PROVIDER NOTICE: IMPORTANT UTILIZATION MANAGEMENT UPDATES

CountyCare Health Plan is committed to providing an efficient and consistent Utilization Management (UM) experience for our providers. The updates outlined below are the result of a market standards review and feedback from you.

Prior Authorization Changes

Effective for dates of service 01/01/2019 → Services That No Longer Require Prior Authorization include:

- Routine procedures that are part of ongoing treatments (i.e. chemotherapy administration, port flush)
- Reconstructive procedures for breast (applicable to women who had a mastectomy due to cancer)
- Closed reduction for trauma to jaw, nose and orbit (eye) fractures
- Dental restoration for children under 6 years of age
- Service limits revised (i.e. PT, DME, podiatry, skilled nursing home visits)

You should visit our website HERE for a complete list of code changes. The Prior Authorization CPT Look-up (Excel file) featuring a new tab identifying all changes at the code level detail is available now.

Some services that Will Now Require Prior Authorization include:

- Nuclear Medicine
- All pain procedures (includes E/I codes)
- Sleep studies

These changes will be fully implemented effective for dates of service 2-1-2019 going forward. January is a grace period however you are encouraged to reference the complete code list and familiarize your practice with the services that will require authorization.

The above listed examples represent some of the changes. Please visit our website for the complete listing HERE.

Contact Us

If you have any questions or would like additional information, please contact CountyCare Provider Services at ProviderServices@countycare.com or your Provider Relations Representative.