

Provider Bulletin

Attention:	Participating Providers		
Subject:	Authorization Changes		
Program:	District Cares (Option 1)	Bulletin Date:	March 15, 2019
Bulletin Number:	19-002	Effective Date:	April 1, 2019

Purpose:

This bulletin serves to notify participating providers of important changes to the authorization requirements for the District Cares Program.

Change:

Effective April 1, 2019 – District Cares authorization requirements are changing. All services with the exception of emergency room visits and observation days will require an approved prior authorization including but not limited to all provider office visits, inpatient stays, outpatient services, surgery, and diagnostic services.

To request prior authorization approval, providers MUST register for the Provider Portal prior to 4/1/2019. Registration information is available at:

<https://www.hcdpbc.org/for-providers/provider-portal-planlink-registration>

The table below highlights the District Cares service authorization requirements:

SERVICE	AUTHORIZATION
Inpatient – Acute Care	Yes / Required
Inpatient – Rehabilitation (hospital setting)	Yes / Required
Outpatient - Cardiac Rehabilitation	Yes / Required
Observation Stay	No / Not required
Durable Medical Equipment / Supplies	Yes / Required
Home Care / Home Infusion	Yes / Required
Emergency Room	No / Not required
Orthotics	Yes / Required
Prosthetics	Yes / Required
Outpatient – Diagnostic (MRI/CT/PET/SPECT)	Yes / Required

SERVICE	AUTHORIZATION
Outpatient - Surgery	Yes / Required
Outpatient - Therapy	Yes / Required
Specialty Care	Yes / Required

Questions:

If you have any questions pertaining to this bulletin, please contact the Provider Services Department at (866) 930-1002.

Please insert the bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures in the handbook.