

Together with CCHP Prior Authorization Services Guide



In order for the member to receive coverage for a certain service or supply, it may require a prior authorization. The prior authorization list below indicates services or supplies that require approval from Together with Children's Community Health Plan (CCHP). However, it doesn't guarantee the service or supply will be covered. Coverage is determined by the member's benefit plan.

The following is not an all-inclusive list. Please be aware that this list may be amended from time to time to comply with federal requirements. Please contact our Customer Service at 1-844-201-4672 if you're unsure that an item will be covered by your plan.

Ambulance Nonemergency Air or Ground	If you need to be transferred to another hospital that can provide a higher level of care or if you need to be transferred to a nursing home, the facility will contact us for approval of the non-emergency transfer.
Autism Spectrum Disorder services	Please review the Autism section of the covered services and the Autism exclusions for a further understanding of the services we will consider for authorization.
Cosmetic Procedures	Any procedure that could be considered cosmetic, including: <ul style="list-style-type: none"> • Breast Reduction and Mastectomy for Gynecomastia. • A procedure that does not improve your ability to perform a bodily function may be considered cosmetic. • We will review the request from your doctor to determine whether the request will be approved. • Reconstructive procedures (excluding breast reconstruction surgery following mastectomy: Breast reconstruction following a mastectomy, immediate or delayed does not require a prior authorization). • The prior authorization process is used for reconstructive surgeries to determine if the procedure is cosmetic or if the surgery will result in improved functioning of the member.
Dental/anesthesia and Facility Service for Dental Services	We will review the need for specific dental procedures on members with certain conditions to have the procedures done while under general anesthesia.
Dialysis	Prior authorization is required for dialysis services; the facility will usually request the authorization from us.
Durable Medical Equipment (DME)	We will decide if the equipment should be purchased or rented. Prior Authorization is required for a retail purchase price \$500 or greater for a single item or monthly rental charges of \$500 or greater. Your practitioner has access to a comprehensive list of devices that require an authorization.
EEG, Video Monitoring	This service is used to determine if you are having seizures and/or what type of seizures you are having. This can be done at home or in the hospital. If you need to be taken off of your anti-seizure medications, inpatient hospitalization is often chosen for safety.

Together with CCHP Prior Authorization Services Guide



<p>Elective Surgeries There may be other procedures that require an authorization; your practitioner has access to a comprehensive list of services that require an authorization.</p>	<ul style="list-style-type: none"> • Knee Arthroplasty, Total • Elbow Arthroplasty • Shoulder Arthroplasty • Shoulder Hemiarthroplasty • Hip Arthroplasty • Hysterectomy • Wrist Arthroplasty • Cervical and lumbar laminectomy, discectomy/microdiscectomy • Sympathectomy by Thoracoscopy or Laparoscopy • Urethral Suspension Procedures • Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion, Transvenous
<p>Genetic Testing, including BRCA genetic testing</p>	<p>Genetic testing has grown over the last few years; many of the tests available do not have scientific evidence of their value in the treatment of diseases. Your genetic counselor may submit a request on your behalf for consideration.</p>
<p>Hearing Devices</p>	<ul style="list-style-type: none"> • Bone-anchored hearing device: If for some reason you are unable to wear an air conduction hearing device, we will consider the authorization of this service. • Cochlear Implants: If your hearing impairment is not correctable by the use of standard hearing aids, we will review to determine if you qualify for a cochlear implant, when requested by your doctor.
<p>Home Health Care</p>	<p>Home health care is indicated when you have a skilled need- for nursing or therapy and a physical condition is preventing you from being able to use outpatient services. Home care is not indicated because of the lack of a care giver in the home.</p>
<p>Hospice Care</p>	<p>This service for end of life care can be provided in your home or for short periods in a hospice respite facility. The agency providing the service has services available to you, including nursing, when your physician has determined that you meet the hospice criteria.</p>
<p>Inpatient Hospital</p>	<p>Stays for medical, surgical, behavioral health or delivery of a baby require notification within 24 hours of admission; the facility will usually report the admission to Together with CCHP.</p>
<p>Inpatient Rehabilitation</p>	<p>This service requires prior authorization to help us determine the right level of care for you to continue on your road to recovery after a hospitalization. The facility will request the authorization; we will ask them for specific information about your progress toward recovery to your prior functioning level to make sure you are receiving the care that will help to return to your best level of functioning.</p>
<p>Mental Health Services</p>	<ul style="list-style-type: none"> • Inpatient: Stays require notification within 24 hours of admission. When you are admitted to the hospital we must be notified within 24 hours, the hospital usually does the notification. • Partial hospitalization: This service must be approved by Together with CCHP before you are admitted, treatment for mental health partial hospitalization is usually six to eight hours per day, from five to six days per week. The provider of the service usually submits the authorization for the service to Together with CCHP. • Intensive outpatient: This service must be approved by Together with CCHP before you are admitted; treatment for mental health intensive outpatient service is usually three to four hours per day, from three to five days per week. The provider of the service usually submits the authorization for the service to Together with CCHP.

Together with CCHP Prior Authorization Services Guide



Pain Management Procedures	Including but not limited to: epidural steroid injections, radio frequency ablation and spinal cord stimulators: Chronic pain is a difficult issue, we would like to determine whether you are accessing all of the treatment methods to help you improve your chronic pain. A case manager from Together may contact you to help you in coordinating your care.
PET Scans	This diagnostic service requires a prior authorization. A case manager from Together may contact you to help you in coordinating your care.
Prosthetic Devices	These prosthetics are comprised of many pieces, we use the prior authorization process to determine the pieces you need are what will serve you best.
Proton Beam Therapy (PBT)	These services require prior authorization to assure that you are receiving comprehensive treatment for your condition. A case manager from Together may contact you to help you in coordinating your care during this difficult treatment.
Radiation Oncology	These services require prior authorization to assure that you are receiving comprehensive treatment for your condition. A case manager from Together may contact you to help you in coordinating your care during this difficult treatment.
Skilled Nursing Facility	After a hospitalization the follow-up care may require the services of a nurse and/or therapy to meet your needs to return to a safe functional level. If the amount of service you require is more than can be delivered by home care services, you may need a short stay at a nursing home. We will evaluate your needs by the prior authorization process, looking for the appropriate level of care. The lack of a caregiver at home does not qualify as the reason for admission. Skilled nursing facility admissions have a limited amount of days per occurrence.
Specialty Medications	These medications are reviewed by the pharmacist. Some medications may require you to try other medications, a substitute or generic form of the medication before the requested medication will be considered.
Substance Use Disorder Services	<p>Including the following levels of care:</p> <ul style="list-style-type: none"> • Inpatient: When you are admitted to the hospital we must be notified within 24 hours, the hospital usually does the notification. • Partial hospitalization: This service must be approved by Together with CCHP before you are admitted; treatment for substance use disorder partial hospitalization is usually six to eight hours per day, from three to seven days per week. The provider of the service usually submits the authorization for the service to Together with CCHP. • Intensive outpatient: This service must be approved by Together with CCHP before you are admitted; treatment for substance use disorder intensive outpatient service is usually three to four hours per day, from three to five days per week. The provider of the service usually submits the authorization for the service to Together with CCHP.
Transplants	When you start your evaluation for a transplant, the transplant clinic will submit an authorization request and another request may be submitted when you are listed for the transplant after the evaluation is completed.

Interpreter Services

Children's Community Health Plan (CCHP) complies with all applicable civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, disability, or other legally protected status, in its administration of the plan, including enrollment and benefit determinations.

If you or someone you're helping has questions about Together with CCHP, you have the right to get help and information in your language at no cost.

- To talk to an interpreter, call **1-844-201-4672**.
- If you are hearing impaired, call **1-844-531-4856**.

SPANISH: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Together with CCHP tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-201-4672.

HMONG: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Together with CCHP, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-844-201-4672.



with  Children's
Community Health Plan

PO Box 1997, MS 6280
Milwaukee, WI 53201-1997

togetherCCHP.org