

# CAREPLAN OF ILLINOIS PRIOR AUTHORIZATION LIST

For dates of service on or after March 1, 2014

## Prior Authorization (PA) requirements

This Cigna-HealthSpring® CarePlan of Illinois Prior Authorization list supersedes any lists that have been previously distributed or published – older lists are to be replaced with the latest version.

## CarePlan of Illinois Prior Authorization (PA) policy

Primary health care professionals or referring health care professionals should **obtain** prior authorization **before** services requiring prior authorizations are rendered. Prior authorizations may be as indicated in the Health Services section of the *2014 Provider Manual*.

Rendering health care professionals should **verify** that a prior authorization has been granted **before** any service requiring a prior authorization is rendered. Prior authorizations may be verified as indicated in the Health Services section of the *Provider Manual*.

**IMPORTANT** – Prior authorization and/or referral number(s) is/are not a guarantee of benefits or payment at the time of service. Remember, benefits will vary between plans, so always verify benefits.

## CarePlan of Illinois referral policy

CarePlan of Illinois values the primary health care professional's role in directing the care of members to the appropriate, participating health care professionals. Participating specialists are contracted to work closely with our referring primary health care professionals to enhance the quality and continuity of care provided to CarePlan of Illinois members.

Although a prior authorization may not be required for certain services, a referral from a primary health care professional to a specialist **must be in place**. The referral should indicate primary health care professional approved for a consultation only or for consultation and treatment, including the number of primary health care professional approved visits.

Refer to the online directory at [www.CarePlanIL.com](http://www.CarePlanIL.com) or contact Provider Services, toll-free phone: **1-866-486-6065** to locate an in-network health care professional.



(Medicare-Medicaid Plan)

Procedures/services	PA required	PA not required	Comments
Abortion		X	Health care professional must submit required HFS Form 2390 with the claim submission
Admissions	X		Inpatient admission – Yes, prior authorization required Inpatient observation – Yes, prior authorization required Inpatient rehabilitation – Yes, prior authorization required Skilled Nursing Facility – Yes, prior authorization required LTAC – Yes, prior authorization required Intermediate care – Yes, prior authorization required Facility/assisted living – Yes, prior authorization required
Allergy injections without a MD visit		X	
Allergy serum and testing		X	No authorization required with a specialist referral
Ambulance (air or ground)		See comments	Non-emergent transports – Yes, prior authorization required Emergent transports – No, prior authorization not required Facility to facility transfer – Yes, prior authorization required
Amniocentesis		X	
Angioplasty/cardiac catheterization/stents (cardiac and renal)	X		
Arteriogram/angiogram	X		
Audiogram		X	
Biopsy		X	
Blood services (outpatient)		X	
Bone density study		X	
Bronchoscopy		X	
Cardiac monitoring		X	
Cardiac rehab		X	Only covered for specific conditions under Medicare guidelines
Cardiac testing	X		
Cardioversion		X	
Chemotherapy	X		Initial treatment only
Chiropractic	X		Age 21 or less limited to manipulation for subluxation of the spine
CT scans • Fast (EBCT) • 64 Slice • CTA scans – all modalities	X		
Diabetic supplies and monitors	X		Prior authorization required under Part B benefit for non-preferred products and when quantity limits are exceeded for preferred products. Preferred products and additional pharmacy requirements are included in the member Explanation of Changes (EOC)
Doppler/duplex studies		X	
Durable Medical Equipment (DME)	X		Purchase – prior authorization required if contracted purchase is over \$500; certain items require a prior authorization regardless of price <sup>1</sup> Rental – prior authorization required Repair – prior authorization required

Procedures/services	PA required	PA not required	Comments
Echocardiogram (ECG)		X	
Electrocardiogram (EKG)		X	
Electroencephalogram (EEG)		X	
Electromyography (EMG)		X	
Electrophysiology (EP)		X	
Education		X	Includes diabetic education, nutritional counseling, and smoking cessation
Endoscopy		X	
Facility to facility transfers	X		See ambulance
Family planning		X	All members will receive education and counseling on all FDA-approved birth control methods, specifically from the most effective to the least effective methodology <ul style="list-style-type: none"> <li>• Long Acting Reversible Contraceptives (LARC)</li> <li>• Intrauterine Devices (IUD)</li> <li>• Implantable Rods</li> </ul> All providers will provide full spectrum of family planning options, with no cost sharing, including contraceptive methods available over-the-counter and prescription emergency contraception.
Genetic testing	X		Only covered under certain conditions under Medicare guidelines
Hearing aids	X		One routine visit per year; for fitting and evaluation, one hearing aid every 3 years
Hemodialysis		X	
Home health services	X		
Home infusion	X		
Hospice		X	
Hysterectomy	X		Health care professionals must submit required HFS Form 2390 with claim submission
Interventional radiology	X		
Lab work		X	Must use contracted health care professional
MRA (all modalities)	X		
MRI (all modalities)	X		
Myelogram		X	
Nuclear cardiac studies	X		
Nuclear radiology studies	X		
Occupational therapy		X	6 visits without an authorization with a maximum of 20 visits per calendar year of combination of speech, physical therapy and occupational therapy
Orthotics	X		
Outpatient observation	X		
Outpatient surgical procedures	X		Outpatient hospital and ambulatory surgical centers require prior authorization
Oxygen equipment	X		
Part B Drugs	X		Authorization required for specific criteria under CMS guidelines, please see Part B criteria
Peritoneal/home dialysis		X	
Physical therapy		X	6 visits without an authorization with a maximum of 20 visits per calendar year of combination of speech, physical therapy and occupational therapy Therapy service changes effective October 1, 2014: the 20-visit limit will be removed for speech therapy, physical therapy, and occupational therapy services
Podiatry	X		Only covered for specific conditions under Medicare guideline
Positron Emission Tomography (PET)	X		
Preventive screenings		X	Include mammogram, Pap test, colonoscopy, flu and pneumonia vaccines, bone density, glaucoma screening
Prosthetics	X		
Pulmonary rehab		X	Only covered for specific conditions under Medicare guideline
Radiation therapy	X		Prior authorization only required for IMRT, Gamma knife, and Cyber knife
Respiratory therapy		See comments	In home setting – Yes, prior authorization required In hospital or outpatient setting – No, prior authorization not required
Sleep study		See comments	In home setting – Yes, prior authorization required In hospital or outpatient setting – No, prior authorization not required
Specialty services	X		Primary health care professional referral to specialty physician is required
Speech therapy		X	6 visits without an authorization with a maximum of 20 visits per calendar year of combination of speech, physical therapy and occupational therapy
Sterilization (family planning)	X		Health care professionals must submit required HFS Form 2189 with claim
Ultrasound		X	
Wound care (physician office or outpatient wound center)	X		
X-ray		X	

<sup>1</sup>DME requiring prior authorization regardless of price – chest wall oscillation vest, conductive garment for TENS or NMES, cough stimulating device, cuirass chest shell, external defibrillator, gel pressure pad or non-powered pressure overlay for mattress, hydrocollator portable unit, implantable infusion pump, incontinent treatment system, pelvic floor stimulator, jaw motion rehab system, manual and power wheelchair cushions and accessories, osteogenesis stimulator, pneumatic compression device and/or any appliance to use with it, powered wheelchair or scooter, seat lift mechanism, shoulder flexion rotation device, speech generating device, TENS device, traction equipment.