



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

INSTRUCTIONS:	
<ol style="list-style-type: none"> 1. Authorization is NOT required for members who have other primary medical insurance coverage for services that are covered under that plan. 2. 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 IS <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"> • Allergy testing & treatment • Bariatric surgeon and bariatric center referrals • Cardiac rehabilitation (CPT codes 93797 & 93798) • Chemotherapy involving non-FDA approved agent • Medical nutrition therapy services (97802-97804) by dietician/nutritionist • Neuropsychological evaluations for cognitive functioning • 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 , optometrist, 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 • Treatment/procedures that pair with the dx and the pair is ALT • Oncology visits and treatment for both ATL and below the line (BTL) dx 	
Anesthesia services (CPT codes 00100-01999)	
Hemodialysis in Oregon facilities by participating and non-participating providers	Hemodialysis in centers outside Oregon
Home health evaluations related to EPIV	<ul style="list-style-type: none"> • Home health treatment visits • Home enteral, parenteral and intravenous therapy (EPIV)
Ambulatory Surgery Center (ASC) procedures performed by participating provider 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 ASC facilities • For ASC procedures - 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 procedure (e.g. injection) • All day stay/day surgery hospital procedures; treatment <u>and</u> diagnostic procedures (e.g. colonoscopy)
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; including radiopharmaceuticals (A9500-A9700)	<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 except those listed in the "DME No Authorization Required List" on the CareOregon website
Routine pathology tests	<ul style="list-style-type: none"> • Scheduled inpatient hospital admissions (CPT code list does NOT apply) require prior authorization

AUTHORIZATION IS <u>NOT</u> REQUIRED FOR: <i>see pharmacy PA requirements for drugs</i>	AUTHORIZATION IS <u>REQUIRED</u> FOR :
Routine pulmonary and vascular tests including injection procedures needed for the test	<ul style="list-style-type: none"> • Urgent/emergent hospital admissions, hospitals need to notify Concurrent Review staff of the admission • Skilled nursing facility admissions • Transplants • Hospice

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 STANDARD PLAN - EXCLUDED SERVICES</u></p> <ul style="list-style-type: none"> ○ Acupuncture for treatment not related to chemical dependency ○ Chiropractic and osteopathic manipulation services ○ Cosmetic procedures ○ Dental services that are not emergent in nature ○ Experimental or investigational treatments and procedures, including clinical trials and demonstration projects ○ Hearing aid exams and hearing aids ○ Home health services not related to EPIV ○ Infertility treatments for the purpose of establishing or re-establishing fertility ○ Inpatient rehabilitation ○ Plasma infusions for treatment of Multiple Sclerosis ○ Rehabilitation therapies (P.T., O.T. , S.T.) ○ Temporomandibular joint dysfunction treatment ○ Transsexual surgery or any related services or items ○ Vision services-routine eye exams and glasses ○ Other excludes services described in the DMAP Provider Guides 	<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: Standard 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/medsurg/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>

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

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.