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Provider Newsflash April 2017

Medicare Advantage
Oxygen Authorization Requirements

Purpose of this communication:

The purpose of this communication is to provide additional information about changes to the CareCentrix oxygen authorization requirements for Medicare Advantage members announced in our February 2017 NewsFlash and effective April 10, 2017.

What I Need to Know?

- The current oxygen authorization requirements for **commercial** members will remain the same.

- Requests for covered oxygen services, equipment or supplies for Medicare Advantage members will be subject to the following guidelines:

  Initial Requests:
  Initial requests are approved for 1 month.

  Authorization for additional oxygen services, equipment or supplies:
  For patients that will require oxygen services, equipment or supplies beyond the first month, Providers must submit a request for authorization with supporting clinical documentation. CareCentrix will review such requests using the CMS Local Coverage Determination for Oxygen and Oxygen Equipment (L33797) and the CMS defined group classification for medical necessity (Group I and Group II):

  - **For patients meeting the CMS Group I criteria:** authorizations will be given for an additional 11 months or the physician-specified length of need, whichever is shorter.

  - **For patients meeting the CMS Group II criteria:** authorizations will be given for an additional 2 months or the physician-specified length of need, whichever is shorter.

- As a reminder, providers must in every instance, whether receiving a referral from CareCentrix or a primary referral source, verify eligibility and benefits with the patient's Health Plan prior to providing any service, equipment or supply item.

Thank you in advance for your cooperation and continued partnership.
If you have any questions, please contact your assigned Network Management representative for assistance.