O Quick Guide

Important Telephone Numbers

Important Telephone Number	'S
Culinary Health Fund www.culinaryhe	althfund.org
Customer Service Office. Mon-Fri 7:30am to 6pm	702-733-9938
Healthcare Services (Provider Line).	702-892-7313, #2
Culinary Pharmacy (St. Louis Square)	==
Culinary Pharmacy (Nellis Health Ctr)	
Culinary Pharmacy (Durango Health Ctr)	
Culinary Pharmacy (Craig Health Ctr)	
Advocacy	/02-691-5665
Nevada Health Solutions (NHS) https://provider.nevadahealthsolutions.org	/production/login.jsp
Mon-Fri, 8:00am to 5:00pm.	855-392-0778
Harmony Healthcare www.harmone Behavioral Health Benefits	
24 hours a day/ 7 days a week	702-251-8000
Rapid Response	702-788-9875
OptumRx Prescription Services www.optumrx.com	
24 hours a day/ 7 days a week	866-611-5960
Clinical Pathology Laboratories (CPL)	
www.cpllabs.com	702-795-4900
Cooperative Association of Chiroprac (CACP)	tic Physicians
Mon-Fri, 9:00am to 5pm.	702-365-5981
Nevada Dental Benefits	
Mon-Fri, 8am to 5:30pm	702-478-2014
Zelis / ePayment	
www.zelispayments.com	855-774-4392
Nocturna	
Mon-Fri, 9am to 5pm	702-896-7378
DME Providers	·
Apria Healthcare	
A A Medical	
Gabel Distributors	
Preferred Homecare	
State Medical Equipment	800-538-9555
Prosthetics and Orthotics Providers Brace It	702 470 5040
D. Danz & Sons	
Dia Foot Prosthetics Advancement Lab	
Prosthetic Centers of Excellence	
Radiology Providers	02 007-1710
Pueblo Medical Imaging	702-228-0031
SimonMed Imaging	
Steinberg Diagnostics	
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Mon-Sat, 5am to 8pm; Sun 8am-5pm____866-800-5457

EyeMed



Effective 9/1/2024

Revised: 8/10/2025

PREVENTIVE SERVICES (DO NOT REQUIRE A COPAY)

- Immunizations for Adults and Children
- Well Baby/Child Exams
- Wellness/Physical Exams
- Colonoscopy/Sigmoidoscopy (up to age 74)
- Mammogram
- Dexascan
- **Nutritional Counseling**
- **Smoking Cessation**
- Low Dose CT Scan

SERVICE DESCRIPTION	COPAY
Office Visit - PCP (FP, IM, PEDS, OB/GYN)	\$25 per visit
Office Visit - Ophthalmologist or Optometrist	\$20 per visit
Office Visit - Specialist	\$40 per visit
Urgent Care Visit	\$50 per visit
Chiropractor	\$15 per visit
Acupuncture	\$15 per visit; 12 visits/year
Injection	No Copay
Hearing and Speech Exam	No Copay
Allergy Testing/Immunotherapy	No Copay
IV Treatment	No Copay
Pulmonary Treatment	No Copay
X-ray/US (in select physician offices)	\$30 per visit
MRI/CAT Scan (in select physician offices)	\$125 per visit
PET Scan (in select physician offices)	\$225 per visit
Lab (Only if tests are processed at Clinical Pathology Laboratories)	No Copay
All other Physician Office procedures	No Copay
Culinary Pharmacy I & II	No Copay
Tier 1 - Generic Drugs	\$10
Tier 2 - Formulary Drugs	\$20
Tier 3 - Non-Formulary Drugs	\$35
X-Ray/US at PPO Radiology Facility	\$20 per visit
MRI/CAT Scan at PPO Rad. Facility	\$125 per visit
PET Scan at PPO Radiology Facility	\$175 per visit
Ambulatory Surgery Center Outpatient Surgery at Hospital	\$150 per visit \$250 per visit

Services Requiring Prior Authorization

	IN OFFICE (PLACE OF SERVICE II)
CUSTOM COMPRESSION	AUTHORIZATION REQUIRED
STOCKINGS*	*LIMITED TO FUND CONTRACTED PROVIDERS NO AUTHORIZATION REQUIRED WHEN PERFORMED BY COHEN, CURTIS, FARZIN, MEOZ AND SCHWARTZ
CYBER KNIFE	(TIN: 27223260)
> 4 = · ·	Durable medical equipment items that are over \$500 require authorization (whether it is a rental or purchase, to
DME*	include oxygen equipment over \$500, i.e. oxygen concentrators) *LIMITED TO FUND CONTRACTED PROVIDERS
HEMATOLOGY/ONCOLOGY SERVICES	ALL HEMATOLOGY/ONCOLOGY NOT PROVIDED BY COMPREHENSIVE CANCER CENTERS OF NEVADA REQUIRES PRIOR AUTHORIZATION
HOME EEG MONITORING	AUTHORIZATION REQUIRED
HYPERBARIC TREATMENT	AUTHORIZATION REQUIRED
ABORATORY SERVICES	CLINICAL PATHOLOGY LABORATORIES IS THE CULINARY HEALTH FUND'S EXCLUSIVE LABORATORY PROVIDER AND MUST BE USED FOR ALL OUTPATIENT LABORATORY SERVICES
LABORATORY - ALL	AUTHORIZATION REQUIRED
GENETIC TESTING*	*LIMITED TO FUND CONTRACTED PROVIDERS
OFFICE ADMINISTERED	DRUGS INDICATED REQUIRE AUTHORIZATION: Biologics and Implantable Hormone Replacement Therapy
DRUGS	PLEASE CALL HEALTHCARE SERVICES AT (702) 892-7313 IF YOU HAVE QUESTIONS REGARDING COVERAGE OF A SPECIFIC DRUG
ORTHOTIC & PROSTHETIC APPLIANCES*	Orthotic & Prosthetic Appliances that are over \$500 require authorization *LIMITED TO FUND CONTRACTED PROVIDERS
RADIOLOGY SERVICES	Services performed by a PPO Freestanding Radiology Facility do not require prior authorization
	For Radiology Services NOT performed at a PPO Freestanding Radiology Facility authorization is required for: CT,
	Discography, Fetal Biophysical Profiles, MRI, PET Scans NOCTURNA IS THE CULINARY HEALTH FUND'S EXCLUSIVE SLEEP STUDY PROVIDER Requires authorization and
SLEEP STUDIES	must be ordered by a Cardiologist, ENT, Neurologist, Pulmonologist or Culinary Health Center - Primary Care
SURGERY	AUTHORIZATION REQUIRED FOR CERTAIN PROCEDURES.
/ARICOSE VEINS	AUTHORIZATION REQUIRED - LIMITED TO SELECT SPECIALTIES
TMJ PROCEDURES	AUTHORIZATION REQUIRED
	HOME HEALTH AND HOME INFUSION SERVICES (PLACE OF SERVICE 12)
	AUTHORIZATION REQUIRED
	INPATIENT (PLACE OF SERVICE 21, 31, 61)
ALL INPATIENT ADMISS	IONS REQUIRE AUTHORIZATION, INCLUDING ELECTIVE ADMISSIONS AND THOSE RESULTING FROM ER OR OBSERVATION STAY
	OUTPATIENT HOSPITAL (PLACE OF SERVICE 22)
HYPERBARIC & WOUND CARE TREATMENT	AUTHORIZATION REQUIRED
OBSERVATION	All observation admissions require prior authorization
	Services performed by a PPO Freestanding Radiology Facility do not require prior authorization
RADIOLOGY SERVICES	For Radiology Services NOT performed at a PPO Freestanding Radiology Facility authorization is required for: CT, Discography, Fetal Biophysical Profiles, MRI, PET Scans
SLEEP STUDIES	Requires authorization and must be ordered by a Cardiologist, ENT, Neurologist, Pulmonologist or Culinary Health Center - Primary Care
SURGERY & INVASIVE DIAGNOSTIC PROCEDURES	AUTHORIZATION REQUIRED (Exception: Colonoscopy and EGD procedures do not require prior authorization)
	AMBULATORY SURGERY CENTER (PLACE OF SERVICE 24)
AUTHORIZA	ATION REQUIRED (Exception: Colonoscopy and EGD procedures do not require prior authorization)
	DIALYSIS CENTER (PLACE OF SERVICE 65)
	AUTHORIZATION NOT REQUIRED FOR CONTRACTED FACILITIES
	INDEPENDENT LABORATORY (PLACE OF SERVICE 81)
CLINICAL PATHOLOGY	LABORATORIES IS THE CULINARY HEALTH FUND'S EXCLUSIVE LABORATORY PROVIDER AND MUST BE USED FOR ALL OUTPATIENT LABORATORY SERVICES
ALL GENETIC TESTING	AUTHORIZATION REQUIRED
BEH	HAVIORAL HEALTH (BH) SERVICES (PLACE OF SERVICE 51, 52, 53, 54, 55, 56, 57)
INIPATIENT & OLITPATIENT	

TRANSPLANT SERVICES

AUTHORIZATION IS REQUIRED FOR ALL TRANSPLANT SERVICES INCLUDING CONSULTS

All behavioral health services require authorization through Harmony Healthcare (702) 251-8000

INPATIENT & OUTPATIENT

BH SERVICES