

# Care Improvement Plus UM Provider Fact Sheet – April 2010

## GEORGIA



(Refer to the provider manual @ [careimprovementplus.com](http://careimprovementplus.com) for complete details)

\*These rules are designed to promote effective and efficient care management for the benefit of Medicare beneficiaries, and will be applied consistent with CMS and contractual requirements.

\***All services are subject to member eligibility and benefits limitations. An authorization does not guarantee payment.** Medical necessity will need to be established.

\***Failure to obtain authorizations beyond emergency and post-stabilization services in appropriate cases will result in delays or denials of payment or additional administrative requirements.**

\* The Care Improvement Plus Utilization Management office is closed on weekends/holidays for routine requests. Clinical information is due on the next business day.

\* Providers must be Medicare certified to provide services.

<b>Inpatient Hospital Admissions –Emergency and Elective hospital admissions require authorization</b>	No preauthorization is required for emergency services. However, all inpatient admissions <b>require authorization</b> . Under new NCQA guidelines, the plan must have a report of all <b>admissions within 1 business day</b> of the admission, and all requests must be submitted within that time. The authorization is pended until clinical information has been received, reviewed and a medical determination made. Please fax the admission face sheet and all appropriate information including ICD-9 codes to the number below.
<b>Behavioral Health Services</b>	For all behavioral health services (inpatient and outpatient), please call <b>1-888-751-1235</b>
<b>Skilled Nursing Facility, Inpatient Rehab Facilities (Acute Rehab) and Long Term Acute Care (LTAC)</b>	All skilled nursing facility, inpatient rehab facility and long term acute care facility admissions <b>require preauthorization in advance</b> of the admission. An <b>updated authorization is required</b> in advance of a continued inpatient stay beyond the authorization period previously approved by the Plan. Initial requests must include discharge summary/MD Order from hospital and PT/OT evaluations. The Plan will notify the provider of the determination within 1 business day of receipt of all necessary clinical and other requested information.
<b>Home Health Services (home infusion, physical therapy, occupational therapy, speech therapy, medical social worker, etc.) HOME INFUSION SERVICES</b>	All home health services require <b>authorization during the first week of services</b> . Requests must include number of visits and services requested (skilled nsg, PT/OT, SW), ICD-9 codes, CPT codes, start of care date and MD order. No additional clinical information is required unless requested. Plan will notify provider of determination within 3 business days of receipt of all necessary clinical and other requested information. <b>All HOME INFUSION services require PRIOR AUTHORIZATION BEFORE initiating care.</b>
<b>Transplant, Blepharoplasty and Weight Loss (Bariatric)Procedures (Inpatient and Outpatient)</b>	All transplants, blepharoplasty and weight loss procedures <b>require preauthorization</b> . Requests should be submitted at least 10 calendar days prior to the scheduled procedure/service. <b>Experimental procedures (not FDA approved) are not generally covered.</b>
<b>Power Operated Vehicles and Power Wheelchair</b>	<b>Require preauthorization</b> in advance. Submit MD order, completed physical therapy eval, face to face exam, applicable physician office notes, and any other pertinent clinical information. Include HCSPCS codes, and ICD-9 codes.
<b>Prosthetics (lower limb)</b>	<b>Require preauthorization</b> in advance. Submit MD order, clinical documentation denoting the member's past medical history, reason for amputation, current condition, status of residual limb, desire to ambulate, and clinical assessment of rehabilitation potential. Include HCSPCS codes, and ICD-9 codes.
<b>Negative Pressure Wound Therapy (Wound Vac)</b>	<b>Require preauthorization</b> in advance. Submit MD order, clinical documentation of wound history including measurements, staging, complete description of wounds and past treatment plans. Include HCSPCS codes, and ICD-9 codes.
<b>Bone Growth Stimulators (Ultrasonic Osteogenesis Stimulators), Spinal Cord Stimulators (Dorsal Column Stimulators)</b>	<b>Require preauthorization</b> in advance. Submit 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 HCSPCS, diagnoses, and ICD-9 codes.
<b>Air Fluidized Beds (at home)</b>	<b>Require preauthorization</b> in advance. Submit MD order, clinical documentation of wound history including measurements, staging, complete description of wounds, past treatment plans, neuro status, mobility status, nutritional status. Include HCSPCS, and ICD-9 codes.
<b>Lymphedema Pumps (Pneumatic Compression Devices)</b>	<b>Require preauthorization</b> in advance. Submit MD order, H&P, diagnostic test results. Include HCSPCS, and ICD-9 codes.

### IMPORTANT PHONE NUMBERS

Preauthorization for, SNF, Home Health, Acute Rehab, LTAC, DME and elective hospital admissions. Authorization for emergency inpatient hospital admissions (medical/surgical)	<b>Phone: 1-888-625-2204</b> <b>Fax: HOME HEALTH = 866-447-4186</b> <b>Fax: SNF/LTAC/IRF = 866-223-4989</b> <b>Fax: INPATIENT HOSPITAL/Blepharoplasty/Bariatric = 866-223-5651</b> <b>Fax: DME = 866-447-4187</b>
Transplants	Phone 1-866-460-8699 option 4 x 7601, Fax: 443-524-8734
Member Services MTM Transportation Services AVESIS Vision/Dental Services	<b>1-800-204-1002</b> <b>1-888-240-6435</b> <b>1-800-828-9341</b>
Provider Services/Claims Inquiries	<b>1-866-679-3119</b> <b>MEDICAL CLAIMS ADDRESS: CARE IMPROVEMENT PLUS, PO BOX 488 Linthicum, MD 21090-0488</b> <b>EDI Claims: Emdeon payer ID 77082</b>
Pharmacy Services/MEDCO Health Solutions Inc	<b>1-866-673-3561</b> <b>PHARMACY CLAIMS ADDRESS: MEDCO Health Solutions Inc, PO Box 14718 Lexington, KY 40512</b>
Pharmacy Preauth for certain Part B drugs administered in a doctor's office	<b>1-866-904-6561</b>
Appeals and Retrospective Review	<b>Expedited and Medical Necessity Appeals (for denied medical claims) 1-800-213-0672</b> <b>Pharmacy Appeals 1-866-683-3275</b> <b>UM Retrospective Review for Pended Claims 1-866-683-2073</b>