

2009 PROVIDER AUTHORIZATION REQUIREMENTS – Revised 12/18/08
Arkansas, Georgia, Missouri, South Carolina, Texas



* All services are subject to plan eligibility. **Authorization does not guarantee payment.** Medical necessity will need to be established.
 * The Care Improvement Plus Utilization Management office is closed on weekends/holidays for routine requests. Clinical information is due on the next business day.
 * Provider must be Medicare certified to provide services

Inpatient Hospital Admissions: Medical and Psychiatric-Emergent/Urgent /Elective	Authorization: Care Improvement Plus must be notified of all inpatient admissions within 3 business days. Include admission date, diagnosis, ICD-9 codes and observation status.
Skilled Nursing Facility, Comprehensive Inpatient Rehab (Acute Rehab) and LTAC Confinement	Preauthorization: Discharge Summary/Physician's Order from hospital and PT/OT evaluations <u>prior to admission</u> to support medical necessity. Additional Services/Continuation of Services Updated therapy, nursing and physician notes from the facility weekly (or as specified) to support continued inpatient stay.
Home Health Services	Preauthorization: Notify Care Improvement Plus you have taken our member under service during the first week of the start of care. Four (4) visits only will be given initially over a 60 day certification period. Please submit the provider's name number, services requested (skilled nursing, PT/OT, medical social work), diagnosis and ICD-9 codes, start of care date and physician order. No additional clinical information is required for first 4 visits. Additional Services/Continuation of Services: PLEASE DO NOT EXHAUST THE INITIAL VISITS BEFORE REQUESTING CONTINUATION OF SERVICES. Submit 485/Plan of Care, description of services, duration of services and clinical documentation obtained from your initial visits that supports medical necessity as soon as you expect more than 4 visits will be needed. Re-certifications are processed the same way. DO NOT SEND OASIS.
Outpatient Rehabilitation Therapies	Preauthorization: Notify Care Improvement Plus that you have begun services and the number of visits requested. Up to ten (10) visits will be given initially over a 30 day certification period. Please submit the provider name, number of visits requested, diagnosis, ICD-9 codes, start of care and physician order. Additional Services/Continuation of Services: MD order, therapy, most recent progress notes, and any other clinical documentation to support medical necessity. If additional services are needed, please fax the requested information, including diagnosis and ICD-9 codes at least 1 week PRIOR to the end of the certification period. Note: If your facility is a stand-alone outpatient facility please verify benefits and visit limitation with Provider Services at 1-866-679-3119.
Power Wheelchair/POV Scooter (MAE)	Preauthorization: MD order, completed physical therapy eval, face to face exam, applicable physician office notes, any other pertinent clinical information, HCSPCS codes, diagnoses, and ICD-9 codes.
Prosthetics	Preauthorization: MD order, clinical documentation denoting the member's past medical history, reason for amputation, current condition, including status of residual limb, desire to ambulate, clinical assessment of rehabilitation potential, HCSPCS and ICD-9 codes
Negative Pressure Wound Therapy (Wound Vac)	Preauthorization: MD order, clinical documentation of wound history including measurements, staging, complete description of wounds, past treatment plans, HCSPCS and ICD-9 codes.
Bone Growth Stimulators (Ultrasonic Osteogenesis Stimulator), Spinal Cord Stimulators (Dorsal Column Stimulators)	Preauthorization: MD order, clinical documentation which details prior treatment plan, diagnostic results which confirms non-union of fracture (for long bones) or for spinal devices, documentation of failed fusion surgeries and/or recent multilevel fusion procedures. Include any other pertinent clinical documentation that supports medical necessity, HCSPCS, diagnoses, and ICD-9 codes
Pressure Reducing Support Surfaces (Low air loss & air fluidized beds, Air/ water mattresses, gel pads, sheepskins etc)	Preauthorization: MD order, clinical documentation of wound history including measurements, staging, complete description of wounds, past treatment plans, neuro status, mobility status, nutritional status, HCSPCS and ICD-9 codes
Lymphedema Pumps (Pneumatic Compression Devices)	Preauthorization: MD order, H&P, diagnostic test results, any other pertinent clinical documentation that supports medical necessity, HCSPCS, and ICD-9 codes.
Other Medical Services Requiring Preauthorization	Experimental procedures (not FDA approved), transplants, weight loss procedures and other services. Please call Preauth to verify and receive notification of clinical documentation needed to establish medical necessity at least 30 days prior to procedure/service.

IMPORTANT PHONE NUMBERS

Preauthorization for LTAC, SNF, Home Health, Acute Rehab, Outpatient Therapies and DME	SC/GA – 1-888-625-2204 TX/AR/MO – 1-877-625-2201
Hospital Admissions – Authorization	SC/GA – 1-888-625-2204 AR/MO/TX – 1-877-625-2201
Member Services	1-800-204-1002
Provider Services/Claims Inquiries	1-866-679-3119 MEDICAL CLAIMS ADDRESS: CARE IMPROVEMENT PLUS, PO BOX 4347 SCRANTON PA 18505 EDI Claims: Emdeon payer ID 77082
Pharmacy Services/MEDCO Health Solutions Inc	1-866-673-3561 PHARMACY CLAIMS ADDRESS: MEDCO Health Solutions Inc, PO Box 14718 Lexington, KY 40512
Pharmacy Preauthorization for certain Part B drugs administered in a doctor's office	1-866-904-6561
MTM Transportation Services Avesis Vision/Dental Services	1-888-240-6435 1-800-828-9341
Appeals and Retrospective Review	Medical Necessity Appeals (denied claims) 1-800-213-0672 Pharmacy Appeals 1-866-683-3275 Retrospective Review Requests (pending claims) 1-866-683-2073