

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
- Hydration therapy
- Intravenous/intramuscular pain management
- Most lab tests
- Needle biopsy
- Punch biopsy
- 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/Uvulectomy)

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

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