



**AUTHORIZATION GUIDELINES - CareOregon  
OHP Standard Members - Revised **March 15<sup>th</sup>**, 2011**

INSTRUCTIONS:	
<ol style="list-style-type: none"> <li>1. Authorization is <b>NOT</b> required for members who have other <b>primary medical insurance</b> coverage for services that are covered under that plan.</li> <li>2. Authorization is <b>NOT</b> 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>	
AUTHORIZATION IS <u>NOT</u> REQUIRED FOR: <i>see pharmacy PA requirements for drugs</i>	AUTHORIZATION <u>IS</u> REQUIRED FOR :
<b>PCP</b> 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>• 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>• Chemotherapy involving non-FDA approved agent</li> <li>• Medical nutrition therapy services (97802-97804) by dietician/nutritionist</li> <li>• Neuropsychological evaluations for cognitive functioning</li> <li>• Optometrist office visits</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>
<b>Specialist</b> (MD, DO, DPM, ND, NP or PA) visits/procedures done in an <u>office setting</u> for: <ul style="list-style-type: none"> <li>• New 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</li> <li>• Treatment/procedures that pair with the dx and the pair is ALT</li> <li>• Oncology visits and treatment for both ATL and below the line (BTL) dx</li> </ul>	
Anesthesia services (CPT codes 00100-01999)	
Hemodialysis in <b>Oregon</b> facilities by participating <b>and</b> non-participating providers	
Home health evaluations <b>related to EPIV</b>	<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 in States other than Oregon</li> </ul>
Ambulatory Surgery Center (ASC) <b>and hospital day surgery</b> 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>• <b>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)</b></li> </ul>
Routine <b>laboratory</b> tests	<ul style="list-style-type: none"> <li>• Laboratory tests for the purpose of <b>genetic testing and the test is NOT listed in the CPT code list</b></li> <li>• <b>Reproductive</b> medicine tests/procedures</li> </ul>
AUTHORIZATION IS <u>NOT</u> REQUIRED FOR:	AUTHORIZATION <u>IS</u> REQUIRED FOR :

<b>see pharmacy PA requirements for drugs</b>	
Routine <b>radiology</b> , including <b>SPECT</b> tests, and drugs, biological & devices (e.g. “C” codes) needed for the test; including radiopharmaceuticals ( <b>A9500-A9700</b> )	<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 except</b> 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</li> </ul>
Routine <b>pulmonary</b> and <b>vascular</b> tests including injection procedures needed for the test	<ul style="list-style-type: none"> <li>• Urgent/emergent hospital admissions, hospitals need to notify Concurrent Review staff of the admission</li> <li>• Skilled nursing facility admissions</li> <li>• Transplants</li> </ul>

## 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 STANDARD PLAN - EXCLUDED SERVICES</u></b></p> <ul style="list-style-type: none"> <li>○ Acupuncture for treatment not related to chemical dependency</li> <li>○ Chiropractic and osteopathic manipulation services</li> <li>○ Cosmetic procedures</li> <li>○ Dental services that are not emergent in nature</li> <li>○ Experimental or investigational treatments and procedures, including clinical trials and demonstration projects</li> <li>○ Hearing aid exams and hearing aids</li> <li>○ Home health services not related to EPIV</li> <li>○ Infertility treatments for the purpose of establishing or re-establishing fertility</li> <li>○ Inpatient rehabilitation</li> <li>○ Plasma infusions for treatment of Multiple Sclerosis</li> <li>○ Rehabilitation therapies (P.T., O.T. , S.T.)</li> <li>○ Temporomandibular joint dysfunction treatment</li> <li>○ Transsexual surgery or any related services</li> <li>○ Vision services-routine eye exams, glasses and contacts regardless of the medical reason</li> <li>○ Other excludes services described in the DMAP Provider Guides</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>Standard</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. <b>No authorization is required.</b></p>

**OHP NON-FUNDED (PRIORITIZED LIST) SERVICES:**

- Dx codes that:
  - Are BTL (fall below the funded line)
  - Are on a “no line” (not on the prioritized list)
- Tx codes that:
  - Don’t pair with the dx
  - Pairs with dx AND is BTL

**STERILIZATION PROCEDURES OR HYSTERECTOMY**

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:

[www.dhs.state.or.us/policy/healthplan/guides/medsurg/hyst-steril0208.pdf](http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/hyst-steril0208.pdf)

**ELECTIVE ABORTIONS**

Are not covered by CareOregon, but maybe covered by DMAP under certain circumstances.

**DENTAL AND MENTAL HEALTH SERVICES**

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

**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