

# PPO Quick Guide

## Important Telephone Numbers

Culinary Health Fund [www.culinaryhealthfund.org](http://www.culinaryhealthfund.org)

Customer Service Office.....702-733-9938  
 Mon-Fri 7:30am to 6pm  
 Healthcare Services (Provider Line).....702-892-7313, #2  
 Culinary Pharmacy (St. Louis Square).....702-650-4417  
 Culinary Pharmacy (Nellis Health Ctr).....702-963-9400  
 Culinary Pharmacy (Durango Health Ctr).....725-223-2100  
 Culinary Pharmacy (Craig Health Ctr).....725-332-6464  
 Advocacy.....702-691-5665

### Nevada Health Solutions (NHS)

<https://nhs.acuitynxt.com/providerportal/>

Mon-Fri, 8:00am to 5:00pm.....855-392-0778

### Harmony Healthcare.....www.harmonyhc.com

Behavioral Health Benefits  
 24 hours a day/ 7 days a week.....702-251-8000  
 Rapid Response.....702-788-9875  
 ABA Therapy Prior Auth Phone.....702-788-9875  
 ABA Therapy Prior Auth Fax.....702-471-0154

### OptumRx Prescription Services

[www.optumrx.com](http://www.optumrx.com)  
 24 hours a day/ 7 days a week.....866-611-5960

### Clinical Pathology Laboratories (CPL)

[www.cpllabs.com](http://www.cpllabs.com).....702-795-4900

### Cooperative Association of Chiropractic Physicians (CACCP)

Mon-Fri, 9:00am to 5pm.....702-365-5981

### Nevada Dental Benefits

Mon-Fri, 8am to 5:30pm.....702-478-2014

### Nocturna

Mon-Fri, 9am to 5pm.....702-896-7378

### DME Providers

Apria Healthcare.....702-736-4466  
 A A Medical.....702-368-4477  
 Gabel Distributors.....702-640-0113  
 Preferred Homecare.....702-951-6900  
 State Medical Equipment.....800-538-9555

### Prosthetics and Orthotics Providers

Brace It.....702-478-5848  
 D. Danz & Sons.....702-258-6256  
 Dia Foot.....702-970-7166  
 Prosthetics Advancement Lab.....702-609-9203  
 Prosthetic Centers of Excellence.....702-384-1410

### EyeMed

Mon-Sat, 5am to 8pm; Sun 8am-5pm.....866-800-5457

### Radiology Providers

Pueblo Medical Imaging.....702-228-0031  
 SimonMed Imaging.....702-433-6934  
 Steinberg Diagnostics.....702-732-6000



Effective 1/1/2026

Revised: 2/24/2026

## 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
ABA Therapy	\$25 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 Health Fund Pharmacies	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	\$150 per visit
Outpatient Surgery at Hospital	\$250 per visit

## Services Requiring Prior Authorization

IN OFFICE (PLACE OF SERVICE 11)	
ABA THERAPY	AUTHORIZATION REQUIRED *LIMITED TO FUND CONTRACTED PROVIDERS
CUSTOM COMPRESSION STOCKINGS*	AUTHORIZATION REQUIRED *LIMITED TO FUND CONTRACTED PROVIDERS
CYBER KNIFE	NO AUTHORIZATION REQUIRED WHEN PERFORMED BY COHEN, CURTIS, FARZIN, MEOZ AND SCHWARTZ (TIN: 27223260)
DME*	Durable medical equipment items that are over \$500 require authorization (whether it is a rental or purchase, to include oxygen equipment over \$500, i.e. oxygen concentrators) *LIMITED TO FUND CONTRACTED PROVIDERS
HEMATOLOGY/ONCOLOGY SERVICES	ALL HEMATOLOGY/ONCOLOGY <b>NOT</b> PROVIDED BY <b>COMPREHENSIVE CANCER CENTERS OF NEVADA</b> REQUIRES PRIOR AUTHORIZATION
LABORATORY SERVICES	<b>CLINICAL PATHOLOGY LABORATORIES</b> IS THE CULINARY HEALTH FUND'S EXCLUSIVE LABORATORY PROVIDER AND MUST BE USED FOR ALL OUTPATIENT LABORATORY SERVICES
LABORATORY - ALL GENETIC TESTING*	AUTHORIZATION REQUIRED *LIMITED TO FUND CONTRACTED PROVIDERS
OFFICE ADMINISTERED DRUGS	DRUGS INDICATED REQUIRE AUTHORIZATION: Biologics and Implantable Hormone Replacement Therapy <b>PLEASE CALL HEALTHCARE SERVICES AT (702) 892-7313 IF YOU HAVE QUESTIONS REGARDING COVERAGE OF A SPECIFIC DRUG</b>
ORTHOTIC & PROSTHETIC APPLIANCES*	Orthotic & Prosthetic Appliances that are over \$500 require authorization *LIMITED TO FUND CONTRACTED PROVIDERS
RADIOLOGY SERVICES	Services performed by a <b>PPO</b> Freestanding Radiology Facility do not require prior authorization
	For Radiology Services <b>NOT</b> performed at a <b>PPO</b> Freestanding Radiology Facility authorization is required for: CT, Discography, Fetal Biophysical Profiles, MRI, PET Scans
SLEEP STUDIES	<b>NOCTURNA</b> IS THE CULINARY HEALTH FUND'S EXCLUSIVE SLEEP STUDY PROVIDER Requires authorization and must be ordered by a Cardiologist, ENT, Neurologist, Pulmonologist or Culinary Health Center - Primary Care
SURGERY	AUTHORIZATION REQUIRED FOR CERTAIN PROCEDURES.
VARICOSE VEINS	AUTHORIZATION REQUIRED - LIMITED TO SELECT SPECIALTIES
TMJ PROCEDURES	AUTHORIZATION REQUIRED
HOME HEALTH, HOME EEG MONITORING, HOME SLEEP STUDIES AND HOME INFUSION SERVICES (PLACE OF SERVICE 12)	
AUTHORIZATION REQUIRED	
INPATIENT (PLACE OF SERVICE 21, 31, 61)	
ALL INPATIENT ADMISSIONS 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
RADIOLOGY SERVICES	Services performed by a <b>PPO</b> Freestanding Radiology Facility do not require prior authorization
	For Radiology Services <b>NOT</b> performed at a <b>PPO</b> 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 <b>not</b> require prior authorization)
AMBULATORY SURGERY CENTER (PLACE OF SERVICE 24)	
AUTHORIZATION 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)	
<b>CLINICAL PATHOLOGY LABORATORIES</b> IS THE CULINARY HEALTH FUND'S EXCLUSIVE LABORATORY PROVIDER AND MUST BE USED FOR ALL OUTPATIENT LABORATORY SERVICES	
ALL GENETIC TESTING	AUTHORIZATION REQUIRED
BEHAVIORAL HEALTH (BH) SERVICES (PLACE OF SERVICE 51, 52, 53, 54, 55, 56, 57)	
INPATIENT & OUTPATIENT BH SERVICES	All behavioral health services require authorization through Harmony Healthcare (702) 251-8000
TRANSPLANT SERVICES	
AUTHORIZATION IS REQUIRED FOR ALL TRANSPLANT SERVICES INCLUDING CONSULTS	