



**AUTHORIZATION GUIDELINES - CareOregon  
OHP Plus Members - Revised **February 15, 2012****

<b>INSTRUCTIONS:</b>	
<ol style="list-style-type: none"> <li>1. Authorization is NOT required for members who have <b>Medicare A or B</b> or other <b>primary medical insurance</b> coverage for services that are covered under those plans.</li> <li>2. Authorization is NOT required for participating <b>AND</b> non-participating providers who are in our system, unless otherwise stated!</li> <li>3. See page 3 for abbreviations key</li> </ol>	
<b>AUTHORIZATION IS <u>NOT</u> REQUIRED FOR:</b> <i>see pharmacy PA requirements for drugs</i>	<b>AUTHORIZATION <u>IS</u> REQUIRED FOR :</b>
PCP office visits/procedures except those that are specifically <u>excluded</u> (never funded)	All provider offices <b>except PCPs</b> : <ul style="list-style-type: none"> <li>• Acupuncture evaluation and treatment</li> <li>• Allergy testing (CPT codes 95004-95199)</li> <li>• Bariatric surgeon and bariatric center referrals</li> <li>• Cardiac rehabilitation (CPT codes 93797 &amp; 93798)</li> <li>• Chiropractic evaluation and treatment</li> <li>• Chemotherapy involving non-FDA approved agent</li> <li>• Neuropsychological evaluations for cognitive functioning</li> <li>• Medical nutrition therapy services (97802-97804) by dietician/nutritionist</li> <li>• <b>Optometrist office visits</b></li> <li>• Dx that are both ALT and BTL and a consult visit has occurred within the last 3 years</li> <li>• Treatment/procedures that pair with the dx and are both ATL and BTL</li> </ul>
Specialist (MD, DO, DPM, ND, NP or PA) visits/procedures done in an <u>office setting</u> for: <ul style="list-style-type: none"> <li>• <b>New</b> patient visit if member has not been seen within the past three (3) years, regardless of diagnosis (dx)</li> <li>• Visits for above the line (ATL) diagnosis (dx)</li> <li>• Treatment/procedures that pair with the dx and the pair is ATL</li> <li>• Oncology visits and treatment for both ATL and below the line (BTL) dx</li> <li>• Obstetrician for <u>pregnant</u> member for both ALT and BTL dx</li> </ul>	
Anesthesia services (CPT codes 00100-01999)	
Physical, occupational and speech therapy <b>evaluations for ALT dx</b> that <b>pair with CPT code</b> . Benefit limits are: <ul style="list-style-type: none"> <li>○ Up to 2 initial evals within 12-month period</li> <li>○ Up to 4 re-evals within 12-month period</li> </ul>	<ul style="list-style-type: none"> <li>• Physical, occupational and speech therapy evals for BTL dx or dx that is both ATL and BTL or dx does NOT pair with CPT code</li> <li>• Physical, occupational and speech therapy visits</li> </ul>
Hemodialysis in <b>Oregon</b> facilities by participating <b>and</b> non-participating providers	Hemodialysis in centers <b>outside Oregon</b>
Home health evaluations	<ul style="list-style-type: none"> <li>• Home health treatment visits</li> <li>• Home enteral, parenteral and intravenous therapy (EPIV)</li> </ul>
Hospice services by all Oregon providers	<ul style="list-style-type: none"> <li>• Hospice services by providers is States other than Oregon</li> </ul>
Ambulatory Surgery Center (ASC) and hospital day surgery procedures performed at <b>participating</b> facility for CPT codes listed in the CPT Code List <i>Of note –for ASC procedures, the procedure must be approved for an ASC setting in order for claims payment.</i>	<ul style="list-style-type: none"> <li>• All <b>non-participating facilities</b></li> <li>• All CPT codes NOT listed in the CPT code list UNLESS it's a secondary procedure that is needed in order to perform the primary procedures (e.g. injection)</li> </ul>
Routine <b>laboratory</b> tests	<ul style="list-style-type: none"> <li>• Laboratory tests for the purpose of <b>genetic testing</b> and the test is NOT listed in the CPT code list</li> <li>• <b>Reproductive</b> medicine tests/procedures</li> </ul>

AUTHORIZATION IS <u>NOT</u> REQUIRED FOR: <i>see pharmacy PA requirements for drugs</i>	AUTHORIZATION <u>IS</u> REQUIRED FOR :
Routine <b>radiology</b> , including <b>SPECT</b> tests, and drugs, biological & devices (e.g. "C" codes) needed for the test, <u>including radiopharmaceuticals (A9500-A9700)</u>	<ul style="list-style-type: none"> <li>• <b>PET</b> radiology tests</li> <li>• <b>CT</b> colonography</li> </ul>
Routine <b>cardiology</b> tests including injection procedures needed for the test	<ul style="list-style-type: none"> <li>• <b>DMEPOS</b> <u>except</u> those listed in the "DME No Authorization Required List" on the CareOregon website</li> </ul>
Routine <b>pathology</b> tests	<ul style="list-style-type: none"> <li>• <b>Scheduled</b> inpatient hospital admissions (CPT code list does NOT apply) require prior authorization with the <u>exception</u> of <b>Cesarean Sections UNLESS the obstetrician is wanting an authorization processed (e.g. procedure is not medically necessary/member nevertheless wants to have it done)</b></li> </ul>
Routine <b>pulmonary</b> tests including injection procedures needed for the test	<ul style="list-style-type: none"> <li>• <b>Urgent/emergent</b> hospital admissions <u>and</u> scheduled <b>Cesarean Sections</b>, hospitals need to notify Concurrent Review staff of the admission <b>but a prior authorization is NOT needed (see above for additional details)</b></li> </ul>
Routine <b>vascular</b> tests including injection procedures needed for the test	<ul style="list-style-type: none"> <li>• Inpatient rehabilitation admissions</li> <li>• Skilled nursing facility admissions</li> <li>• Transplants</li> </ul>
Outpatient Newborn care within the first 28 days of birth, regardless of diagnosis, with the exception of non-funded tx (e.g. circumcision)	

MISCELLANEOUS INFORMATION	
<p><b><u>PHARMACY</u></b></p> <p>This policy does NOT include the pharmacy prior authorization (PA) requirements for drugs and injectables. See the pharmacy policy section of the CareOregon website.</p>	<p><b><u>TIMELINES FOR PROCESSING AUTHORIZATIONS</u></b></p> <p>OHP rules allow up to 14 calendar days to process authorization requests (OAR 410-141-0263).</p>
<p><b><u>OHP PLUS PLAN - EXCLUDED SERVICES</u></b></p> <ul style="list-style-type: none"> <li>○ Cosmetic procedures</li> <li>○ Experimental or investigational treatments and procedures, including clinical trials and demonstration projects</li> <li>○ Infertility treatments for the purpose of establishing or re-establishing fertility</li> <li>○ Plasma infusions for treatment of Multiple Sclerosis</li> <li>○ Temporomandibular joint dysfunction treatment</li> <li>○ Transsexual surgery or any related services or items</li> <li>○ Other excluded services described in the DMAP Provider Guides</li> </ul> <p><b><u>OHP NON-FUNDED (PRIORITIZED LIST) SERVICES</u></b></p> <ul style="list-style-type: none"> <li>○ Dx codes that: <ul style="list-style-type: none"> <li>○ Are BTL (fall below the funded line)</li> <li>○ Are on a "no line" (not on the prioritized list)</li> </ul> </li> <li>○ Tx codes that: <ul style="list-style-type: none"> <li>○ Don't pair with the dx</li> <li>○ Pairs with dx AND is BTL</li> </ul> </li> </ul>	<p><b><u>HEALTH AND WELLNESS</u></b></p> <p><b>Routine health exams, tests and immunizations</b> are covered benefits that do NOT require an authorization. See Member Handbook: <b>Plus</b> for additional details.</p> <p><b>Diabetic self management education class/program (G0108, G0109, and S9141)</b> is covered as a lifetime benefit of \$125.00. Diabetic education <b>class/program (G0108, G0109, and S9141)</b> during pregnancy is covered for each pregnancy. <b>No authorization is required.</b></p> <p><b><u>STERILIZATION PROCEDURES OR HYSTERECTOMY</u></b></p> <p>The required consent must be signed within DMAP timelines for payment to be made. Timelines, along with the forms, are in the DMAP Medical-Surgical Services Provider Guide. The Guide can be located at the following address:  <a href="http://www.dhs.state.or.us/policy/healthplan/guides/medsur/hyst-steril0208.pdf">www.dhs.state.or.us/policy/healthplan/guides/medsur/hyst-steril0208.pdf</a></p> <p><b><u>ELECTIVE ABORTIONS</u></b></p> <p>Are not covered by CareOregon, but maybe covered by DMAP under certain circumstances.</p>

## **DENTAL AND MENTAL HEALTH SERVICES**

**Dental and mental health services are not managed by CareOregon.** If you have questions about plan enrollment or plan benefits, we recommend that you ask the member or contact DMAP.

*Dental restoration under anesthesia that is performed in a facility (Ambulatory Surgery Center or Hospital) **requires** a prior authorization by CareOregon for those dental services that continue to be funded by the OHP.*

## **VISION CARE**

The OHP vision benefit has changed effective 1/1/10.

### **For all counties EXCEPT Lincoln, Morrow, Tillamook, & Umatilla:**

Members who qualify for routine eye exams and glasses (children (<21) and pregnant adults), VSP manages the OHP benefit, including issuing authorizations to providers.

### **For Lincoln, Morrow, Tillamook, & Umatilla:**

For members who qualify for routine eye exams (children and pregnant adults), community providers submit their claims to CareOregon and are paid **without an authorization**. If glasses are needed, they can be obtained through their provider's office or SWEEP optical.

For non-pregnant adults who have a diagnosis of aphakia (379.31), congenital aphakia (743.35), keratoconus (371.60-371.62), s/p cataract extraction (V45.61), s/p intraocular lens replacement (V43.1); glasses covered based on OHP limits (1 pair every 24 months); and contacts for the diagnosis of aphakia. No authorization is required.

## **ABBREVIATIONS**

ATL = above the line (pertaining to diagnosis)  
BTL = below the line (pertaining to diagnosis)  
MD = Medical Doctor (Physicians – includes all specialties)  
DO = Doctor of Osteopathy  
DPM = Doctor of Podiatric Medicine (Podiatrists)  
ND = Doctor of Naturopathy (Naturopathic Physician)  
NP = Nurse Practitioner  
PA = Physician Assistant  
S/P = status post