

 <b>COMMUNITY HEALTH CENTER NETWORK</b>	<a href="#">Click Here for CHCN's Provider Portal</a>  <b>Community Health Center Network (CHCN) PRIOR AUTHORIZATION GRID</b> Before services are provided PLEASE CHECK Provider Portal for: <b>*Member Eligibility *Benefit Coverage *Contracted Provider</b> <b>Questions --Call CHCN at 510-297-0220</b> <b>10/03/2022</b>			
<b>Facility Services</b>	All facility-based services and procedures, including those listed below		✓	
<b>Acupuncture</b>	<b>AAH:</b> Prior authorization required for 25 or more visits in an elapsed year (one year from first date of acupuncture service for that member). <b>ABC:</b> Refer to plan, sub-contracted with American Specialty Health			✓
<b>All Services from non-contracted providers</b>	Excluding sensitive services		✓	
<b>All Out-of-Area Services</b>	Outpatient and office		✓	
<b>All Contracted Specialist</b>	See page 4 for the complete list of the codes			✓
<b>Bariatric psychiatric evaluations</b>			✓	
<b>Biofeedback</b>	Refer to plan Evidence Of Coverage (EOC) for exceptions	✓		
<b>Biomarkers: Oncology</b>	See page 7 for the complete list of codes. Includes UCSF (AAH/ABC) and CPMC (ABC) Effective 09/22/2022			✓
<b>Blood Pressure Cuffs (Home Monitors)</b>	<b>ABC:</b> Submit PA to CHCN <b>AAH:</b> Refer to plan		x	
<b>Cardio Assist (External)</b>			✓	
<b>Cardiac Rehab</b>	Effective for dates of service beginning 7/1/2018		✓	
<b>Cataract spectacles and lenses</b>			✓	
<b>Cataract Surgery</b>			✓	
<b>Laser Surgery</b>				✓
<b>Chiropractor</b>	Chiropractor only allowed if provided in FQHC. Prior authorization required for 5 or more visits in a month or 11 or more visits in an elapsed year (one year from first date of chiropractic service for that member).			✓
<b>Children's Developmental Evaluations</b>				✓
<b>Clinical Trials</b>			✓	
<b>Cosmetic Services</b>	Excluding reconstructive or certain transgender surgeries. Refer to plan EOC	✓		
<b>Custodial Care Services</b>		✓		
<b>Coumadin Clinic Services</b>				✓
<b>Dental Care</b>	<b>Medi-Cal:</b> IV Sedation and general anesthesia Refer to plan EOC for coverage criteria and exceptions <b>Group Care:</b> Covered through Public Authority		✓	
<b>Dermatology</b>	Keloid Scar Treatments such as 5-FU, cryotherapy, surgery, radiation, laser therapy (effective 5/1/17) Keloid Scar Treatments such Topical pressure/silicone gel, intralesional steroid injection (effective 5/1/17)		✓	✓
<b>Diabetes Self-Management</b>				✓
<b>Diagnostic and Laboratory Services</b>	Lab tests performed by Quest Diagnostics Lab tests performed by providers other than Quest Diagnostics All genetic testing performed by Quest Diagnostics		✓	✓
<b>Dialysis</b>	<b>AAH:</b> Refer to plan <b>ABC:</b> Extended authorizations for 6 months		✓	✓
<b>Durable Medical Equipment/Repair</b>	<b>AAH:</b> Submit CHME DME Prior Authorization (PA) form to CHME: Phone: 1-800-906-0626; Fax: 650-357-8551; Email: aaquestions@chme.org; aaquestions@chme.org <b>ABC:</b> Submit CHCN Prior Authorization form to CHCN, ONLY for the following DME on CHME's list of covered devices.		✓	✓
<b>Enteral and nutrition formulas</b>	<b>AAH:</b> Refer to plan <b>ABC:</b> Submit PA to CHCN		✓	
<b>Emergency Care/Treatment</b>				✓
<b>Early and Periodic Screening, Diagnostic and Treatment (EPSDT) supplemental services</b>				✓
<b>Experimental/Investigational treatments</b>		✓		
<b>Facility admissions</b>	Inpatient, SNF, LTAC, Hospice, Acute Rehab, Respite, Burn Centers		✓	

 <b>COMMUNITY HEALTH CENTER NETWORK</b>	<b>Community Health Center Network (CHCN) PRIOR AUTHORIZATION GRID</b> Before services are provided PLEASE CHECK Provider Portal for: <b>*Member Eligibility *Benefit Coverage *Contracted Provider</b> Questions --Call CHCN at 510-297-0220 10/03/2022	Non-Covered Benefit	Authorization to CHCN Required	No Authorization Required
Gender Identity/Transgender Services	Surgical Treatments require documentaion of behavioral health evaluation		✓	
Hearing Aids	AAH: Refer to plan ABC: Submit PA to CHCN		✓	
Home Health:	Evaluation			✓
Skilled Nursing, OT,PT, ST	Visits beyond evaluation		✓	
Hospice Services	Home or Inpatient		✓	
Incontinence creams and washes		✓		
Infertility treatment		✓		
Injectable, Chemotherapy, Infusion, Transfusions-- Outpatient	Refer to plan website for Drug Formulary		✓	
Mental Health Services	Mild to Moderate: Refer to plan			
	AAH: Submit PA to BEACON for Pre-Bariatric surgery Psych Eval			
	ABC: Submit PA to CHCN for Pre-Bariatric surgery Psych Eval		✓	
Neuropsych Testing	For medical diagnoses only.			✓
	For behavioral health diagnoses, please refer to Beacon or Anthem requirements.			
Nutrition and dietician assess/counseling	Medical Nutrition Therapy			✓
OB/GYN Services	See pages 5-6 for the complete list of the codes			✓
Ophthalmology	Annual services and care related to DM, glaucoma, ocular degeneration			✓
Orthodontics, orthognathic and appliance therapy for TMJ		✓		
Orthotics and Prosthetics (e.g. breast prostheses, footwear to treat/prevent diabetes complications, devices to replace the function of a limb)	AAH: Refer to plan			
	ABC: Submit PA to CHCN		✓	
Outpatient surgery and specialty procedures			✓	
Outpatient Therapy (OT, PT, ST)	OT, ST Initial Evaluations			✓
	OT, ST follow-up visits		✓	
	PT Initial Evaluation			✓
	PT follow-up visits		✓	
Podiatry	Contracted Podiatrist - services rendered in the office (POS 11 or POS 50 or one of CHCN's health centers and POS 22 for Alameda Health System)			✓
	Group Care: All ages, clinic settings, and continuous		✓	
Preventive Care				✓
Pulmonary	Pulmonary Rehab (effective for dates of service beginning 7/1/2018)		✓	
	Pulmonary Function Test			✓
Interventional Radiology				✓
Radiology	Advanced Radiology provided within the Hospital: CT with or without contrast, MRI, MRA, Nuclear Med, PET Scans.		✓	
	Advanced Radiology provided within Non-Hospital/Freestanding facilities: CT with contrast, MRI, MRA, PET Scans.		✓	
	Advanced Radiology provided within Non-Hospital/Freestanding facilities: CT without contrast, Nuclear Med.			✓
	Routine: X-ray, Ultrasound including OB, Mammography, VCUG, IVP, BE, Upper GI			✓
	DEXA Scans (effective for all dates of service beginning 7/1/2018)			✓
Second Opinion	Rendering provider is NON-CONTRACTED with CHCN		✓	
	Rendering provider is CONTRACTED with CHCN			✓

 <b>COMMUNITY HEALTH CENTER NETWORK</b>	<b>Community Health Center Network (CHCN) PRIOR AUTHORIZATION GRID</b> Before services are provided PLEASE CHECK Provider Portal for: <b>*Member Eligibility *Benefit Coverage *Contracted Provider</b> Questions --Call CHCN at 510-297-0220 10/03/2022	Non-Covered Benefit	Authorization to CHCN Required	No Authorization Required
Sensitive Services	<b>For both In-network and Out-of-network provider:</b> Family Planning Sexually Transmitted Diseases/Infections (STD/STI) Rape Prenatal Services (minors under 21 only)			√
Sleep Studies	Conducted within office setting. All non-contracted Sleep Studies		√	√
Specialist and Hospitalist Referrals (In-network)	Specialist to contracted specialist referral does not require prior auth. PA required <u>only</u> for Dr. Scott Taylor			√
Standard diagnostic procedures	EKG, PFT, KUB, Nuchal Translucency Scan			√
	EGD (No PA requirement if both the DOCTOR is contracted with CHCN and the FACILITY is in-network with the Health plan --> please check the AAH or ABC provider list for the facility contract status)			√
	Colonoscopy - member 45 y/o and above (No PA requirement if both the DOCTOR is contracted with CHCN and the FACILITY is in-network with the Health plan --> please check the AAH or ABC provider list for the facility contract status)			√
Specialty diagnostic procedures	Transthoracic Echocardiograms			√
	Stress/Pharmacologic or Trans-esophageal Echocardiograms,		√	
	Colonoscopy/Sigmoidoscopy			√
Surgery Services - Outpatient			√	
Transplant Services (Kidney and Corneal Only)	AAH Medi-Cal: Refer to plan for kidney and corneal transplants			
	AAH Group Care: Refer to plan for kidney and corneal transplants			
	ABC: Kidney and corneal transplants Only		√	
Vaccines	Medi-Cal: All major organ transplants, other than kidney and corneal, referr to DHCS or CCS			√
Varicose Vein Treatment	Administered by primary and specialty care providers		√	
Wound Care services			√	



## Contracted Providers – No Authorization Required

For all Contracted Providers, CHCN will no longer require a prior authorization (PA) for the following CPT codes below.

76821	MIDDLE CEREBRAL ARTERY ECHO	99231	SUBSEQUENT HOSPITAL CARE
76945	ECHO GUIDE VILLUS SAMPLING	99232	SBSQ HOSPITAL CARE/DAY 25 MINU
90471	IMMUNIZATION ADMIN	99232	SUBSEQUENT HOSPITAL CARE
90715	TDAP VACCINE 7 YRS/> IM	99233	SBSQ HOSPITAL CARE/DAY 35 MINU
99201	OFFICE/OUTPATIENT VISIT NEW	99233	SUBSEQUENT HOSPITAL CARE
99202	OFFICE OUTPATIENT NEW 20 MINUT	99238	HOSPITAL DISCHARGE DAY
99202	OFFICE/OUTPATIENT VISIT NEW	99238	HOSPITAL DISCHARGE DAY MGMT
99203	OFFICE/OUTPATIENT VISIT NEW	99239	HOSPITAL DISCHARGE DAY
99204	OFFICE OUTPATIENT NEW 45 MINUT	99241	OFFICE CONSULTATION
99204	OFFICE/OUTPATIENT VISIT NEW	99242	OFFICE CONSULTATION
99205	OFFICE OUTPATIENT NEW 60 MINUT	99243	OFFICE CONSULTATION
99205	OFFICE/OUTPATIENT VISIT NEW	99243	OFFICE CONSULTATION NEW/ESTAB
99211	OFFICE/OUTPATIENT VISIT EST	99244	OFFICE CONSULTATION
99212	OFFICE OUTPATIENT VISIT 10 MIN	99244	OFFICE CONSULTATION NEW/ESTAB
99212	OFFICE/OUTPATIENT VISIT EST	99245	OFFICE CONSULTATION
99213	OFFICE OUTPATIENT VISIT 15 MIN	99251	INITIAL INPATIENT CONSULT NEW/
99213	OFFICE/OUTPATIENT VISIT EST	99251	INPATIENT CONSULTATION
99214	OFFICE OUTPATIENT VISIT 25 MIN	99252	INPATIENT CONSULTATION
99214	OFFICE/OUTPATIENT VISIT EST	99253	INPATIENT CONSULTATION
99215	OFFICE OUTPATIENT VISIT 40 MIN	99254	INPATIENT CONSULTATION
99215	OFFICE/OUTPATIENT VISIT EST	99282	EMERGENCY DEPT VISIT
99221	INITIAL HOSPITAL CARE	99291	CRITICAL CARE FIRST HOUR
99222	INITIAL HOSPITAL CARE	99356	PROLONGED SERVICE I/P REQ UNIT
99222	INITIAL HOSPITAL CARE/DAY 50 M	99356	PROLONGED SERVICE INPATIENT
99223	INITIAL HOSPITAL CARE	G2012	BRIEF CHECK IN BY MD/QHP
99223	INITIAL HOSPITAL CARE/DAY 70 M	G2012	BRIEF CHECK IN BY MD/QHP, 5-10



## Provider Notice: Obstetrics (OB) Services – No Authorization Required

April 20, 2021

For all Contracted Providers, CHCN will no longer require a prior authorization (PA) for Obstetrics (OB) and related Genetic testing. Please see the comprehensive list of codes below.

CPT CODE	Description
59000	AMNIOCENTESIS DIAGNOSTIC
59015	CHORION BIOPSY
59025	FETAL NONSTRESS TEST
59025	FETAL NON-STRESS TEST
59320	CERCLAGE CERVIX PREGNANCY VAGI
59320	REVISION OF CERVIX
59514	CESAREAN DELIVERY ONLY
59871	REMOVAL CERCLAGE SUTURE UNDER
59871	REMOVE CERCLAGE SUTURE
76801	OB US < 14 WKS SINGLE FETUS
76801	US PREGNANT UTERUS 14 WK TRANS
76805	OB US >= 14 WKS SNGL FETUS
76805	OB US >= 14 WKS SNGL FETUS
76805	US PREG UTERUS AFTER 1ST TRIME
76811	OB US DETAILED SNGL FETUS
76811	US PREG UTERUS W/DETAIL FETAL
76812	OB US DETAILED ADDL FETUS
76813	OB US NUCHAL MEAS 1 GEST
76813	US FETAL NUCHAL TRANSLUCENCY 1
76814	OB US NUCHAL MEAS ADD-ON
76815	OB US LIMITED FETUS(S)
76815	US PREGNANT UTERUS LIMITED 1/>
76816	OB US FOLLOW-UP PER FETUS
76816	US PREG UTERUS REAL TIME F/U T
76817	TRANSVAGINAL US OBSTETRIC
76817	US PREG UTERUS REAL TIME W/IMA

CPT CODE	Description
76820	DOPPLER VELOCIMETRY FETAL UMBI
76820	UMBILICAL ARTERY ECHO
76821	MIDDLE CEREBRAL ARTERY ECHO
76945	ECHO GUIDE VILLUS SAMPLING
76946	ECHO GUIDE FOR AMNIOCENTESIS
81002	URINALYSIS NONAUTO W/O SCOPE
81003	URINALYSIS AUTO W/O SCOPE
82947	ASSAY GLUCOSE BLOOD QUANT
82947	GLUCOSE QUANTITATIVE BLOOD XCP
82948	REAGENT STRIP/BLOOD GLUCOSE
82962	GLUCOSE BLOOD TEST
87210	SMEAR WET MOUNT SALINE/INK
90384	RH IG FULL-DOSE IM
90471	IMADM PRQ ID SUBQ/IM NJXS 1 VA
90471	IMMUNIZATION ADMIN
90686	IIV4 VACC NO PRSV 0.5 ML IM
90686	IIV4 VACC PRESRV FREE 0.5 ML D
90715	TDAP VACCINE 7 YRS/> IM
96372	THER/PROPH/DIAG INJ SC/IM
96372	THERAPEUTIC PROPHYLACTIC/DX IN
97802	MEDICAL NUTRITION INDIV IN
97803	MED NUTRITION INDIV SUBSEQ
99201	OFFICE/OUTPATIENT VISIT NEW



## Provider Notice: Obstetrics (OB) Services – No Authorization Required

COMMUNITY HEALTH  
CENTER NETWORK

99202	OFFICE OUTPATIENT NEW 20 MINUT
99202	OFFICE/OUTPATIENT VISIT NEW
99203	OFFICE/OUTPATIENT VISIT NEW
99204	OFFICE OUTPATIENT NEW 45 MINUT
99204	OFFICE/OUTPATIENT VISIT NEW
99205	OFFICE OUTPATIENT NEW 60 MINUT
99205	OFFICE/OUTPATIENT VISIT NEW
99211	OFFICE/OUTPATIENT VISIT EST
99212	OFFICE OUTPATIENT VISIT 10 MIN
99212	OFFICE/OUTPATIENT VISIT EST
99213	OFFICE OUTPATIENT VISIT 15 MIN
99213	OFFICE/OUTPATIENT VISIT EST
99214	OFFICE OUTPATIENT VISIT 25 MIN
99214	OFFICE/OUTPATIENT VISIT EST
99215	OFFICE OUTPATIENT VISIT 40 MIN
99215	OFFICE/OUTPATIENT VISIT EST
99221	INITIAL HOSPITAL CARE
99222	INITIAL HOSPITAL CARE
99222	INITIAL HOSPITAL CARE/DAY 50 M
99223	INITIAL HOSPITAL CARE
99223	INITIAL HOSPITAL CARE/DAY 70 M
99231	SUBSEQUENT HOSPITAL CARE
99232	SBSQ HOSPITAL CARE/DAY 25 MINU
99232	SUBSEQUENT HOSPITAL CARE
99233	SBSQ HOSPITAL CARE/DAY 35 MINU
99233	SUBSEQUENT HOSPITAL CARE
99238	HOSPITAL DISCHARGE DAY

99238	HOSPITAL DISCHARGE DAY MGMT
99239	HOSPITAL DISCHARGE DAY
99241	OFFICE CONSULTATION
99242	OFFICE CONSULTATION
99243	OFFICE CONSULTATION
99243	OFFICE CONSULTATION NEW/ESTAB
99244	OFFICE CONSULTATION
99244	OFFICE CONSULTATION NEW/ESTAB
99251	INITIAL INPATIENT CONSULT NEW/
99251	INPATIENT CONSULTATION
99252	INPATIENT CONSULTATION
99253	INPATIENT CONSULTATION
99254	INPATIENT CONSULTATION
99282	EMERGENCY DEPT VISIT
99291	CRITICAL CARE FIRST HOUR
99356	PROLONGED SERVICE I/P REQ UNIT
99356	PROLONGED SERVICE INPATIENT
G2012	BRIEF CHECK IN BY MD/QHP
G2012	BRIEF CHECK IN BY MD/QHP, 5-10
S0265	GENETIC COUNSEL 15 MINS
S0265	GENETIC COUNSELING, EACH 15 MI
Z1038	POSTPARTUM FOLLOW-UP OFFICE VI
Z6200	INITIAL NUTRIT ASSESSMENT/DEVE
88299	CYTOGENETIC STUDY
88271	CYTOGENETICS DNA PROBE
88272	CYTOGENETICS 3-5
88273	CYTOGENETICS 10-30
88274	CYTOGENETICS 25-99
88275	CYTOGENETICS 100-300
99245	Office Consultation



## Oncology: Biomarkers – No Authorization Required

**September 22, 2022**

For all contracted Oncologist providers, CHCN will no longer require a prior authorization (PA) for biomarkers. Please see CPT codes below.

<b>0018U</b>	<i>ONC THYR 10 MICRORNA SEQ ALG</i>
<b>0022U</b>	<i>TRGT GEN SEQ DNA&amp;RNA 1-23 GN</i>
<b>0026U</b>	<i>ONC THYR DNA&amp;MRNA 112 GENES</i>
<b>0245U</b>	<i>ONC THYR MUT ALYS 10 GEN&amp;37</i>
<b>0287U</b>	<i>ONC THYR DNA&amp;MRNA 112 GENES</i>
<b>81120</b>	<i>IDH1 COMMON VARIANTS</i>
<b>81121</b>	<i>IDH2 COMMON VARIANTS</i>
<b>81170</b>	<i>ABL1 GENE</i>
<b>81175</b>	<i>ASXL1 FULL GENE SEQUENCE</i>
<b>81176</b>	<i>ASXL1 GENE TARGET SEQ ALYS</i>
<b>81206</b>	<i>BCR/ABL1 GENE MAJOR BP</i>
<b>81207</b>	<i>BCR/ABL1 GENE MINOR BP</i>
<b>81208</b>	<i>BCR/ABL1 GENE OTHER BP</i>
<b>81210</b>	<i>BRAF GENE</i>
<b>81218</b>	<i>CEBPA GENE FULL SEQUENCE</i>
<b>81219</b>	<i>CALR GENE COM VARIANTS</i>
<b>81233</b>	<i>BTK GENE COMMON VARIANTS</i>
<b>81235</b>	<i>EGFR GENE COM VARIANTS</i>
<b>81236</b>	<i>EZH2 GENE FULL GENE SEQUENCE</i>
<b>81237</b>	<i>EZH2 GENE COMMON VARIANTS</i>
<b>81245</b>	<i>FLT3 GENE</i>
<b>81246</b>	<i>FLT3 GENE ANALYSIS</i>
<b>81270</b>	<i>JAK2 GENE</i>
<b>81272</b>	<i>KIT GENE TARGETED SEQ ANALYS</i>
<b>81273</b>	<i>KIT GENE ANALYS D816 VARIANT</i>
<b>81275</b>	<i>KRAS GENE VARIANTS EXON 2</i>
<b>81276</b>	<i>KRAS GENE ADDL VARIANTS</i>
<b>81287</b>	<i>MGMT GENE PRMTR MTHYLTN ALYS</i>
<b>81292</b>	<i>MLH1 GENE FULL SEQ</i>
<b>81293</b>	<i>MLH1 GENE KNOWN VARIANTS</i>
<b>81294</b>	<i>MLH1 GENE DUP/DELETE VARIANT</i>
<b>81301</b>	<i>MICROSATELLITE INSTABILITY</i>
<b>81305</b>	<i>MYD88 GENE P.LEU265PRO VRNT</i>
<b>81310</b>	<i>NPM1 GENE</i>



## Oncology: Biomarkers – No Authorization Required

<b>81311</b>	<i>NRAS GENE VARIANTS EXON 2&amp;3</i>
<b>81314</b>	<i>PDGFRA GENE</i>
<b>81315</b>	<i>PML/RARALPHA COM BREAKPOINTS</i>
<b>81316</b>	<i>PML/RARALPHA 1 BREAKPOINT</i>
<b>81320</b>	<i>PLCG2 GENE COMMON VARIANTS</i>
<b>81321</b>	<i>PTEN GENE FULL SEQUENCE</i>
<b>81322</b>	<i>PTEN GENE KNOWN FAM VARIANT</i>
<b>81323</b>	<i>PTEN GENE DUP/DELET VARIANT</i>
<b>81334</b>	<i>RUNX1 GENE TARGETED SEQ ALYS</i>
<b>81340</b>	<i>TRB@ GENE REARRANGE AMPLIFY</i>
<b>81342</b>	<i>TRG GENE REARRANGEMENT ANAL</i>
<b>81345</b>	<i>TERT GENE TARGETED SEQ ALYS</i>
<b>81347</b>	<i>SF3B1 GENE COMMON VARIANTS</i>
<b>81348</b>	<i>SRSF2 GENE COMMON VARIANTS</i>
<b>81351</b>	<i>TP53 GENE FULL GENE SEQUENCE</i>
<b>81352</b>	<i>TP53 GENE TRGT SEQUENCE ALYS</i>
<b>81353</b>	<i>TP53 GENE KNOWN FAMIL VRNT</i>
<b>81357</b>	<i>U2AF1 GENE COMMON VARIANTS</i>
<b>81360</b>	<i>ZRSR2 GENE COMMON VARIANTS</i>
<b>81435</b>	<i>HEREDITARY COLON CA DSORDRS</i>
<b>81436</b>	<i>HEREDITARY COLON CA DSORDRS</i>
<b>81445</b>	<i>TARGETED GENOMIC SEQ ANALYS</i>
<b>81479</b>	<i>UNLISTED MOLECULAR PATHOLOGY</i>
<b>81503</b>	<i>ONCO (OVAR) FIVE PROTEINS</i>
<b>81520</b>	<i>ONC BREAST MRNA 58 GENES</i>
<b>81546</b>	<i>ONC THYR MRNA 10,196 GEN ALG</i>
<b>88120</b>	<i>CYTP URNE 3-5 PROBES EA SPEC</i>
<b>88121</b>	<i>CYTP URINE 3-5 PROBES CMPTR</i>