aids		X		
Home Health: Skilled Nursing, OT, PT, ST	Local/in network Home Health allowed initial eval and five (5) visits without auth	X		
Hospice Services	Notification of Admission Required		X	
Incontinence Creams & washes				X
Injectable, Chemotherapy, Infusion, Transfusion-Outpatient	EXCEPTION: IV Hydration @ SLMC, RBC/Platelets @ SLMC . All others please refer to plan drug formulary. Requires Clinical Pharmacist review in addition to UM Review	X		
In-patient Admissions	Notification & Clinical (UR) Notes Required		X	
Neurology	EXCEPTION: local/in network providers allowed initial evaluation and two (2) follow up visits without authorization. Anything additional requires auth (Dr. Ali)	X		
Neurosurgery		X		
Nutrition & Dietician Assessment/Counseling	Above the line DX up to 6 visits without an authorization.		X	
OB/GYN Services	EXCEPTION: local/in network providers allowed initial evaluation and two (2) follow up visits without authorization. Anything additional requires auth. Exception Local In-network Maternity Care	X		
Ophthalmology		X		
Oral/maxillofacial Surgeons	EXCEPTION: Local/in network providers allowed initial evaluation and two (2) follow up visits without authorization. Anything additional requires auth	X		

Type of Service	Comments	Authorization Required	No Authorization Required	Non-Covered Benefit
Orthotics & Prosthetics (e.g. breast prostheses, footwear to treat/prevent DM complications etc.)		X		
Outpatient surgery & Procedures	EXCEPTION: Port-a-cath placement/removal performed locally (SLMC), Placement/removal or care	X		
Orthopedic	EXCEPTION local/in network providers allowed initial evaluation and two (2) follow up visits without authorization. Anything additional requires auth	X		
Oxygen	Requires current chartnotes, current order from provider &/or Certificate of Medical Necessity signed by Ordering provider	X		
Pacemaker Check	When performed locally or in Medford, OR		X	
Podiatry		X		
Preventive Care	Well Exams (Woman, Child, Adolescent) , Contraceptive supplies, Screenings for STDs,		X	
Pulmologist	EXCEPTION: local/in network providers allowed initial evaluation and two (2) follow up visits without authorization. Anything additional requires auth	X		
Pulmonary Rehab	EXCEPTION: NO Auth Required when ordered by Local Pulmonologist to be performed at SLMC	X		
Interventional Radiology		X		
Radiology Advanced	PET Scan, MRI, MRA	X		
Radiology Routine	X-rays, Ultra-sounds, VPE, Upper GI, DEXA Scan, Bone Scan, Nucular Medicine Scans, CT, CT Myelogram (Exception ALL OUT OF AREA PROCEDURES REQUIRE AUTH)		X	
Radiation (oncology)		X		
Rheumatology		X		
Second Opinion(s)		X		
Sensitive Services	includes HIV Testing/Counseling, Sexual abuse exams		X	
Sleep studies	(Exception ALL OUT OF AREA PROCEDURES REQUIRE AUTH)		X	
Specialist (not listed)	EXCEPTION: local/in network providers allowed initial evaluation and two (2) follow up visits without authorization. Anything additional requires auth	X		
Standard Diagnostic Procedures	EKG, PFT, KUB, Nuchal Translucency Scan, Transthoracic Echocardiogram, EEG, Pacemaker Checks, Colonoscopy, EMB (Exception ALL OUT OF AREA PROCEDURES REQUIRE AUTH)		X	
Specialty Diagnostic Procedures	Hida Scan, CT Angio, Gastric Emptying Study, Mammogram, Venous Doppler, Heart Cath., Stress/Pharmacologic or Trans-esophageal Echogradiograms, NCS, Colposcopies hysterosalpinogram (Exception ALL OUT OF AREA PROCEDURES REQUIRE AUTH)		X	
Sterilization (male/female)	Completed Sterilization form must be submitted with claim, per OHP rules		X	
Substance Abuse Treatment	See Behavioral Health Auth Grid	X		

Type of Service	Comments	Authorization Required	No Authorization Required	Non-Covered Benefit
Therapy (OT, PT, ST)	EXCEPTION: 11 Therapy sessions allowed without authorization (Initial eval and up to 10 follow up visits for total of 11) for all above the line dx codes. Request for spine pain require, STarT form or Oswestry Questionnaire be completed.	X		
Transplant Services	Exception: Corneal Transplants performed in Locally &/or in Medford, OR	X		
Urology	EXCEPTION: local/in network providers allowed initial evaluation and two (2) follow up visits without authorization. Anything additional requires auth	X		
Vaccines/Immunizations			X	
Vison Services (routine)	Exception members under age of 21 and/or pregnant members			X
Wound care			X	
Medicare/Atrio Prime	Auth required for all NON-COVERED MEDICARE Services ONLY. No Authorization required for Medicare/Atrio Covered services			
ALL REQUESTS REQUIRE: VALID ICD-10/CPT/HCPCS CODES, CURRENT SUPPORTING CLINICAL DOCUMENTATION				