2026 Prior Authorization List and Utilization Guidelines - Medical & Surgical

COMMUNITY HEALTH PLAN of Washington™
The power of community

Effective: April 1, 2026

Services for a specific program may not be a covered benefit; please call Customer Service to verify benefits and coverage or verify online at mychpw.chpw.org/en/provider

Line of Business (LOB) Legend:

- AHE Apple Health Expansion
- WAH Washington Apple Health IMC
- CS Cascade Select
- MA Medicare Advantage

*If no LOB is highlighted next to the service, then Notification or Authorization applies across all LOBs for that service.

CLINICAL TRIALS

DURABLE MEDICAL EQUIPMENT, PROSTHETICS & MEDICAL SUPPLIES

- All DME > $500 allowed amount or DME with rental >$200 a month
- Automatic External Defibrillator
- Bone growth stimulators
- C-Pap/Bi-Pap
- Chest compression devices
- Electronic Elbow and Additions WAH
- Enteral Nutrition (21 and over)
- Enteral Pumps
- Hospital beds & accessories
- Stimulation Devices WAH, MA, & CS
- Terminal Devices and Additions MA
- Ventilators
- Wheelchair/Scooters
- Wound Vac

UNLISTED/UNSPECIFIED CODES WITH CHARGES GREATER THAN $250

Medical necessity documentation and pricing must be submitted with the request

EXPERIMENTAL/ INVESTIGATIONAL SERVICES AND DRUGS

GENETIC TESTING

HLA TESTING

PRIVATE DUTY NURSING

HOME HEALTH

- Various Home Care Services WAH

ONCOLOGY

- Clinical Treatment Planning (External and Internal Sources) for Radiation Treatment WAH
- Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment WAH & CS
- Radiation Treatment Management WAH
- Stereotactic Radiation Treatment Delivery WAH, MA, & CS

OUTPATIENT AND SPECIALTY SERVICES

- Chiropractic (> 12 visits MA and qualifying WAH, AHE & CS 20 and under; (see Benefits for further info)
- Genetic Analysis Procedures WAH & CS
- Genomic Sequencing Procedures and Other Molecular Multianalyte Assays WAH
- Hyperbaric oxygen treatment
- Orthoptic/Pleoptic Training
- Sleep Medicine Testing and Long-term EEG Procedures WAH, MA, & CS
- Skin Substitutes
- Spinal Injections WAH, MA, & CS
- Therapies for Speech (21 and over), Physical and Occupational: initial 12 visits in a calendar year do not require Prior Authorization. Prior Authorization is required for any subsequent visits.

TRANSPLANTS

- Evaluation/Work-Up
- Organ donation (living)
- Transplants (excluding corneal)

IMAGING/RADIOLOGY

- CT Heart with Quantitative Evaluation of Coronary Artery Calcium
- Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck WAH, MA, & CS
- Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest WAH, MA, & CS
- Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis WAH, MA, & CS
- Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities WAH, MA, & CS
- Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities WAH, MA, & CS
- Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen WAH, MA, & CS

DOCUMENTATION REQUIRED TO SUPPORT DECISION-MAKING

Please provide documentation wit the request to support medical necessity. Examples of appropriate documents include:

- Current (within 6 months, or more recent depending on condition) history and/or physician examination notes that address the problem and need for services requested
- Relevant lab and/or radiology results
- Relevant specialty consultation notes
- Other pertinent information

REFERRAL POLICY

PCP to PCP Referrals:
For All Plans - If you are the member's assigned PCP or group, an authorization to provide primary care is required from the Plan if your member needs to see a PCP outside of your group.

CHPW-Cascade Select: Any service provided by a non-networked provider for a Cascade Select member requires prior authorization. Cascade Select members will be redirected to networked providers whenever possible. Any request for authorization to a non-network provider should include rationale why the member cannot receive those services with a networked provider.

INPATIENT HOSPITALIZATION

CHPW requires notification of all inpatient admissions, planned and urgent, within 24 hours or next business day.

All planned admissions also require prior authorization.

BENEFIT and COVERAGE

This PA list is not all-inclusive. Please refer to the coverage guidelines for each unique line of business.

Washington Apple Health IMC = HCA Provider Billing Guidelines Manual and/or Fee Schedule

Medicare Advantage = National Coverage Guidelines and/or Local Coverage Guidelines

Cascade Care – Cascade Select = CHPW - Cascade Select Explanation of Coverage (EOC)

Failure to obtain the required prior authorization may result in a denied claim. Services are subject to benefit coverage, limitations and exclusions as described in plan coverage guidelines.

Please refer to the PA Code Lookup Tool for additional details on services listed.

https://forms.chpw.org/pclt.

MEDICAL AND SURGICAL REQUIRING PRIOR AUTHORIZATION (*CONTINUED*)

IMAGING/RADIOLOGY RADIOLOGY (CONTINUED)

- Diagnostic Nuclear Medicine Procedures on the Cardiovascular System WAH, MA, & CS
- Intensity Modulated Radiation Therapy WAH, AHE & CS
- MRI/MRA
- Other Diagnostic Nuclear Medicine Procedures WAH, MA, & CS
- Proton Beam Radiation Therapy WAH, AHE & CS

SURGICAL PROCEDURES

- All planned Inpatient procedures
- Arthroplasty, Shoulder
- Arthroplasty, Knee
- Arthroplasty, Hip WAH, AHE & CS
  Arthroscopy, Hip
- Arthroscopy, Knee
- Arthroscopy, Shoulder
- Bariatric surgery
- Cardiac Catheterization and Associated Procedures MA & CS
- Cardiovascular Monitoring Services MA & CS
- Cardiac Stents WAH, AHE & CS
- Cochlear implant
- Cranial Neurostimulator
- Endoscopy/Arthroscopy Procedures on the Musculoskeletal System WAH, MA, & CS
- Endovenous laser/Radiofrequency ablation
- Endovascular Revascularization WAH, MA, & CS
- Facet Neurotomy
- Fracture and/or Dislocation Procedures on the Foot and Toes CS
- Fracture and/or Dislocation Procedures on the Leg (Tibia and Fibula) and Ankle Joint CS
- General Surgical Procedures on the Musculoskeletal System WAH
- Hernia Open Procedures CS
- Hysterectomy
- Intracardiac Electrophysiological Procedures/Studies CS
- Intracardiac Electrophysiological Procedures/Studies MA
- Laparoscopic Procedures on the Biliary Tract MA
- Laparoscopic Procedures on the Esophagus CS
- Laparoscopic Procedures on the Prostate MA & CS
- Laparoscopy, Surgical; Ureteroneocystostomy Without Cystoscopy And Ureteral Stent Placement MA
- Mammoplasty (Augmentation/Reduction)
- Neur0stimulator peripheral nerves
- Neuroplasty (Exploration, Neurolysis or Nerve Decompression) Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System CS
- Neurorrhaphy With Nerve Graft, Vein Graft or Conduit Procedures CS
- Pacemaker or Implantable Defibrillator Procedures WAH, MA, & CS
- Percutaneous Transcatheter/Transluminal Coronary Procedures MA
- Repair Procedures on the Penis CS
- Repair, Revision, and/or Reconstruction Procedures on the Femur (Thigh Region) and Knee Joint CS
- Reconstructive plastic surgery & supplies
- Rhinoplasty and septoplasty
- Sclerotherapy, leg veins
- Spinal Cord Stimulator
- Spinal surgeries
- Surgical Procedures of the Breast WAH
- Surgical Procedures on the Spine and Spinal Cord WAH
- Vascular Embolization and Occlusion Procedures on Arteries and Veins MA & CS

INPATIENT SERVICES

All admissions, planned and urgent, require notification of admission within 24 hours or next business day

- Inpatient rehabilitation
- Planned inpatient services, including surgery
- Skilled nursing facility

TEMPORARY CODES

- Percutaneous Transcatheter/Transluminal Coronary Procedures MA & CS
- Other Drugs and Service Fees MA
- Other Therapeutic Services and Supplies MA
- Percutaneous Transcatheter/Transluminal Coronary Procedures MA

TRANSPORTATION SERVICES

- Diagnostic and Therapeutic Radiopharmaceuticals MA, CS