

CarePlus Health Plans Quick Reference Prior Authorization Guide

Our goal is to provide excellent service to you and promote prompt access to care for your CarePlus-covered patients.

This Quick Reference Guide is part of our effort to improve the turnaround time of authorizations. The guide specifies the information we need to review authorization requests for medical necessity.

The lists below include the type of information we need for requests for services and durable medical equipment (DME). In addition to the information listed, we also need the following information for all requests:

- PCP notes from the last 90 days
- Valid procedure and diagnosis code(s) and number of visits/quantity of services being requested

Requests for services not specified on the list below: Please submit all clinical documentation to support the medical necessity of the request, including primary care physician (PCP) and specialist notes, orders/prescription, if applicable, lab/imaging and other relevant test results.

Nonparticipating provider requests: Please provide the reason for the referral to the nonparticipating provider and/or facility, e.g., continuity of care.

Inpatient or outpatient requests: Please indicate whether the request is for inpatient or outpatient services.

Expedited requests: Please make sure that all expedited requests meet Centers for Medicare & Medicaid Services (CMS) criteria: The healthcare professional or member believes the member's life, health or ability to regain maximum function can be jeopardized if the standard time frame is applied. Please provide all pertinent clinical information to support the request and include a direct telephone number for us to reach you in case further clarification or a peer-to-peer conversation with the requesting provider is necessary.

Part B requests: All Part B (injectable) medication requests must be accompanied by clinicals.

Information required for medical necessity review

Please forward this information along with your request to ensure timely processing.

Reminder: For requests for services not specified on this list, please submit all clinical documentation to support the medical necessity of the request, including orders, PCP and specialist notes, lab/imaging and other relevant test results.

Service	Information needed
Bariatric surgery	Any comorbidity related to obesity (e.g., hypertension, diabetes mellitus, hyperlipidemia)
	Bariatric surgery notes
	Endocrinology notes (last 90 days)
	Height and weight or body mass index (BMI)
	Nutritionist notes (last 90 days)
	Records from specialist
Blepharoplasty	Diagnosis code
	Ophthalmology records, including visual fields (taped and untaped)
	Photographs
Chemotherapy	Endocrinology records (last 90 days)
	Laboratory results (last 90 days)
	Neurology records, if applicable

	Oncology records (last 90 days) with treatment plan
Chiropractic request for services beyond the open access	Orthopedic records (if applicable)
CT scans	Oncology records (last 90 days)
	Neurology records (last 90 days)
	Physical therapy records (last 90 days)
Dental services to be covered under medical services, e.g., services from oral or maxillofacial surgeons	Dental records
	Dental X-rays
	Oral surgery records
	Rationale for dental service to be covered under medical services
	Whether an outpatient ambulatory center or inpatient stay is required
Shoes for patients with diabetes	Diagnosis code(s)
	Endocrinology/podiatry notes (if available; within the last six months)
Epidurals/facet joint injections	Conservative treatments tried, e.g., physical therapy
	History and physical (last 90 days)
	Pain management clinical notes
Magnetic resonance imaging (MRI)	Neurology/oncology/orthopedic records (last 90 days)
Requests from nonparticipating providers	Continuity of care
	Gap in network/no participating provider available
	Patient request
	Rare or uncommon disease
	Second opinion
	Super subspecialist
	Transition of coverage
Nonpreferred-specialist services	Diagnosis code(s)
	Participating or nonparticipating status
Nutritionist	<u>All</u> clinical documentation to support the medical necessity of this request, including labor and any indication of diabetes or renal disease
Positron emission tomography (PET) scan	Neurology/oncology/physical therapy records (last 90 days)
Radiation therapy	Endocrinology records (last 90 days)
	Laboratory results (last 90 days)
	Neurology records if applicable
	Oncology records (last 90 days)

Information needed for medical necessity review – durable medical equipment (DME) and home health	
Please submit <u>all</u> DME and home health requests with orders and clinicals to the CarePlus-delegated vendors.	
Reminder: For requests for services not specified on this list, please submit <u>all</u> clinical documentation to support the medical necessity of the request, including orders, PCP and specialist notes, lab/imaging and other relevant test results.	
Bone growth stimulators	Diagnosis code(s)
	Imaging to support lack of healing of fracture 90-plus days after initial diagnosis
	Lab results (last 90 days)
	Oncology records (if applicable)
	Surgery records/operative report
Brand-specific DME	Orders with diagnosis Letter of medical necessity (explaining why items on the evidence of coverage cannot meet member's needs)
Continuous positive airway pressure (CPAP), bi-level positive airway pressure (Bipap), auto adjusting airway pressure (Auto-pap)	Orders/prescription with settings for CPAP machine and diagnosis
	Pulmonology records (last 90 days)
Enteral nutrition	Sleep study (polysomnogram and titration – both parts of the study)
	Orders/prescription with diagnosis, brand, route of administration and quantity (e.g., Ensure PO x 90)
Heavy-duty DME (wheelchair, scooter, power chair, hospital bed, commode, shower chair, etc.)	PCP records (last 90 days)
	Orders/prescription with settings
	PCP records with member's height and weight
Hospital bed	If member is not within the qualifying weight criteria, include a letter of medical necessity
	Orders/prescription with diagnosis
Knee scooter	Orders/prescription with diagnosis
	Records that indicate member cannot use a cane/crutches
Lymphedema pump	Orders/prescription with settings
	PCP records
Mobility aids (power mobility device, power wheelchair, scooter, custom wheelchair, etc.)	Orders/prescription with diagnosis
	Face-to-face – mainly directed toward mobility needs; if unable, state why
	Functional mobility evaluation form must be completed
	Functional assessment
	History of prior repair to the device, if applicable
	In-home DME evaluations
	Neurology records (if applicable)
	Orthopedic records
	Physical therapy records
Mobility aids continued (manual wheelchair, transport wheelchair, cane, crutches, walker, commode, bath/shower chair, etc.)	Orders/prescription
	Diagnosis code(s)
	Clear explanation of medical necessity for the request
Nebulizer	Orders/prescription with diagnosis

Oxygen home concentrator with portable tanks and/or liquid oxygen	Orders/prescription with settings (liter flow and hours of usage) and diagnosis
	Oxygen saturation test on room air at rest and during exercise
	Oximetry testing, if available
	Pulmonology records
Patient lift/Hoyer lift	Orders/prescription with diagnosis
	Ortho records (last 90 days)
Portable oxygen concentrator	Orders (prescription with settings)
	Letter of medical necessity (explaining why tanks are not sufficient for member)
	Oxygen saturation test at rest and during exercise
	Pulmonology records (last 90 days)
Pulse oximetry (six-minute walk/overnight oximetry)	Orders/prescription with diagnosis
	PCP/pulmonology records (last 90 days)
Registered nurse, aide, physical therapy/ occupational therapy/respiratory therapy/speech therapy (PT/OT/RT/ST)	Orders/prescription with diagnosis specifying skilled services required
ROHO cushions for wheelchair and pressure reducing mattress	Orders/prescription with diagnosis
	Records of any ulcers – stage, size and location
Suction pump	Orders/prescription with settings
Transcutaneous electrical nerve stimulation (TENS) unit	Orders/prescription with diagnosis
	Orthopedic records (if applicable)
	Physical therapy records
Ventilator	Orders/prescription with diagnosis and settings for vent
	Pulmonology records (last 90 days)
	Arterial blood gas results