CHA
Health Plan

What is a Referral or Authorization?

A referral means you need your doctor's approval to get a service. Referrals may be written or by phone. Your doctor will take care of any referrals you need. We want you to get the care you need. An authorization shows that the Plan has approved your doctor's service request for you.

Authorizations or approvals can take up to fourteen (14) days from the time we receive the request at the Plan. Most of the time it is faster. This is for non-emergency problems. If it is an urgent request, we review it in 3 business days or less. Some emergency referrals are done over the phone.

If your doctor asks the Plan for an approval and it is denied, we will send you a letter to let you know that we denied it and why. If you or your doctor do not agree with the Plan's decision you can file an appeal. The letter we send will tell you how to file an appeal. In an appeal, someone different from the person who denied the authorization looks at your case and the decision made. You will find more information about appeals in the Grievance and Appeals section of your Member Handbook.

What Benefits DO NOT Require a Prior Authorization?

- Preventive and screening services, including well child check-ups for children and annual health check-ups for adults
- Family Planning
- Participating Office/free standing laboratory tests at labs consistent with CLIA guidelines
- Emergent transportation services
- Urgent or emergent care at participating Urgent Care Centers or any Emergency Room
- County Health Departments (CHD)
- Federally Qualified Health Centers
- Rural Health Clinics and federally funded migrant health centers when providing:
    - Vaccines
    - STD diagnosis/treatment
    - Rabies diagnosis/immunization
    - Family planning services and related pharmaceuticals
    - School health services and urgent services

What Benefits DO Require a Prior Authorization?

- Inpatient and observation admissions
- Admission to any rehabilitation and skilled nursing facility
- All surgical procedures, inpatient or outpatient
- Abortions, Hysterectomies, sterilization procedures
- Cosmetic or Reconstructive Surgery, including but not limited to:
    - Breast reconstruction or reduction
    - Blepharoplasty
    - Venous procedures
    - Sclerotherapy
- Services and items:
    - Allergy (immunotherapy),
    - Ambulance transportation (non-emergent)
    - Amniocentesis
    - Cardiac and pulmonary rehabilitation programs
    - Circumcisions after 12 weeks of age
    - Court-ordered services
    - Chemotherapy
    - Dialysis
    - DME, including apnea monitors and bili-blankets
    - Upper endoscopies at colonoscopies at hospitals
    - Genetic testing
    - Gamma Knife, Cyberknife
    - Hearing aids
    - Home Health Services
    - Hospice care
    - Hyperbaric Oxygen Therapy (HBO)
    - Investigational and experimental procedures and treatments
    - IV Infusions
    - Laboratory services
    - Lithotripsy
    - Mental Health
    - Nutritional counseling
    - MRI's, MRA's
    - Oral Surgery
    - Oxygen therapy and equipment
    - Out-of-Network Services
    - Pain Management and or Pain Injections
    - PET Scans
    - Prenatal care
    - Orthotics and Prosthetics, including Cranial Orthotics
    - Physical, Occupational and Speech Therapy
    - Radiation therapy
    - SPECT scans
    - Transplants and pre and post-transplant evaluations
    - Wound Care and wound vacuums
    - Drugs that require pre-authorization