



**AUTHORIZATION GUIDELINES - CareOregon Advantage
Plus and Star Members - Revised August 15, 2010
For Medicare Covered Services
Authorization is **REQUIRED** for ALL Non-Participating Provider
Services Unless Otherwise Stated!**

AUTHORIZATION IS NOT REQUIRED FOR: <i>see pharmacy PA requirements for drugs</i>	AUTHORIZATION IS REQUIRED FOR :
<ul style="list-style-type: none"> PCP office visits/procedures 	<ul style="list-style-type: none"> Cardiac rehabilitation (CPT codes 93797 & 93798) Chiropractic evaluation and treatment Chemotherapy involving non-FDA approved agent Neuropsychological evaluations for cognitive functioning
<ul style="list-style-type: none"> Specialist (MD, DO, NP or PA) office visits/procedures for Medicare covered tx 	
<ul style="list-style-type: none"> Anesthesia services (CPT codes 00100-01999) 	
<ul style="list-style-type: none"> Physical and occupational therapy evaluations 	<ul style="list-style-type: none"> Physical and occupational therapy visits
<ul style="list-style-type: none"> Speech/language evaluations 	<ul style="list-style-type: none"> Speech/language therapy visits
<ul style="list-style-type: none"> Hemodialysis in Oregon facilities by participating and non-participating providers 	<ul style="list-style-type: none"> Hemodialysis in centers outside Oregon
<ul style="list-style-type: none"> Home health evaluations 	<ul style="list-style-type: none"> Home health treatment visits Home enteral, parenteral and intravenous therapy (EPIV)
<ul style="list-style-type: none"> Ambulatory Surgery Center (ASC) and outpatient hospital procedures for CPT codes listed in the CPT Code List <p><i>Of note – the ASC must be a Medicare ASC approved facility and the procedure must be approved for an ASC setting</i></p>	<ul style="list-style-type: none"> ASC and outpatient hospital procedures not listed in the CPT code list <p><i>Of note – ASC procedures will NOT be approved if the center is NOT Medicare certified OR if the procedure is not approved for an ASC setting</i></p>
<ul style="list-style-type: none"> Routine laboratory tests by routine participating and non-participating providers 	<ul style="list-style-type: none"> Laboratory tests for the purpose of genetic testing Reproductive medicine tests/procedures
<ul style="list-style-type: none"> Routine radiology , including SPECT tests, and injection procedures needed for the test 	<ul style="list-style-type: none"> PET radiology tests CT colonography
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Routine pathology tests 	<ul style="list-style-type: none"> ALL inpatient facility admissions (CPT code list does NOT apply) Inpatient rehabilitation admissions Skilled nursing facility admissions Transplants
<ul style="list-style-type: none"> Routine pulmonary tests including injection procedures needed for the test 	
<ul style="list-style-type: none"> Routine vascular tests including injection procedures needed for the test 	



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EXCLUDED SERVICES

Services that Medicare considers to not be medically “reasonable and necessary”, or whose use is “unknown”, or for which the “efficacy” (effectiveness) of the treatment has not been established in the United States. Examples include, but are not limited to:

- Acupuncture
- Cosmetic surgery
- Sterilization procedures (e.g. vasectomy and tubal ligations)

Medicare also does not cover:

- Dental care (routine), including dentures
- Hearing aids and routine exams for hearing aids

NOTE: for CareOregon Advantage Plus members, this is a benefit that is included in their Advantage Plus benefit plan

PHARMACY

This policy does NOT include the pharmacy prior authorization (PA) requirements for drugs and injectables. See the pharmacy policy section of the CareOregon website.

BENEFIT INFORMATION

- Hospice services are not managed by CareOregon Advantage, bill these services directly to Medicare (CMS)
- Mental health services are contracted to and managed by OptumHealth Behavioral Solutions. Call them at 1-800-432-2695 or visit their website at www.ubhonline.com
- Routine vision services, including glasses, are contracted to and managed by Vision Services Plan (VSP). They can be reached at 1-800-852-7600.
- Medicare (CMS) coverage (benefit) rules apply, including benefit limits

TIMELINES FOR PROCESSING AUTHORIZATIONS

Medicare guidelines allow up to 14 calendar days to process authorization decisions.