Network Notification

Date: February 12, 2010 **Number: OH-P-2010-08**

To: Network Providers

From: CareSource

Subject: Services Requiring Prior Authorization

As part of our ongoing commitment to timely and clearly articulated communication of policy or process changes, the information listed below supplements current policies to include those listed in the CareSource Provider Manual.

Services Requiring Prior Authorization: Ordering physicians must obtain a prior authorization for the following outpatient, non-emergent diagnostic imaging procedures:

- MRI/MRAs
- CT/CTA scans
- PET scans

The following services also require a prior authorization:

- All Abortions
- All Inpatient Care
- Some Home Care Services
- Inpatient Rehabilitative Services
- Nursing Facility Services
- Organ Transplants
- Durable Medical Equipment and other supplies over $750.00 billed charges
  - The $750.00 rule does not apply to the following DME/other items (these require prior authorization):
    - All powered or customized wheelchairs
    - Manual wheelchair rentals over 3 months
    - Hearing Aids
    - Contact Lenses
    - All miscellaneous codes (example E1399)
- Greater than 10 Fetal Non-Stress Tests per pregnancy
- Cosmetic procedures and plastic surgery
- Some specialty drugs

- Ambulance and ambulette transportation – *except* for emergent or facility-to-facility transfers
- Services beyond benefit limits for members 20 years of age and under: This includes chiropractic care, dental care, optometry services, some mental health services, physical/occupational therapy, and speech therapy/hearing testing beyond benefit limits.
- Food supplements/nutritional supplements
- Infant formula (PA required for >30 cans per month)

Dental Services:

- Orthodontia services
- Root canals – if 3 or more root canal procedures are scheduled within 6 months
- All dentures
- All partial dentures
- Porcelain crown fused to noble metal (authorized for permanent anterior teeth only)
- Cast post and core in addition to crown (authorized for permanent anterior teeth without sufficient tooth structure to support a crown only)
- Extractions – if more than 4 extractions occur within 6 months
- Frenulectomy
- Frenulotomy
- Excision hyperplastic tissue
- Gingivectomy
- Plasty
- Impacted tooth removal – completely bony with complications
- Surgical removal of a residual tooth root
- Surgical removal of unerupted teeth
- Surgical removal of supernumerary tooth
- Removal of exostosis
- Unspecified TMJ therapy
- Unspecified TMJ films
- Removable appliances
- Fixed appliances therapy
- All unspecified/miscellaneous dental codes

Any health care provider who is not participating with CareSource must obtain prior authorization for all non-emergency services rendered to a CareSource member.

CareSource does not require prior authorization for unlisted procedure CPT codes; however, we require a clinical record be submitted with your claim to review the validity of the unlisted procedure CPT code. Claims submitted without clinical records for unlisted procedure CPT codes will be denied. Denials will be reconsidered through the appeal process with pertinent clinical records.

Note: Authorizations are not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits (and other factors). Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.

The effective date for this notification is February 1, 2010.