



**AUTHORIZATION GUIDELINES - CareOregon
OHP Plus Members - Revised April 15, 2011**

INSTRUCTIONS:	
<ol style="list-style-type: none"> Authorization is NOT required for members who have Medicare A or B or other primary medical insurance coverage for services that are covered under those plans. Authorization is NOT required for participating AND non-participating providers who are in our system, unless otherwise stated! 	
AUTHORIZATION IS <u>NOT</u> REQUIRED FOR: <i>see pharmacy PA requirements for drugs</i>	AUTHORIZATION <u>IS</u> REQUIRED FOR :
PCP office visits/procedures except those that are specifically <u>excluded</u> (never funded)	All provider offices except PCPs : <ul style="list-style-type: none"> Acupuncture evaluation and treatment Allergy testing & treatment Bariatric surgeon and bariatric center referrals Cardiac rehabilitation (CPT codes 93797 & 93798) Chiropractic evaluation and treatment Chemotherapy involving non-FDA approved agent Neuropsychological evaluations for cognitive functioning Medical nutrition therapy services (97802-97804) by dietician/nutritionist Dx that are both ALT and BTL and a consult visit has occurred within the last 3 years Treatment/procedures that pair with the dx and are both ATL and BTL
Specialist (MD, DO, DMP , NP or PA) visits/procedures provided in an office setting for: <ul style="list-style-type: none"> New patient visit if member has not been seen within the past three (3) years, regardless of diagnosis (dx) Visits for above the line (ATL) diagnosis (dx) Treatment/procedures that pair with the dx and the pair is ATL Oncology visits and treatment for both ATL and below the line (BTL) dx Obstetrician for <u>pregnant</u> member for both ALT and BTL dx 	
Anesthesia services (CPT codes 00100-01999)	
Physical, occupational and speech therapy evaluations for ALT dx that pair with CPT code . Benefit limits are: <ul style="list-style-type: none"> Up to 2 initial evals within 12-month period Up to 4 re-evals within 12-month period 	<ul style="list-style-type: none"> 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 Physical, occupational and speech therapy visits
Hemodialysis in Oregon facilities by participating and non-participating providers	Hemodialysis in centers outside Oregon
Home health evaluations	<ul style="list-style-type: none"> Home health treatment visits Home enteral, parenteral and intravenous therapy (EPIV)
Ambulatory Surgery Center (ASC) and hospital day surgery procedures performed at participating 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"> All non-participating facilities 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)
Routine laboratory tests	<ul style="list-style-type: none"> Laboratory tests for the purpose of genetic testing Reproductive medicine tests/procedures
Routine radiology , including SPECT 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"> PET radiology tests CT colonography
Routine cardiology tests including injection procedures needed for the test	<ul style="list-style-type: none"> DMEPOS <u>except</u> those listed in the "DME No Authorization Required List" on the CareOregon website

AUTHORIZATION IS <u>NOT</u> REQUIRED FOR:	AUTHORIZATION IS REQUIRED FOR :
Routine pathology tests	<ul style="list-style-type: none"> • Scheduled inpatient hospital admissions (CPT code list does NOT apply) require prior authorization with the <u>exception</u> of Cesarean Sections • Urgent/emergent hospital admissions <u>and</u> scheduled Cesarean Sections, hospitals need to notify Concurrent Review staff of the admission • Inpatient rehabilitation admissions • Skilled nursing facility admissions • Transplants • Hospice
Routine pulmonary tests including injection procedures needed for the test	
Routine vascular tests including injection procedures needed for the test	
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><u>PHARMACY</u></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><u>TIMELINES FOR PROCESSING AUTHORIZATIONS</u></p> <p>OHP rules allow up to 14 calendar days to process authorization requests (OAR 410-141-0263).</p>
<p><u>OHP PLUS PLAN - EXCLUDED SERVICES</u></p> <ul style="list-style-type: none"> ○ Cosmetic procedures ○ Experimental or investigational treatments and procedures, including clinical trials and demonstration projects ○ Infertility treatments for the purpose of establishing or re-establishing fertility ○ Plasma infusions for treatment of Multiple Sclerosis ○ Temporomandibular joint dysfunction treatment ○ Transsexual surgery or any related services or items ○ Other excluded services described in the DMAP Provider Guides <p><u>OHP NON-FUNDED (PRIORITIZED LIST) SERVICES</u></p> <ul style="list-style-type: none"> ○ Dx codes that: <ul style="list-style-type: none"> ○ Are BTL (fall below the funded line) ○ Are on a “no line” (not on the prioritized list) ○ Tx codes that: <ul style="list-style-type: none"> ○ Don’t pair with the dx ○ Pairs with dx AND is BTL 	<p><u>HEALTH AND WELLNESS</u></p> <p>Routine health exams, tests and immunizations are covered benefits that do NOT require an authorization. See Member Handbook: Plus for additional details.</p> <p>Diabetic education is covered as a lifetime benefit of \$125.00. Diabetic education during pregnancy is covered for each pregnancy.</p> <p><u>STERILIZATION PROCEDURES OR HYSTERECTOMY</u></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:</p> <p>www.dhs.state.or.us/policy/healthplan/guides/medsur/hyst-steril0208.pdf</p> <p><u>ELECTIVE ABORTIONS</u></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 for these benefits, we recommend that you ask the member or contact DMAP.

The OHP dental benefit has changed as of 1/1/2010.

*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, pseudoaphakia, congenital aphakia, keratoconus, cataracts and congenital cataracts, glasses and contact lens are covered based on OHP limits. Authorizations need to be submitted to CareOregon for processing.