

## 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.**

The lists below include the information we need for services and durable medical equipment (DME). Be advised the list is not all inclusive of services and/or items that may require authorization. Before submitting a preauthorization request, visit [CarePlusHealthPlans.com/PAL](http://CarePlusHealthPlans.com/PAL) to verify that the services/items require a preauthorization.

In addition to the information listed, we need the following information for all requests:

- Outpatient or inpatient preauthorization request
- Primary care physician (PCP) notes from the last 90 days
- Valid procedure and diagnosis code(s) and number of visits/quantity of services being requested
- Authorization duration required for the course of treatment
- Phone number to reach you in the event further clarification is needed or for peer-to-peer conversations

**Nonparticipating provider requests:** Please provide the reason for the referral to the nonparticipating provider and/or facility, e.g., continuity of care. As a health maintenance organization (HMO) PCP gated plan, PCP consent is required for nonparticipating provider visits.

**Medicare Part B drug requests:** All Part B (injectable, non-self-administered) 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

<b>Blepharoplasty</b>	<b>Diagnosis code</b>
	<b>Ophthalmology records, including visual fields (taped and untaped)</b>
	<b>Photographs</b>
<b>Chemotherapy</b>	<b>Endocrinology records (last 90 days)</b>
	<b>Laboratory results (last 90 days)</b>
	<b>Oncology records (last 90 days) with treatment plan</b>
	<b>Neurology records, if applicable</b>
<b>Computed Tomography (CT) scans</b>	<b>Oncology records (last 90 days), if applicable</b>
	<b>Neurology records (last 90 days), if applicable</b>
	<b>Physical therapy records (last 90 days), if applicable</b>
<b>Dental services to be covered under medical services, e.g., services from oral or maxillofacial surgeons</b>	<b>Dental records</b>
	<b>Dental X-rays</b>
	<b>Oral surgery records</b>
	<b>Rationale for dental service to be covered under medical services</b>
	<b>Whether an outpatient ambulatory center or inpatient stay is required</b>
<b>Diagnostic esophagogastroduodenoscopy or esophagoscopy (EGD)</b>	<b>Medical records (last 90 days)</b>
	<b>Radiology reports, if applicable</b>
	<b>Laboratory reports, if applicable</b>
<b>Epidurals/facet joint injections</b>	<b>Conservative treatments tried, e.g., physical therapy</b>
	<b>History and physical (last 90 days)</b>
	<b>Pain management clinical notes</b>
<b>Magnetic resonance imaging (MRI)</b>	<b>Neurology/oncology/orthopedic records (last 90 days), as applicable</b>
<b>Requests from nonparticipating providers</b>	<b>Continuity of care</b>
	<b>Gap in network/no participating provider available</b>
	<b>Patient request</b>
	<b>Rare or uncommon disease</b>
	<b>Second opinion</b>
	<b>Super subspecialist</b>
<b>Transition of coverage</b>	

<b>Nonpreferred-specialist services</b>	<b>Diagnosis code(s)</b>
	<b>Participating or nonparticipating status</b>
<b>Physical and occupational therapy</b>	<b>Signed orders including diagnosis, frequency of treatment Signed plan of care</b>
<b>Positron emission tomography (PET) scan</b>	<b>Neurology/oncology/physical therapy records (last 90 days), as applicable</b>
<b>Radiation therapy</b>	<b>Endocrinology records (last 90 days)</b>
	<b>Laboratory results (last 90 days)</b>
	<b>Neurology records if applicable</b>
	<b>Oncology records (last 90 days)</b>
<b>Transesophageal (TEE) and transthoracic (TTE) echocardiography</b>	<b>Cardiology records (last 90 days)</b>
	<b>Radiology reports, if applicable</b>
	<b>Laboratory reports, if applicable</b>

## Information needed for medical necessity review - DME and home health

**Please submit all 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 all clinical documentation to support the medical necessity of the request, including orders, PCP and specialist notes, lab/imaging and other relevant test results.**

<b>Bone growth stimulators</b>	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
<b>Brand-specific DME</b>	Orders with diagnosis
	Letter of medical necessity (explaining why items on the Evidence of Coverage cannot meet member's needs)
<b>Continuous positive airway pressure (CPAP), bi-level positive airway pressure (Bipap), auto adjusting airway pressure (Auto-pap)</b>	Orders with settings for CPAP machine and diagnosis
	Pulmonology records (last 90 days)
	Sleep study (polysomnogram and titration – both parts of the study)
<b>Enteral nutrition</b>	Orders/prescription with diagnosis, brand, route of administration and quantity
	PCP records (last 90 days)
<b>Heavy-duty DME (wheelchair, scooter, power chair, hospital bed, commode, shower chair, etc.)</b>	Medical records with orders
	PCP records with member s height and weight
	If member is not within the qualifying weight criteria, include a letter of medical necessity
<b>Lymphedema pump and lymphedema therapy</b>	Orders with settings
	PCP records, treatment plan

<b>Mobility aids (power mobility device, power wheelchair, scooter, custom wheelchair, etc.)</b>	Orders with codes identifying equipment and diagnosis codes
	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
<b>Mobility aids continued (manual wheelchair, transport wheelchair, cane, crutches, walker, commode, bath/shower chair, etc.)</b>	Orders with codes identifying equipment
	Diagnosis code(s)
	Clear explanation of medical necessity for the request
<b>Oxygen home concentrator with portable tanks and/or liquid oxygen</b>	Orders with settings (liter flow, route of administration, and hours of usage) and diagnosis
	Oxygen saturation test on room air at rest and during exercise
	Oximetry testing, if available
	Pulmonology records
<b>Patient lift/Hoyer lift</b>	Orders with diagnosis
	Orthopedic records (last 90 days)
<b>Portable oxygen concentrator</b>	Orders 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)
	PCP/pulmonology records (last 90 days)
<b>Registered nurse, aide, physical therapy/ occupational therapy/respiratory therapy/speech therapy (PT/OT/RT/ST)</b>	Orders with diagnosis specifying skilled services required
	Medical records supporting medical necessity

<b>ROHO cushions for wheelchair and pressure reducing mattress</b>	Orders with diagnosis
	Records of any ulcers stage, size and location
<b>Transcutaneous electrical nerve stimulation (TENS) unit</b>	Orders with diagnosis
	Orthopedic records (if applicable)
	Physical therapy records
<b>Ventilator</b>	Orders with diagnosis and settings for ventilator
	Pulmonology records (last 90 days)
	Arterial blood gas results