



## **OHP Referral and Service Authorization Guidelines**

The ODS Referral and Authorization Guidelines provides information on self-referable services, authorization request requirements and services that do not require authorization for OHP plans. This information is subject to change and can be accessed from the ODS website at [www.odscompanies.com](http://www.odscompanies.com).

### **REFERRAL & AUTHORIZATION INFORMATION**

- Referral and authorization requests may be phoned in to 503-265-2940, toll free 888-474-8540, or faxed to 503-243-5105.
- Most referrals are authorized for a 90-day time span.
- **There are limited benefits for Standard Plan members. Please be advised that some services may not be a covered benefit on the Standard Plan.**

### **DUAL ELIGIBLE MEMBERS**

For Members who are eligible for both the Oregon Health Plan and Medicare or a commercial insurance plan, a referral or authorization is not required except for the following:

- Any service or procedure not covered by Medicare or the commercial insurance plan.
- All transplants: solid organ, autologous or allogenic bone marrow.
- Drugs requiring prior authorization.
- Services below the line or not covered for OHP (when consideration for coverage is being requested)

**\*\*\*NOTE: the primary insurer's EOB must be submitted with claims\*\*\***

### **SERVICES REQUIRING REFERRAL** (see services that do not require a referral)

- Specialist visits, including physicians, chiropractors, acupuncturists, and psychologists with the exception of OB for prenatal care.
- Hearing evaluations and audiograms
- Ancillary providers, including therapists (physical, occupational, or speech), nutritionists, and social workers.
- Vision – Medical Eye care
- Non Participating providers

**SERVICES THAT DO NOT REQUIRE A REFERRAL (When performed by participating providers)**

- Dental anesthesia (hospital) – requires prior authorization
- Dialysis
- Family planning services
- Mental health – covered by member’s mental health organization.
- Prenatal care
- Routine radiology – plain films
- Routine laboratory – refer to Focus List for specific laboratory authorization requirements
- Sexual Abuse exams
- Urgent Care Services
- Women’s annual gynecologic exam

**REFERRAL REQUEST REQUIREMENTS**

Make sure the referral request is complete and contains:

- All pertinent patient information (name, ID #, group #, relation to subscriber, and patient’s birth date).
- Date of service.
- Place of service.
- ICD-9 code(s).
- Specialist’s full name and address.
- Return fax number, when applicable.
- Start and end date of the referral

**Reminders – a referral is NOT an authorization for surgery. An authorization is a request for treatments or procedures to be performed by the referred-to specialist.**

**SERVICE AUTHORIZATION REQUEST REQUIREMENTS**

Make sure the authorization request is complete and contains:

- All pertinent patient information (name, ID #, group #, and patient’s birth date).
- The name and Tax I.D. number (TIN) 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 and TIN.
- **CPT & ICD-9 (numeric only) codes must be included.**
- Length of stay (indicate if outpatient).
- Chart notes, when requested.
- A referral from the PCP must either be included, or already be in place.

**SERVICES THAT DO NOT REQUIRE AUTHORIZATION** (when performed by participating providers) \* Does not apply to Standard Plan  
This is not a comprehensive list.

- Adenoidectomy
- Angioplasty
- Biopsies
- Blood transfusions
- Bone Marrow Aspirations/biopsy
- Bronchoscopy
- Cardiac Catheterizations
- Cardiac Stress Test
- Cardioversion
- Cataract Surgery
- Central venous device procedures for hemodialysis, hyperalimentation, chemotherapy
- Chemical Dependency (Outpatient) Evaluation (additional treatment requires authorization)
- Chemotherapy (outpatient only)
- Colposcopy of cervix
- Conization of cervix
- D & C (Dilatation & Curettage – except for infertility diagnosis)
- Diagnostic bone mineral density studies (Requires review by AIM if CT is used)
- Dialysis (authorization required for initial treatment)
- ECG, EKG
- Echocardiography
- EEG
- Emergency Room Care Subject to ER Review
- EMG
- Endoscopic gastrostomy tube placement
- ERCP
- Family Planning
- Flexible Sigmoidoscopy, Colonoscopy
- Gastrostomy tube placement
- I&D (Incision & drainage of abscesses and cellulitis of skin, subcutaneous tissue and skin/wound infections)
- Injections — antibiotics
- Hemodialysis
- Hemodialysis access, intravenous or shunt placement
- HPV vaccine females ages 9-26.
- Implant Removal (wire, pin, rod)
- Iridotomy/Iridectomy
- Laryngoscopy
- Lithotripsy
- Myelogram
- Myringotomy
- Nasopharyngoscopy w/endoscopy
- Needle aspirations & biopsy
- Nerve decompression: Carpal tunnel and ulnar
- OB — Delivery (no authorization required for 2 day vaginal or 4 day C-section length of stay)
- Orchiectomy
- Orchiopexy
- Paracentesis
- Pilonidal cyst with abscess removal
- Proctosigmoidoscopy
- Radiation Therapy
- Retinopathy surgery procedures
- Sterilization
- Strabismus surgery
- Tobacco Cessation services
- Tonsillectomy
- Transurethral surgery
- Tympanostomy
- Urgent care services
- Vitrectomy procedures
- Wound care – debridement, dressing changes and assessment
- X-Ray

**\* NOTE: IN OFFICE PROCEDURES PERFORMED BY A PARTICIPATING PROVIDER DO NOT REQUIRE AUTHORIZATION**

## **FOCUS LIST: SERVICES THAT REQUIRE AUTHORIZATION**

**The following is a list of services that require authorization to determine medical necessity or plan benefit limitations. Even though a service is not listed below, coverage may be limited. Benefit packages for OHP Standard and OHP Plus are different.**

### **ABORTIONS**

Non-elective, emergent are covered when approved. Elective abortions are covered by DMAP

### **ACUPUNCTURE**

No authorization required for the first 20 sessions for covered services.

### **ADVANCED IMAGING**

Advance Imaging requires review by Advanced Imaging Management (AIM)  
Call 877-291-0513 for advanced imaging authorization

### **AMBULANCE**

Authorization required for non-emergent transport

### **CHEMICAL DEPENDENCY**

Call 1-888-474-8538 or fax 503-670-8349 for authorization of these services.  
Inpatient Hospital Medical Detox  
Subacute Medical Detox  
Outpatient Treatment (evaluation does not require authorization)  
Synthetic Opiate Treatment

### **CHIROPRACTIC**

No authorization required for the first 20 sessions for covered services.

### **CIRCUMCISION**

Routine circumcisions are not covered. Prior authorization required for circumcisions performed for medical diagnosis.

### **DENTAL ANESTHESIA (HOSPITAL)**

PCP referral to dentist or anesthesiologist is not required.

### **DIAGNOSTIC PROCEDURES**

- Allergy testing over 50 tests at one time and RAST testing
- Genetic Testing
- PET scans (NOT covered for Routine follow ups or Cardiac Diagnostics)  
SPECT scans

### **DIALYSIS**

Authorization required for initial treatment only.

June 1, 2010

**DURABLE MEDICAL  
EQUIPMENT/APPLIANCES/PROSTHETICS/SUPPLIES**

ALL DME, prosthetics, orthotics, supplies and appliances require authorization.

**HEARING AIDS and REPAIRS**

**HOME SERVICES**

- Home health services
- Home infusion services
- Hospice care
- Palliative care

**HOSPITAL EMERGENCY ADMITS**

- Notification is required within 24 hours of hospital admission.

**IMMUNOTHERAPY/ALLERGY INJECTIONS**

Preauthorization is required for more than 72 units of CPT 95165

**INFUSION SERVICES (OUTPATIENT)**

Preauthorization required.

**INJECTABLES**

- Preauthorization is required for Rabies Vaccination; CPT 90675-90676
- Contact ODS Pharmacy Customer Service at 503-265-2939 or 1-888-474-8539 or by fax at 503-948-5556 for prior authorization.

**INPATIENT REHABILITATION**

**INPATIENT SURGERIES AND PROCEDURES- ALL ELECTIVE CASES**

- Hysterectomies require authorization and consent

**OBSTETRICS**

- Authorization required for length of stay exceeding two nights for vaginal deliveries and four nights for C-sections.

**OUT-OF-NETWORK REQUESTS**

- All out of network requests require authorization

**PAIN MANAGEMENT**

- Epidural pain pump insertion
- Intraarticular injections
- Multidisciplinary pain team evaluations
- All request for pain management services must be submitted with clinical notes

**PHARMACEUTICAL**

For medications that require prior authorization contact the ODS Pharmacy Customer Service at 503-265-2939 or 1-888-474-8539 or by fax at 503-948-5556 or [www.odscorporation.com](http://www.odscorporation.com)

**REHABILITATIVE AND RECUPERATIVE SERVICES**

- Cardiac Rehabilitation
- Multidisciplinary evaluations  
(Includes CDRC, Progressive Rehab)
- Occupational Therapy\*
- Physical Therapy\*
- Speech Therapy\*

\*Referral required for the initial evaluation. Subsequent treatment requires authorization.

**RESPIRATORY SYNCYTIAL VIRUS PROPHYLACTIC**

- Synagis
- RespiGam

**SKILLED NURSING FACILITY**

**STERILIZATIONS – ALL STANDARD PLAN MEMBERS REQUIRE A PRIOR AUTHORIZATION.**

**SURGERY – ALL INPATIENT ELECTIVE SURGERIES AND PROCEDURES**

**SURGERY/TREATMENT/OUTPATIENT – ALL OUTPATIENT SURGERIES AND PROCEDURES EXCEPT THOSE FOUND ON THE SERVICES THAT DO NOT REQUIRE AUTHORIZATION LIST. (Does not apply to Standard Plan)**

**TRANSPLANTS**

- All transplants
- Donor services

**VISION SERVICES**

- Authorization required for all non- routine vision services.