

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 Chorus Community Health Plans. However, it doesn't guarantee the service or supply will be covered. Coverage is determined by the member's benefit plan. Please reference your Schedule of Benefits and Evidence of Coverage for more information on covered benefits.

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 Customer Service at 1-844-201-4672 if you're unsure that an item will be covered by your plan.

Obtaining prior authorization – The provider of the service usually submits the authorization for the service to Chorus Community Health Plans; however, it is ultimately your responsibility to ensure prior authorization was obtained before receiving services.

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 nonemergency 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 Chorus Community Health Plans will consider for authorization.

Cosmetic procedures

Any procedure that could be considered cosmetic, including but not limited to:

- Breast reduction and mastectomy for gynecomastia
- A procedure that does not improve your ability to perform a bodily function may be considered cosmetic.
- Reconstructive procedures (excluding breast reconstruction surgery following mastectomy: Breast reconstruction following a mastectomy, immediate or delayed, does not require a prior authorization).

Chorus Community Health Plans will review the request from your doctor to determine whether the request will be approved. 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.

Dialysis

Prior authorization is required for dialysis services; the facility will usually request the authorization from us.

Durable medical equipment (DME)

Chorus Community Health Plans will decide if the equipment should be purchased or rented. Prior authorization is required if the purchase price or the monthly rental price is greater than \$500. There are DME codes that require an authorization despite their retail price. 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.

Elective surgeries

Below is a list of elective surgeries that require a prior authorization:

- 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

There may be other procedures that require an authorization; your practitioner has access to a comprehensive list of services that require an authorization.

Gender affirming care

Prior authorization is required for gender affirming care services to ensure services are in accordance with current guidelines. Treatment includes surgical and non-surgical services as well as mental health services. For information on specific medications, please see the Prescription Medication List for details on coverage and prior authorization requirements.

Genetic testing (including BRCA genetic testing)

Genetic testing has grown over the last few years. Many of the available tests 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.

Hearing devices

Bone-anchored hearing device: If for some reason you are unable to wear an air conduction hearing device, Chorus Community Health Plans will consider the authorization of this service.

Cochlear implants: If your hearing impairment is not correctable by the use of standard hearing aids, Chorus Community Health Plans will review to determine if you qualify for a cochlear implant, when requested by your doctor.

Home health care

Home health care is indicated when you have a need for skilled 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 caregiver in the home.

Hospice care

Service for end-of-life care can be provided in your home or for short periods in a hospice respite facility. The providing agency has services available to you, including nursing, when your physician has determined that you meet the hospice criteria.

Inpatient hospitalization

Stays for medical, surgical, behavioral health or delivery of a baby require notification within 48 hours of admission. The facility will usually report the admission to Chorus Community Health Plans; however, it is ultimately your responsibility to ensure authorization was obtained.

Inpatient rehabilitation

This service requires prior authorization to help Chorus Community Health Plans determine the right level of care for you to continue your recovery after a hospitalization.

The facility will usually report the admission to Chorus Community Health Plans; however, it is ultimately your responsibility to ensure prior authorization was obtained.

Chorus Community Health Plans will ask the facility for specific information about your progress toward your prior functioning level to make sure you are receiving the care that will help you to return to your best level of functioning.

Mental health services

Inpatient: Stays require notification within 48 hours of admission. When you are admitted to the hospital, Chorus Community Health Plans must be notified within 48 hours. The hospital usually submits the notification; however, it is ultimately your responsibility to ensure prior authorization was obtained.

Residential treatment: This service must be approved by Chorus Community Health Plans before you are admitted. The provider of the service usually submits the authorization; however, it is ultimately your responsibility to ensure prior authorization is obtained.

Partial hospitalization: This service must be approved by Chorus Community Health Plans 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 notification; however, it is ultimately your responsibility to ensure prior authorization was obtained.

Intensive outpatient: This service must be approved by Chorus Community Health Plans 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 notification; however, it is ultimately your responsibility to ensure prior authorization was obtained.

Pain management procedures

Including but not limited to: epidural steroid injections, radio frequency ablation and spinal cord stimulators.

Chronic pain is a difficult issue. Chorus Community Health Plans would like to determine whether you are accessing all of the treatment methods to help you improve your chronic pain. A case manager from Chorus Community Health Plans may contact you to help you in coordinating your care.

PET Scans

This diagnostic service requires a prior authorization

Pharmaceutical products

These medications are reviewed by a pharmacist. Some medications may require you to try other medications, a substitute or a generic form of the medication before the requested medication will be considered.

Prosthetic devices

Prosthetics are composed of many pieces. Chorus Community Health Plans uses the prior authorization process to determine the pieces that will serve you best.

Proton beam therapy (PBT)

These services require prior authorization to ensure that you are receiving comprehensive treatment for your condition.

Radiation oncology

These services require prior authorization to ensure that you are receiving comprehensive treatment for your condition. A case manager from Chorus Community Health Plans may contact you to help you in coordinating your care during this treatment.

Skilled nursing facility

After a hospitalization, your follow-up care may require the services of a nurse and/or therapy to help you 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.

Chorus Community Health Plans 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.

Substance use disorder services

Including the following levels of care:

- **Inpatient:** When you are admitted to the hospital, Chorus Community Health Plans must be notified within 48 hours. The hospital usually does the notification; however, it is ultimately your responsibility to ensure prior authorization was obtained.
- **Partial hospitalization:** This service must be approved by Chorus Community Health Plans 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, however, it is ultimately your responsibility to ensure prior authorization was obtained.
- **Residential treatment:** This service must be approved by Chorus Community Health Plans before you are admitted. The provider of the service usually submits the authorization; however, it is ultimately your responsibility to ensure prior authorization is obtained.
- **Intensive outpatient:** This service must be approved by Chorus Community Health Plans 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; however, it is ultimately your responsibility to ensure prior authorization was obtained.

Transplants

Including all implantable cardiac mechanical devices for destination therapy (DT) or bridge transplant (BTT). This excludes corneal transplant or keratoplasty.

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. It is ultimately your responsibility to ensure prior authorization was obtained. A case manager from Chorus Community Health Plans may contact you to help you in coordinating your care.