



**Community Health Plan**  
**Prior Authorization List**  
(Effective: November 1, 2008)

- Pharmaceuticals (See reverse side) “Includes medications given in an outpatient setting”
- All Inpatient Hospital Admissions including: Acute Rehabilitation, \*Skilled Nursing, \*Partial Hospitalization and Intensive Outpatient treatment for Mental Illness and Chemical Dependency
- Accident Related Dental Services/Oral Surgery
- Chronic Lyme’s Disease Treatment
- Clinical Trials
- Cosmetic/Plastic Surgery
- DME (Durable Medical Equipment): All rental DME; **Repair/Replacement DME**; Contracted DME providers with purchase price of \$1000 or greater (physicians may dispense DME with purchase price less than \$200)
- Electro Convulsive Therapy (ECT) Both inpatient and outpatient
- External Counter Pulsation (EECP)
- Formula for Phenylketonuria (PKU)
- Home Health Care
- Home Infusion Therapy
- Hospice
- Hyperbaric Chamber Therapy
- Intrathecal Pain Pump and Implantation
- Neuropsychological Testing
- Neurostimulator implantation
- Organ and Bone Marrow Transplants
- Ossatron
- Osteogenic stimulation (bone stimulator): invasive and noninvasive
- Outpatient MRI, MRA, CT, and PET scans unless performed in the Emergency Room
- Pain Management (multi-modality pain management)
- Prosthetics and Orthotic Appliances: Prosthetic/Orthotic products with the purchase price of \$1,000 or greater. (Physicians may dispense with purchase price less than \$200)
- Reconstructive Surgery/Prosthetic Devices following a mastectomy
- Reduction Mammoplasty/Reconstruction
- Services not available in network
- Stereotactic Radiotherapy (ie: Cyber Knife, Gamma Knife, Novalis Shaped Beam Surgery)
- Temporary codes (CPT Category III)
- \*Therapies: Physical, Occupational, Speech, Nutritional Counseling

**Bold highlights represent new items added to listing**

\*May have visit limits

**Authorization is based upon eligibility**