

Provider Bulletin

Attention:	Participating Providers		
Subject:	Special Care Authorization Requirements		
Program:	District Cares (Option 1)	Bulletin Date:	October 9, 2020
Bulletin Number:	20-006	Effective Date:	October 9, 2020

Notice:

This bulletin serves to clarify bulletin 19-011 the notification to participating providers of important updates to the Gatekeeper Model for Specialty Care effective October 9, 2020:

- Authorization requests for advanced diagnostic testing (MRI/CT/PET/SPECT) and procedures rendered in a facility setting must be obtained by the Specialty Care provider via the Planlink provider portal.
- Initial Specialty Care referrals are made by the C. L. Brumback Primary Care provider for up to three (3) visits.
- If additional Specialty Care visits are needed, please include in the treatment plan of your office/consult notes and/or operative/procedure reports. Please DO NOT send a request for authorization form.
- There is a Specialty Care visit limit of six (6) visits per specialty per calendar year, excluding Oncology and Ophthalmology.

Note: Ophthalmology diagnostic codes that are excluded:

WET AMD

H35.3211 RIGHT ACTIVE

H35.3221 LEFT ACTIVE

H35.3231 BILATERAL ACTIVE

DRY AMD

H35.3112 RIGHT INTERMEDIATE

H35.3122 LEFT INTERMEDIATE

H35.3132 BILATERAL INTERMEDIATE

CRVO

H34.8110 RIGHT WITH MACULAR EDEMA

H34.8120 LEFT WITH MACULAR EDEMA

H34.8130 BILATERAL WITH MACULAR EDEMA

BRVO

H34.8310 RIGHT WITH MACULAR EDEMA

H34.8320 LEFT WITH MACULAR EDEMA

H34.8330 BILATERAL WITH MACULAR EDEMA

DIABETIC

E11.3411 TYPE 2 DM SEVERE with ME (RIGHT)

E11.3412 TYPE 2 DM SEVERE with ME (LEFT)

E11.3413 TYPE 2 DM SEVERE with ME (BILATERAL)

E11.3511, E11.3512, E11.3513, All Diabetic Codes

H35.81 RETINAL EDEMA

H43.1-3 VITREOUS HEMORRHAGE

- Referrals for initial Physical Therapy evaluations are made by the C. L. Brumback Primary Care provider for one (1) visit. Additional Physical Therapy visits must be obtained by the Physical Therapy provider via the Planlink provider portal.
- All Specialty Care office/consult notes and operative/procedure reports must be faxed to the referring C. L. Brumback Primary Care provider for all encounters.

C. L. Brumback Primary Care Clinic Locations	Phone Number	Fax Number
Belle Glade	561-996-6156	561-439-4185
Boca	561-370-1363	561-370-1397
Delray Beach	561-279-2665	561-439-4212
Jupiter	561-370-1360	561-370-1398
Lake Worth	561-370-1326	561-370-1390
Lantana	561-582-5559	561-439-4384
Lewis Center	561-966-7158	561-804-5843
Mobile Clinic	561-842-7383	561-439-4446
West Palm Beach	561-842-7383	561-439-4446

- Participating providers may obtain authorization status via the PlanLink provider portal or the Community Care Plan's Provider Operations Team at (855) 819-9506.

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

Questions: Please contact Community Care Plan's Provider Operations Team at: (855) 819-9506