

# 2016 Summary of Changes



COMMUNITY HEALTH PLAN  
of Washington™

Community **HealthFirst**™  
Medicare Advantage Plans

## 2016 Prior Authorization List and Utilization Guidelines

Q3 update: July 1, 2016

Community Health Plan of Washington is accountable for our members' safety and ensures appropriate care. Based on semi-annual reviews of utilization data, changes to the PA list are made. It is important that both the provider and the health plan work in partnership to ensure appropriate care for those we serve.

Below is a summary of the changes to the Prior Authorization List and Utilization Guidelines from 2015 to 2016. Please refer to the complete 2016 Prior Authorization List and Utilization Guidelines for all the services that require prior authorization.

Removed from Prior Authorization List	
Category:	Specific Service:
Home Health Services:	Infusion & Enteral Feedings ( Equipment ONLY)
Outpatient and Specialty Services:	Dialysis and Dialysis Management Services (PA for Dialysis is no longer required. <b>Notification is required.</b> Refer to the PA List for information about the Dialysis Notification Form.)

Changes to existing requirements	
Category:	Specific Service:
Outpatient and Specialty Services:	Speech Therapy (No PA required for Apple Health individuals 20 and under.)
Durable Medical Equipment Prosthetics & Medical Supplies:	Enteral Nutrition (No PA required for individuals 20 and under.)

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Added to Prior Authorization List	
Category:	Specific Service:
Mental Health:	Neuropsychological Testing
Surgical Procedures:	Cardiac Stents - Apple Health Only Shoulder Arthroscopy Knee Arthroscopy Tympanostomy Tubes (16 and under) - Apple Health Only Spinal Injections - Apple Health Only Extracorporeal Membrane Oxygenation - Apple Health Only
Output and Specialty Services:	Orthoptic/Pleoptic Training Spinal Injections - Apple Health Only
Injectable Drugs	Belimumab (Benlysta) Canakinumab (Ilaris) Docetaxel (Taxotere) Pertuzumab (Perjeta) Nanoparticle albumin bound paclitaxel (Abraxane) Tocilizumab (Actemra) Pemetrexed (Alimta) Ramucirumab (Cyramza) Vedolizumab (Entyvio) Epoprostenol Cetuximab (Erbitux) Ado-trastuzumab Emansine (Kadcyla) Pembrolizumab (Keytruda) Alemtuzumab (Lemtrada) Hydroxyprogesterone caproate (Makena) Nivolumab (Opdivo) Abatacept (Orencia) Zoledronic Acid (Reclast, Zometa) Trepstinil (Remodulin) Golimumab (Simponi Aria) Aripiprazole Lauroxil (Aristada)- Apple Health Only Paliperidone Palmitate (Invega Trinza) - Apple Health Only
Inpatient Services	Administrative Days following denial of inpatient days require prior authorization.