



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

| AUTHORIZATION IS NOT REQUIRED FOR: | AUTHORIZATION IS REQUIRED FOR : |
|--|--|
| <ul style="list-style-type: none"> PCP office visits/procedures | <ul style="list-style-type: none"> Pain center evaluation and treatment 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 except pain centers | |
| <ul style="list-style-type: none"> Anesthesia services not associated with a pain center (CPT codes 00100-01999) | <ul style="list-style-type: none"> Anesthesia services associated with a pain center |
| <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 tests including injection procedures needed for the test | <ul style="list-style-type: none"> PET and SPECT radiology tests |
| <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 web site |
| <ul style="list-style-type: none"> Routine pathology tests | <ul style="list-style-type: none"> Inpatient facility admissions 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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PHARMACY

This policy does NOT include the pharmacy prior authorization (PA) requirements for office injectables. See the pharmacy policy section of the CareOregon web site for PA requirements.

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 web site 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.