

# AUTHORIZATION GUIDELINES ODS ADVANTAGE

## Authorization Information

Authorization requests may be phoned in to 503-243-4496, toll-free 800-258-2037, or faxed to 503-243-5105

## Authorization Request Requirements

Make sure the authorization request is complete and contains:

All pertinent patient information (subscriber ID#, relation to subscriber, and patient's date of birth)

The name of the facility where the procedure is to be performed

The date of the procedure or date of admission

Surgeon's or specialist's full name

CPT & ICD-9 (numeric only) codes

Length of stay

Chart notes, when requested

## Services that do not require authorization

Biopsies

Bone mineral density studies, diagnostic (covered every two years)

Breast brachytherapy for breast cancer

Cardiac Catheterizations/Angiograms (outpatient only)

Cardiovascular Stress Test

Colonoscopy with medical diagnosis (not virtual)

Screening colonoscopy

-- Flexible sigmoidoscopy covered for 50 years and older (or screening Barium enema) every 48 months

-- For high risk members, screening colonoscopy (or screening Barium enema) covered every 24 month

-- For those not at high risk, screening colonoscopy covered every 10 years but not within 48 months of a screening sigmoidoscopy

ECG, EKG

Echocardiography

EEG

EMG CPT: 95870

Endoscopy (except capsule endoscopy)

Epidural and Facet injections

Hydration therapy

Intravenous/intramuscular pain management

Most lab tests

Needle biopsy

Punch biopsy

Sleep studies

Trigger point injections

## **FOCUS LIST**

### **Services that require authorization for ODS Advantage Plans**

The following is a list of services that require authorization to determine medical necessity or plan benefit limitations and exclusions. This is not a comprehensive list. Please call Medical Customer Service at 503-243-3962, or toll-free at 877-605-3229 with any questions.

#### **POTENTIALLY COSMETIC PROCEDURES**

Potentially cosmetic procedures may be a plan exclusion unless medical necessity has been established. The following is a partial list.

- Abdominoplasty
- Blepharoplasty and/or brow lift
- Botox injections
- Breast surgery – augmentation or reduction
- Circumcision after three months of age
- Dermabrasion
- Intralesional Injections (i.e. Kenalog)
- Laser treatment (except for retinopathy)
- Lipectomy
- Otoplasty
- Panniculectomy
- Port wine stain treatment
- Rhinoplasty
- Scar revisions (includes Kenalog injections)
- Silicone breast implant removal
- Varicose vein surgery/sclerotherapy

#### **DENTAL SERVICES**

#### **DIAGNOSTIC PROCEDURES**

- CT scans (including CTA)
- MRI (including MRA, MRS, MRM)
- Nuclear cardiology imaging studies
- fMRI
- PET scans
- SPECT scans

#### **DURABLE MEDICAL EQUIPMENT/APPLIANCES/SUPPLIES**

- Airway clearance devices (i.e. chest percussors, vest, etc)
- Augmentative communication device and system
- Bone growth stimulator
- Braces/Orthotics (except custom made foot orthotics)
- Continuous Glucose Monitor
- CPAP/BiPAP
- Custom compression stockings

Custom/special seating system  
Low air loss products  
Lymphedema pump  
Muscle stimulator  
Nebulizer, portable  
Oxygen (initial certification only)  
Patient lift  
Phototherapy lights (for dermatologic diagnoses)  
Custom wheelchair  
Dynasplint/JAS (or other mechanical stretching device)  
Enteral feedings/nutritional formulas  
External wearable cardiac defibrillator  
Gradient pressure aid  
Hospital bed  
Insulin pump  
Intrapulmonary percussive ventilation  
INR Monitor, for home use  
Power wheelchair/scooter  
Prosthetics (except breast prosthetics)  
Sonic Accelerated Fracture Healing System  
Speech generating devices (laptops are not a covered item)  
Spinal cord stimulator  
Trapeze  
Wound vac (including wound warming cover)  
DME purchase, repairs, or rental cumulative rental price >\$250

#### **EAR/NOSE/THROAT PROCEDURES**

Otoplasty  
Rhinoplasty  
Septo-rhinoplasty  
Uvulopalatopharyngoplasty (UPPP/Uvullectomy)

#### **EXCLUDED SERVICES/PROCEDURES**

Contact Customer Service at 503-243-3962, or toll-free at 877-605-3229 for member's benefit limitations and exclusions.

#### **EXPERIMENTAL/INVESTIGATIONAL**

Services determined by ODS to be experimental/investigational are excluded. Listed procedures are not all inclusive – contact Customer Service at 503-243-3962, or toll free at 877-605-3229 for exclusions.

#### **HOME SERVICES**

Home Health Services  
Home Infusion Services  
Palliative Care

## **HOSPITAL ADMISSIONS**

Notification is required within 48 hours of hospital admission

## **IMMUNIZATIONS / INJECTABLES**

For Part B vs. Part D coverage determinations, please call Pharmacy Customer Service at 503-265-4709 or toll-free at 888-786-7509

Rabies vaccine

## **INFUSION SERVICES (OUTPATIENT)**

Amevive Infusion

Iron

Intravenous Immune Globulin (IVIG)

Orencia

Reclast and Zometa (Zoledronic acid)

Remicade Infusion

Rituximab (for rheumatoid arthritis)

Soliris

Tysabri

## **INPATIENT REHABILITATION**

### **LONG TERM ACUTE CARE FACILITIES**

### **PAIN MANAGEMENT**

Epidural pain pump insertion

IDET (Intradiscal Electrothermal Therapy)

Spinal Cord Stimulator (trial and permanent placement)

## **REHABILITATIVE AND RECUPERATIVE SERVICES**

Chiropractic Services \*

Cardiac rehabilitation

Pulmonary rehabilitation

Occupational Therapy \*

Physical Therapy \*

Speech Therapy \*

\* Medical necessity review will be required for visits after the tenth visit.

## **RENAL DIALYSIS**

## **SKILLED NURSING FACILITY**

## **SURGERY – ALL INPATIENT OR OUTPATIENT ELECTIVE SURGERIES AND PROCEDURES**

## **SURGERY/TREATMENT – OUTPATIENT**

All outpatient surgeries listed on this Focus List

Cartilage transplants of the knee

Capsule Endoscopy

Hyperbaric Oxygen Therapy

Nucleoplasty/IDET

Neck/back/spine surgeries

Prophylactic surgery (e.g. Mastectomy)

Thoracic Sympathectomy (for Hyperhidrosis)

Kyphoplasty/Vertebroplasty

Cryoablation of breast lesions

Stereotactic Radiosurgery (i.e. Gamma Knife)

## **TRANSPLANTS**

All transplants except cornea

Donor services