

Care Improvement Plus UM Provider Fact Sheet of Auth Rules

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WISCONSIN



(Refer to the provider manual @ careimprovementplus.com for complete details)

*These rules are designed to promote effective and efficient care management for the benefit of Care Improvement Plus members, 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 may 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.

Inpatient Hospital Admissions all require authorization	No preauthorization is required for emergency services. However, all inpatient admissions require authorization . Consistent with NCQA guidelines, the plan must have a report of all admissions within 1 business day of the admission, Discharge planning coordination is required. Please fax the admission face sheet, admitting H&P, diagnosis with ICD-9 diagnosis codes.
Behavioral Health Services	For all behavioral health services (inpatient and outpatient), please call 1-888-751-1235
Skilled Nursing Facility, Inpatient Rehab Facilities (Acute Rehab) and Long Term Acute Care (LTAC)	All skilled nursing facility, inpatient rehab facility, and long term acute care facility admissions require preauthorization in advance of the admission. An updated authorization is required in advance of a continued inpatient stay beyond the initial authorization period. Initial requests must include discharge summary/MD Order from hospital and PT/OT evaluations. The Plan will notify the provider of the determination within 2 business days of receipt of all necessary/requested information.
Home Health Services (physical therapy, occupational therapy, speech therapy, medical social worker, etc.)	All home health services require authorization during the first week of services . 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 and/or 485 POC. For all RECERTIFICATIONS we will require the 485 plan of care, the previous certification SIGNED 485 POC, documentation of face to face, specific services requested, nursing and therapy progress notes. Information should be received within 72 hours of expiration of previous episode. Plan will notify provider of determination within 3 business days of receipt of all clinical information. ALL HOME INFUSION services require PRIOR AUTHORIZATION BEFORE initiating care.
Home Infusion Services	
Transplant (Organ and Bone Marrow), Blepharoplasty, Bariatric (Weight Loss), LVAD Procedures, Elective Permanent Pacers and ICD's	Require preauthorization . Requests should be submitted at least 14 calendar days prior to the scheduled procedure/service with the supporting clinical information. Experimental procedures (without FDA approval) are not generally covered.
Power Operated Vehicles and Power Wheelchairs (rental and purchase)	Require preauthorization in advance. Submit MD order, completed physical therapy eval (if applicable), face to face exam, applicable physician office notes, and any other clinical information supporting the request. Include HCPCS codes, and ICD-9 codes.
Prosthetics (lower limb)	Require preauthorization in advance. Submit MD order, clinical documentation denoting the member's past medical history, reason for amputation, current condition, and status of residual limb, desire to ambulate, and clinical assessment of rehabilitation potential. Include HCPCS codes, and ICD-9 codes.
Negative Pressure Wound Therapy (Wound Vac)	Require preauthorization in advance. Submit MD order, clinical documentation of wound history including measurements, staging, and complete description of wounds and past treatment plans. Include HCPCS codes, and ICD-9 codes.
Bone Growth Stimulators (long bone and spine)	Require preauthorization in advance. Submit MD order, clinical documentation which details prior treatment plan, diagnostic result which confirms non-union of fracture (for long bones) or for spinal devices documentation of failed fusion surgeries and/or recent multilevel fusion procedures (for spinal devices). For pain management devices, include previous medical management treatments, psychological/physical evaluations. Include HCPCS, diagnoses, and ICD-9 codes.
Pain Management Devices (spinal cord)	
Air Fluidized Beds (at home)	Require preauthorization 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 HCPCS, and ICD-9 codes.
Lymphedema Pumps (Pneumatic Compression Devices)	Require preauthorization in advance. Submit MD order, H&P, diagnostic test results. Include HCPCS, 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)	Phone: 1-888-625-2204 Fax: HOME HEALTH = 866-219-2923 Fax: SNF/LTAC/IRF = 866-304-2382 Fax: INPATIENT HOSPITAL/Blepharoplasty/Bariatric/LVAD/Electives = 800-211-6490 Fax: DME = 866-224-1151	
Transplants	Phone 1-866-460-8699 option 4, Fax: 443-853-2771	
Member Services MTM Transportation Services AVESIS Vision/Dental Services	1-800-204-1002 1-888-240-6435 1-800-828-9341	
Provider Services/Claims Inquiries	1-866-679-3119	MEDICAL CLAIMS ADDRESS: CARE IMPROVEMENT PLUS, PO BOX 488 Linthicum, MD 21090-0488 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
Preauth for certain Part B drugs administered in a doctor's office	1-866-904-6561	
Appeals and Retrospective Review	Expedited and Medical Necessity Appeals (for denied medical claims) 1-800-213-0672 Pharmacy Appeals 1-866-683-3275 UM Retrospective Review for Pended Claims 1-866-683-2073	