

Cascade Health Alliance	<p align="center">Cascade Health Alliance PRIOR AUTHORIZATION GRID</p> <p align="center">Before services are provided PLEASE CHECK MMIS for: Member Eligibility & Benefit Coverage. Questions please call Provider Services at (541) 883-2947</p>	<p 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: 06/19/2019</p>		
Type of Service	Comments	Authorization Required	No Authorization Required	Non-Covered Benefit
Behavioral Health Services	<i>See Behavioral Health Auth Grid.</i>			
Biopsies	EXCEPTION: Biopsies performed in office by in area providers no auth required.	X		
Cataract spectacles		X		
Cataract Surgery (in area)	ALL OUT OF AREA PROCEDURES REQUIRE AUTH.		X	
Cardiac Rehab		X		
Chemotherapy		X		
Children's Developmental Evaluations	EXCEPTION: No auth required for ECI evaluation/services.	X		
Clinical Trials				X
Cosmetic Services				X
Coumadin Clinic Services			X	
CPAP/Bi-PAP		X		
Dental Care	Coverage limited to general anesthesia and major medical only. Hospital dentistry EXCEPTION: No auth required for pediatric hospital dentistry. For all other services please see Dental Auth Grid.	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: Blood pressure monitors, incontinence supplies, diabetic supplies and nebulizers. SEE EXCEPTION 4.	X		
Enteral & Nutritional formula		X		
Emergency Care/Treatment			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		
Gender Identity/Transgender Services		X		
Genetics	Counseling & Testing	X		
Hearing Aids		X		
Home Health: Skilled Nursing, OT, PT, ST	Exception: In area Home Health allowed initial eval and five (5) visits without auth.	X		

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Type of Service	Comments	Authorization Required	No Authorization Required	Non-Covered Benefit
Hospice Services	Notification of admission required.		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 and clinical (UR) notes required.		X	
Nutrition & Dietician Assessment/Counseling	For above the line DX, up to six visits without an authorization; ANY additional visits require auth.		X	
Outpatient surgery & Procedures	EXCEPTION: Port-a-cath placement/removal performed locally (SLMC), placement/removal or care of declotting vascular device when performed @ SLMC.	X		
Oxygen	Requires current chart notes, current order from provider &/or Certificate of Medical Necessity signed by ordering provider.	X		
Pacemaker Check	When performed locally or in Medford, OR.		X	
Preventive Care	Well exams (woman, child, adolescent) , contraceptive supplies, screenings for STDs.		X	
Pulmonary Rehab		X		
Interventional Radiology		X		
Radiology Advanced	PET Scan, MRI and MRA.	X		
Radiology Routine (in area)	X-rays, ultra-sounds, VPE, upper GI, lower GI, endoscopy, DEXA scan, bone scan, nuclear medicine scans, CT, CT Myelogram. SEE EXCEPTION 5. ALL OUT OF AREA PROCEDURES REQUIRE AUTH.		X	
Radiation Oncology Treatments		X		
Second Opinion(s)	Includes initial evaluation and two follow up visits.	X		
Sensitive Services	Includes HIV testing/counseling, sexual abuse exams; in or out of network coverage.		X	
Sleep studies (in area)	ALL OUT OF AREA PROCEDURES REQUIRE AUTH.		X	
Specialist (in area)	Initial eval and two follow up visits; ANY additional visits require auth. SEE EXCEPTIONS 1 and 3.		X	
Specialist (out of area)	SEE EXCEPTIONS 2 and 5.	X		
Standard Diagnostic Procedures (in area)	EKG, PFT, KUB, Nuchal Translucency Scan, Transthoracic Echocardiogram, EEG, Pacemaker Checks, Colonoscopy and EMB. SEE EXCEPTIONS 5 and 6. ALL OUT OF AREA PROCEDURES REQUIRE AUTH.		X	

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Specialty Diagnostic Procedures (in area)	Hida scan, CT angio, gastric emptying study, mammogram, venous doppler, heart cath., stress/pharmacologic or trans-esophageal echogradiograms, NCS, colposcopies and hysterosalpinogram. 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.			
Therapy: Acupuncture/Chiro/Massage/OT/PT/ST	SEE EXCEPTIONS 7.	X		
Transplant Services	Exception: Corneal Transplants performed in Locally &/or in Medford, OR	X		
Vaccines/Immunizations			X	
Vison Services (routine)	Exception: No auth required for members under age of 21 and/or pregnant members to have an annual routine vision exam and hardware with in area providers.			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 authorization requests require current clinical documentation, valid ICD-10, CPT &/or HCPCS be submitted within 24 hours of auth submission. If required information is not received, in a timely manner, auth may be cancelled due to incompleteness.				
EXCEPTION 1: Auth required for Allergist, Dermatology, Neurosurgery, Ophthalmology, Podiatry and Rheumatology.				
EXCEPTION 2: Asante Maternal Fetal Health, Dr. Ali, Gastroenterology Consultants, Medford Cardiology and Medford Pacemaker Clinic are allowed an initial evaluation and two (2) follow up visits.				
EXCEPTION 3: Ophthalmology- No auth required for one annual diabetic medical eye exam; ALL other medical eye exams require authorization.				
EXCEPTION 4: No auth needed for DME dispensed by PCP under \$150.00, standard and 2 wheeled walkers.				
EXCEPTION 5: Gastroenterology Consultants, in Medford Oregon- No auth required for diagnostic testing completed in clinic during first three visits, UGI, LGI or endoscopy.				
EXCEPTION 6: Pediatric echos/EKGs in Medford allowed.				
EXCEPTION 7: OT/PT/ST- 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. Requests for spine pain require, STarT form and Oswestry Questionnaire be completed.				