

PPO Quick Guide

Important Telephone Numbers

Culinary Health Fund 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
 24 hours a day/ 7 days a week.....866-611-5960

Clinical Pathology Laboratories (CPL)

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.....702-207-9500
 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: 4/07/2026

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 NOT PROVIDED BY COMPREHENSIVE CANCER CENTERS OF NEVADA REQUIRES PRIOR AUTHORIZATION |
| LABORATORY SERVICES | CLINICAL PATHOLOGY LABORATORIES 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 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 |
| SLEEP STUDIES | NOCTURNA 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 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 |
| 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) | |
| 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) | |
| 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 |
| 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 | |