

**Children's Community Health Plan  
Prior Authorization List  
Toll Free Phone Number – 800-482-8010  
Fax Number – 608-836-6516**

**The requirement for notification is the responsibility of the participating provider furnishing the service/care.**

Services	Explanation
Admissions	All inpatient admissions.
Behavioral health services	All Inpatient Mental Health and AODA admissions. PHP and IOP.
Cosmetic or Reconstructive Surgery	Medical necessity determination EXCEPTION: Breast reconstruction requires PA; however, PA is <i>waived</i> for breast reconstruction when performed following a mastectomy for breast cancer. (Breast reconstruction is identified by CPT codes 19316-19325, 19340-19350, 19357-19369, and 19380-19396.) This is pursuant to the federal Women's Health and Cancer Rights Act of 1998. Claims for breast reconstruction must include an ICD-9-CM diagnosis code for breast cancer (174.0-174.9, 175.0-175.9, 233.0, 238.3, 239.3) in order for the PA requirement to be waived.
Dental – outpatient hospital or ambulatory surgery center	Prior authorization required if member is age 8 and older.
Durable Medical Equipment (DME) > \$500	DME with retail cost of >\$500 whether for purchase or rental; must use network providers
Gastric Bypass Surgery	Medical necessity determination
Home Health Services	All home based services, including nursing, therapies including Birth to Three, IV infusion and hospice.
Out of Network Service	Services provided by a non-plan provider in any category.
Prosthetics > \$1,000	Prosthetics with retail cost of > \$1000. Must use network providers
<b>The following services do not require prior authorization when done in-plan but we do request notification for:</b>	
Transplants	Notification of all organ transplants.
<b>Provider Reminder</b>	
Abortion/Hysterectomy/Sterilization	Federal Sterilization Informed Consent form must be submitted with claims for sterilizations and hysterectomies. Failure to comply with any of the requirements will result in denial of all claims associated with these procedures.

**Chiropractic Services** – not covered by CCHP. Members may use any Medicaid-certified chiropractor on a fee for service (FFS) basis.

**Vision:** - no referral required; must use Herslof Opticians. Routine vision services are covered annually. Referral for medical conditions must be to in-plan ophthalmologists. See listing in the CCHP Provider Services Directory.