



**AUTHORIZATION GUIDELINES – CareOregon
OHP Standard Members – Revised January 2010 – For OHP Covered Services**

Authorization is **NOT** required for members who have other **primary medical insurance** coverage for services that are covered under that plan.
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:	AUTHORIZATION <u>IS</u> REQUIRED FOR :
<ul style="list-style-type: none"> • PCP office visits/procedures 	<ul style="list-style-type: none"> • Allergy testing • Bariatric surgeon and bariatric center referrals • Chemotherapy involving non-FDA approved agent • Neuropsychological evaluations for cognitive functioning • Dx that are both ALT and BTL and a consult visit has occurred within the last three (3) years • Treatment/procedures that pair with the dx and are both ATL and BTL
<ul style="list-style-type: none"> • Specialist (MD, DO, NP or PA) office visits/procedures for: <ul style="list-style-type: none"> ○ Consult 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 	
<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"> • 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 related to EPIV 	<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) procedures performed by participating provider for CPT codes listed in the CPT Code List <p><i>Of note –for ASC procedures, the procedure must be approved for an ASC setting in order for claims payment.</i></p>	<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 outpatient (Day Stay/Day Surgery) hospital procedures
<ul style="list-style-type: none"> • Routine laboratory tests 	<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 • Skilled nursing facility admissions • Transplants • Hospice
<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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<p><u>PHARMACY</u></p> <p>This policy does NOT include the pharmacy prior authorization requirements for office injectables. See the pharmacy policy section of the CareOregon web site.</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 EXCLUDED (NON-COVERED) 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 ○ 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 ○ 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 ○ Pain center evaluations and treatment ○ Plasma infusions for treatment of Multiple Sclerosis ○ Rehabilitation therapies (P.T., O.T. , S.T.) ○ 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 is located at the following address:</p> <p>www.dhs.state.or.us/policy/healthplan/guides/medsurg</p> <p><u>DENTAL AND MENTAL HEALTH SERVICES</u></p> <p>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.</p>