

| Cascade Health Alliance                  | <p align="center"><b>Cascade Health Alliance PRIOR AUTHORIZATION GRID</b></p> <p align="center">Before services are provided PLEASE CHECK MMIS for:<br/>Member Eligibility &amp; Benefit Coverage.<br/>Questions please call Provider Services at (541) 883-2947</p> | <p align="center">All services, procedures must be allowable under Oregon Administrative Rules and the prioritized List for OHP. Authorization is not a guarantee of benefits or payment. Revision Date: 08/02/2021</p> |                           |                     |
|--|--|---|---------------------------|---------------------|
| Type of Service                          | Comments   | Authorization Required  | No Authorization Required | Non-Covered Benefit |
| Behavioral Health Services               | <i>See Behavioral Health Auth Grid.</i>  |   |                           |                     |
| Biopsies                                 | <b>SEE EXCEPTION 1.</b>  | X   |                           |                     |
| Cataract spectacles                      |  | X   |                           |                     |
| Cataract Surgery (in area)               | <b>ALL OUT OF AREA PROCEDURES REQUIRE AUTH.</b>  |   | X                         |                     |
| Cardiac Rehab                            |  | X   |                           |                     |
| Chemotherapy                             |  | X   |                           |                     |
| Children's Developmental Evaluations     | <b>SEE EXCEPTION 2.</b>  | X   |                           |                     |
| Clinical Trials                          |  |   |                           | X                   |
| Cosmetic Services                        |  |   |                           | X                   |
| Coumadin Clinic Services                 |  |   | X                         |                     |
| Dental Care                              | Coverage limited to general anesthesia and major medical only. For all other services please see Dental Auth Grid.   | X   |                           |                     |
| Diagnostic & Lab Services                | Pregnancy tests, routine labs and diagnostics, sweat chloride test. (Performed at SLMC or Asante)  |   | X                         |                     |
| Dialysis                                 | Notification & treatment plan required. <b>SEE EXCEPTION 18.</b>   |   | X                         |                     |
| Durable Medical Equipment/Repair         | <b>All DME requires provider order and current chart notes .</b> The following items are dispensed by CHA: Incontinence supplies, diabetic supplies and nebulizers. <b>SEE EXCEPTION 3, 20 and 22.</b>   | X   |                           |                     |
| Enteral & Nutritional formula            |  | X   |                           |                     |
| Emergency Care/Post-Stabilization Care   |  |   | X                         |                     |
| Experimental/Investigative Treatments    |  |   |                           | X                   |
| Facility Admissions                      | SNF, TCU, LTAC, acute rehab, respite, burn centers. (Current provider order, supporting clinical documentation and current ICD-10/CPT codes required.)   | X   |                           |                     |
| Gender Identity/Transgender Services     |  | X   |                           |                     |
| Genetics                                 | Counseling & Testing <b>SEE EXCEPTION 21.</b>  | X   |                           |                     |
| Hearing Aids                             |  | X   |                           |                     |
| Home Health: Skilled Nursing, OT, PT, ST | <b>SEE EXCEPTION 4.</b>  | X   |                           |                     |
| Hospice Services                         | Notification of admission required.  |   | X                         |                     |

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| Injectable, Chemotherapy, Infusion, Transfusion Outpatient | Requires clinical pharmacist review for medical appropriateness in addition to UM review. <b>SEE EXCEPTION 5.</b>   | X  |                           |                     |
| In-patient Admissions                                      | Notification and clinical (UR) notes required.  |  | X                         |                     |
| Nutrition & Dietician Assessment/Counseling                | For above the line DX, up to six visits without an authorization; ANY additional visits require auth.   |  | X                         |                     |
| Outpatient surgery & Procedures                            | <b>SEE EXCEPTION 6, 23 and 24.</b>  | X  |                           |                     |
| Oxygen   | Requires current chart notes with qualifying O2 saturation (annually for resting/exercising sats and every 3 years if qualifying by overnight oximetry) <b>SEE EXCEPTION 17.</b>  | X  |                           |                     |
| Pacemaker Check  | When performed locally or in Medford, OR.   |  | X                         |                     |
| Preventive Care  | Well exams (woman, child, adolescent) , contraceptive supplies, screenings for STDs.  |  | X                         |                     |
| Pulmonary Rehab  |   | X  |                           |                     |
| Interventional Radiology                                   |   | X  |                           |                     |
| Radiology Advanced   | PET Scan, MRI and MRA.  | X  |                           |                     |
| Radiology Routine (in area)                                | X-rays, ultra-sounds, VPE, UGI, DEXA scan, bone scan, nuclear medicine scans, CT, CT Myelogram, low-dose lung cancer screening CT. <b>ALL OUT OF AREA PROCEDURES REQUIRE AUTH. SEE EXCEPTION 25.</b>  |  | X                         |                     |
| Radiation Oncology Treatments                              |   | X  |                           |                     |
| Second Opinion(s)  | Includes initial evaluation and two follow up visits.   | X  |                           |                     |
| Sensitive Services   | Includes HIV testing/counseling, sexual abuse exams; in or out of network coverage.   |  | X                         |                     |
| Sleep studies  | In home sleep studies   |  | X                         |                     |
| Sleep studies  | Observed sleep studies  | X  |                           |                     |
| Specialist (in area)                                       | Initial eval and two follow up visits; ANY additional visits require auth. <b>SEE EXCEPTIONS 10, 11, 16 and A.</b>  |  | X                         |                     |
| Specialist (out of area)                                   | <b>SEE EXCEPTIONS 7, 8 and 9.</b>   | X  |                           |                     |
| Standard Diagnostic Procedures (in area)                   | EKG, Holter Monitor, PFT, KUB, Nuchal Translucency Scan, Transthoracic Echo, EEG, Pacemaker Checks, Video Swallow Study, Colonoscopy, upper or lower endoscopy and EMB. <b>ALL OUT OF AREA PROCEDURES REQUIRE AUTH. SEE EXCEPTIONS 7 and 8.</b>   |  | X                         |                     |

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| Specialty Diagnostic Procedures (in area)  | Hida scan, CT angio, gastric emptying study, mammogram, doppler, heart cath., stress/pharmacologic or trans-esophageal echocardiograms, NCS, colposcopies and hysterosalpingogram. <b>ALL OUT OF AREA PROCEDURES REQUIRE AUTH. SEE EXCEPTIONS 8, 11 AND 12.</b> |   | X                         |                     |
| Sterilization (male/female)  | Completed sterilization form must be submitted with claim, per OHP rules.   |   | X                         |                     |
| Substance Abuse Treatment  | <b>See Behavioral Health Auth Grid.</b>   |   |                           |                     |
| Therapy: Açu/Chiro/Massage/OT/PT/ST  | <b>SEE EXCEPTIONS 13 and A.</b>   | X   |                           |                     |
| Transplant Services  | <b>SEE EXCEPTION 14.</b>  | X   |                           |                     |
| Vaccines/Immunizations   |   |   | X                         |                     |
| Vison Services (routine)   | <b>SEE EXCEPTION 10, 14 and 15.</b>   |   |                           | X                   |
| Wound care   |   |   | X                         |                     |
| Medicare/Atrio Prime   | <b>Auth required for all NON-COVERED MEDICARE services ONLY.</b> No Authorization required for Medicare/Atrio covered services.   |   |                           |                     |
| <b>All authorization requests require current clinical documentation, valid ICD-10, CPT/HCPCS and quantities. If required information is not received in a timely manner, auth may be cancelled due to incompleteness.</b> |   |   |                           |                     |

**EXCEPTIONS I. - NO AUTH REQUIRED FOR:**

1. Biopsies performed in office by in area providers.
2. ECI evaluation/services.
3. DME dispensed by PCP, Klamath Orthopedic Clinic or SLMC under \$300.00 and/or standard and two wheeled walkers.
4. In area Home Health initial eval and five visits.
5. IV hydration at SLMC or RBC/platelets at SLMC.
6. Port-a-cath placement/removal or placement/removal/care of vascular device performed locally.
7. Gastroenterology Consultants (Medford, OR) are allowed diagnostic testing completed during first three visits/upper or lower endoscopy performed at a facility in Medford Oregon.

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**EXCEPTIONS I. (continued) - NO AUTH REQUIRED FOR:**

- 8. Medford Oregon cardiologists are allowed TEE/TTE/stress tests/echo/EKG/holter monitor/doppler/heart cath performed in clinic or at a facility in Medford Oregon.
- 9. Asante ENT, Asante Maternal Fetal Health, Dr. Ali, Gastroenterology Consultants, Medford Cardiologist, Medford Pacemaker Clinic, Medford area Neurologists and Renal Care Consultants are allowed an initial evaluation and two follow up visits.
- 10. In area ophthalmology are allowed one annual diabetic medical eye exam for members twenty-one and older or up to three medical eye exams for members age twenty years old and younger.
- 11. In area audiology are allowed one annual basic or comprehensive hearing exam.
- 12. Pediatric EEG/EKG/echocardiogram in clinic or at a facility in Oregon.
- 13. In area licensed OT/PT/ST are allowed:
  - a. eleven therapy sessions (initial eval + 10 visits) for above the line diagnoses, per episode of care for members age 21 and older
  - b. thirty therapy sessions (initial eval + 29 visits) for above the line diagnoses, per episode of care for members age 20 and younger.
  - c. three therapy sessions (initial eval + 2) for below the line diagnoses, per episode of care.

Requests for spine pain require BOTH Keele STarT and Oswestry questionnaires for initial and/or continued therapy.
- 14. Corneal Transplants performed locally and/or in Medford Oregon or renal transplants in state.
- 15. Annual routine vision exam and hardware with in area providers for members age twenty and younger.
- 16. ICCM members do not need prior authorization for an initial eval and two follow up visits with in area specialists.
- 17. Oxygen for members 18 years old and younger.
- 18. Tests and treatments related to dialysis.
- 19. In area podiatry are allowed initial eval and two follow up visits for a diagnosis of ulcer.
- 20. BP monitor/cuff or finger pulse oximeter (detailed prescription from ordering provider required).
- 21. Genetic counseling in Medford by OHSU
- 22. Hearing aid batteries- up to 60 individual batteries per hearing aid in a 12 month period. (must meet OHP criteria for a hearing aid)
- 23. D&C for miscarriage.
- 24. Lumbar puncture
- 25. A low-dose CT lung cancer screening test performed at a facility in Medford Oregon.

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**EXCEPTIONS II. - AUTH REQUIRED FOR:**

- A. Acupuncture, allergy/asthma, chiropractic, dermatology, massage, neurosurgery, ophthalmology, podiatry and rheumatology.
- B. All out of area care unless otherwise specified above.