

## Willamette Valley Community Health CCO Referral/Pre Authorization Grid

\*\*\*If service not indicated as needing a referral/PA on this grid, no referral/PA required, claim will only be reimbursed if service is a benefit of the members' Oregon Health Plan\*\*\*

### Referral/Pre Authorization Contacts

**Members A-E: 503-581-7010 Option 2 Option 1**

**Members F-L: 503-581-7010 Option 2 Option 2**

**Members M-R: 503-581-7010 Option 2 Option 3**

**Members S-Z: 503-581-7010 Option 2 Option 4**

SERVICE OR PROCEDURE	WVCH	
	Pre Auth	Referral
<b>PREVENTIVE AND WELLNESS SERVICES</b>		
Immunizations - Excludes Synagis which requires a PA	No	No
Preventive Exams (includes Pap & Pelvic) Limited benefit	No	No
Diabetes Education Limited benefit	Yes	No
<b>PHYSICIAN SERVICES</b>		
<a href="#">Consultation with Specialist ** Click here to view current policy***</a>	No	Yes-See Policy
Follow Up visit after ER (with specialist)	No	Yes
<a href="#">PT, OT ST Evaluations ** Click here to view current policy***</a>	No- See Policy	No
Outpatient Therapy Treatments i.e. PT, OT, ST.	Yes	No
Allergy Test Treatment - No benefit - Exception Only	Yes	No
<b>OUTPATIENT HOSPITAL SERVICES</b>		
Surgical Services	Yes	No
Ambulatory clinic services(STEPS, SHAPES, SHOTS, STARS etc)	Yes	No
Plasmapheresis	Yes	No
Pulmonary& Cardiac Rehabilitation	Yes	No
Pain Management Program	Yes	No
<b>INPATIENT HOSPITAL SERVICES</b>		
Inpatient Stays-UM notification w/in 24 hours	Yes	No
Inpatient Rehab Center	Yes	No
Intermediate Care Facility		
Therapies	Yes	
Skilled Nursing Facility Stays	Yes	No
Home Health Care Services	Yes	No
Hospice	Yes	No
<b>WVCH* MENTAL HEALTH AND CHEMICAL DEPENDENCY</b>		
Inpatient Mental Health Treatment- Call Behavioral Care Network at 503-361-2647		
Inpatient Chemical Dependency - 3 day medical detox only	Yes	No
Outpatient Mental Health - Call Behavioral Care Network at 503-361-2647		
Outpatient Chemical Dependency - Members can self refer to contracted providers, Call Behavioral Care Network at 503-361-2647		
<b>EMERGENCY SERVICES</b>		
Emergency Room, Urgent Care (Processed after receipt of claim)	No	Yes
Non emergency out of area services	No	Yes

COVERAGE FOR ADDITIONAL SERVICES AND SUPPLIES- benefit limits may apply		
Durable Medical Equipment (Certificate of Medical Necessity)	Yes	No
<a href="#">Disposable Medical Supplies</a> <b>**Click here to view current policy***</b>	Yes-See Policy	No
Orthotics/Prosthetics	Yes	No
Chiropractic Services: Coverage dependent on medical review	No	Yes
VISION SERVICES-OHP benefit limits may apply		
HEARING SERVICES		
Routine Hearing Exams: Subject to OHP Benefit	No	Yes
Hearing Aid Repairs	Yes	No
Hearing Aids: Subject to OHP Benefit	Yes	No
COMMON DIAGNOSTIC PROCEDURES- All diagnostic procedures require a referral to the ordering physician with a diagnostic option, and PA if indicated.		
24hr ECG monitor and real time analysis CPT 93236	Yes	
24 hour PH Probe with admission	Yes	
Biopsy - Skin	Yes	
Colonoscopy PA required ONLY if less than 50 years of age	No-over 50	
Discogram	Yes	
24 hour Video <b>EEG admit</b>	Yes	
EGD (Esophagogastroduodenoscopy and upper endoscopy)	Yes	
EGD with Botox	Yes	
Hysteroscopy with Ablation(58563)	Yes	
MRI Scan	Yes	
MRA Scan	Yes	
Pet Scans, META Scans, SPECT Scans, MUGA scans	Yes	
Proton Beam Treatment	Yes	
Sleep Studies (auth required for initial consult w/1 f/u)	Yes	
SURGICAL PROCEDURES- All surgical procedures require a referral to the performing physician with a surgery option, and PA if indicated.		
Any procedure requiring early admit or extended stay(longer than usual and customary)	Yes	
Co-Surgeons	Yes	
Hysterectomies	Yes	
In patient surgery	Yes	
MOHS	Yes	
Outpatient Dental Surgery- Anesthesia and Facility Only	No	
Out patient surgery	Yes	
Shunt Placement/Replacement	Yes	
OTHER		
Joint Injections - Synvisc, Hyalgen, Supartz (OHP Exclusion)	Excluded	Excluded
Chemotherapy (Administered in Office)	No	Yes
Epidural steroid injections	Yes	No
Facet Injections- Not covered by OHP	Yes	
Trigger Point Injections Not covered by OHP	Yes	
Radio Frequency Nerve Ablation	Yes	No

Genetic Testing-There is a reasonable expectation that the results of genetic testing will alter the patient's treatment plan.	Yes	Yes
Transplants	Yes	Yes
Implanted patient-activated cardiac event recorder CPT 33282	Yes	Yes
Investigational/Experimental	Yes	Yes
Infertility Procedures	Yes	Yes
Bariatric Surgery	Yes	Yes
Plastic, Reconstructive and Cosmetic Procedures	Yes	Yes
Clinical Trials- OHP Exclusion	Excluded	Excluded
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