

Provider Bulletin

Attention:	Participating Providers		
Subject:	Authorization Requirements		
Program:	District Cares (Option 1)	Bulletin Date:	May 14, 2019
Bulletin Number:	19-008	Effective Date:	May 14, 2019

Purpose:

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

Change:

District Cares authorization requirements **effective May 14, 2019.**

SERVICE	AUTHORIZATION INDICATOR	LIMITATIONS
Any Inpatient – Acute Care (including Behavioral Health)	Yes / Required	Ten (10) Inpatient days per year for medical/rehab/behavioral (combined).
Any Inpatient – Rehabilitation (hospital setting)	Yes / Required	Ten (10) Inpatient days per year for medical/rehab/behavioral (combined).
Any Outpatient - Cardiac Rehabilitation	Yes / Required	One 12-week (24 visits) occurrence Facility - JFK
Durable Medical Equipment / Supplies	Yes / Required	Must be medically necessary and a covered benefit. Accumulated cost of the rental of DME is not to exceed the purchase price.
Home Care / Home Infusion	Yes / Required	Combined forty-five (45) day limit skilled nursing care and home infusion.
Orthotics	Yes / Required	Restricted to joint immobilization as medically necessary.
Prosthetics	Yes / Required	One (1) prosthetic per limb per lifetime One (1) prosthetic eye per lifetime
Outpatient – Diagnostic (only MRI/CT/PET/SPECT)	Yes / Required	Must meet medical necessity protocols
Outpatient - Surgery	Yes / Required	Must meet medical necessity protocols
Outpatient - Therapy	Yes / Required	Combined modality limits of 30 treatments per calendar year.
Colonoscopy / EGD (any type / any location)	Yes / Required	Must meet medical necessity protocols

Specialty Care Gatekeeper Model	Yes / Required	All specialty care visits must be ordered by a C.L. Brumback PCP. Specialty care must be provided by a participating physician and meet medical necessity protocols. Benefit limit is six (6) visits per specialty per calendar year (excluding Oncology).
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To request prior authorization approval, providers MUST register for the Provider Portal. Registration information is available at:

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

Questions:

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.