

SECTION 4: PRIOR AUTHORIZATION REQUIREMENTS

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- Details of member benefit allowances are available in each health plan’s member Evidence of Coverage document.
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Commonwealth Care Alliance Covered Services		For Services That Require Prior Authorization, Please Refer to Claim Submission Billing Guidelines Below:	
Commonwealth Care Alliance (CCA) Covered Services	Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Acupuncture only for chronic lower back pain	Yes	CPT	97810-97814
Ambulatory/Outpatient Surgery	Yes	Please call CCA Provider Services for more information at 866-420-9332	
Behavioral Health Care Services	Please refer to the Behavioral Health Section		
Cardiac Rehabilitation Services	Yes	CPT	93668-93799
		HCPCS	G0422, G0423
Chiropractic Care	Yes	CPT	97012-98943
Dental: <ul style="list-style-type: none"> ▪ Crowns ▪ Dentures ▪ Oral Surgery Other	Yes <ul style="list-style-type: none"> ▪ Replacement dentures and crowns are limited to coverage once every five years unless authorized differently 	Commonwealth Care Alliance has selected SKYGEN Dental as the dental program administrator for its health plan’s preventive and comprehensive dental benefits. All claims and authorizations for these services must be submitted to SKYGEN. Additional requirements and limitations may apply. Please click here to access the SKYGEN Dental Provider Manual for more information.	

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		Additional questions or inquiries should be directed to SKYGEN Dental Provider Relations at 855-434-9243 or Providerservices@skygenusa.com	
		Details of member benefit allowances are available in each health plan's member Evidence of Coverage document.	
Diabetic Self-Management Training, Services, and Supplies	<p>Yes</p> <ul style="list-style-type: none"> ▪ for non-formulary diabetic testing supplies ▪ If you have questions, please call Provider Services. 	Details of member benefit allowances are available in each health plan's member Evidence of Coverage document.	
Durable Medical Equipment and Medical Supplies	Please refer to the DME PA list.		
Environmental Aids and Assistive/Adaptive Technology	Please refer to the DME PA list.		
Genetic Testing	Yes	Please call CCA Provider Services for more information at 866-420-9332.	
Home Health, including home health aides, therapies, and skilled nursing	Yes—please refer to the Home Health Services list.		
Infusion Therapy in an Outpatient Facility	Yes	CPT	96360-96371
Inpatient Hospital Services, including all inpatient services at following settings: acute inpatient, chronic, and rehabilitation	Yes	REV	100-219
Medication Dispensing System	Please Call Provider Services for more information at 866-420-9332.		
Medication Dispensing System Installation	Please Call Provider Services for more information at 866-420-9332.		
Molecular Pathology – BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) Gene Analysis	Yes	CPT	81162-81164

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Neurology and Neuromuscular Procedures— Polysomnography, age 6 years or older, with initiation of CPAP therapy; Polysomnography, age 6 years or older	Yes	CPT	95811 95810
Orthotics	Please refer to the DME PA list.		
Oxygen	Please refer to the DME PA list.		
Part B Medication	Yes	Please refer to the CMS Medicare guidelines.	
Prosthetic Services and Devices	Please refer to the DME PA list.		
Pulmonary Rehabilitation	Yes	HCPCS	G0424
Radiology and X-ray Services	X-rays do not require a PA. Only specified radiology per itemized list requires PA. Please refer to the Radiology Services list.		
Respiratory Equipment	Please refer to the DME PA list.		
Select Drugs	Yes - please refer to the Select Drugs list.		
Skilled Nursing Facility Services, including services at the following levels: sub-acute, skilled, custodial, medical and non-medical leave of absence	Yes - please refer to the Skilled Nursing Facility Services list.		
Temporary Procedures & Professional Services - hyperbaric oxygen under pressure, full body chamber, per 30-minute interval	Yes	HCPCS	G0277
Supervised Exercise Therapy (SET)	Yes	CPT	93668
Therapies: Home <ul style="list-style-type: none"> ▪ Occupational ▪ Physical ▪ Speech 	Yes - please refer to the Home Health Services list.		

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Therapies: Outpatient	Yes	-	-
<ul style="list-style-type: none"> ▪ Occupational ▪ Physical ▪ Speech 			
<ul style="list-style-type: none"> ▪ Transplant Services 	Yes	-	-

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Behavioral Health Services

Commonwealth Care Alliance Covered Services	Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Electro Convulsive Therapy	Yes	HCPCS REV	90870 0901
Neuropsychological and Psychological Testing	Yes	CPT	96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Yes	HCPCS	90867
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Yes	HCPCS	90868
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold	Yes	HCPCS	90869
Esketamine for Treatment-Resistant Depression – 56 mg or less	Yes	HCPCS	G2082
Esketamine for Treatment-Resistant Depression – 56 mg or more	Yes	HCPCS	G2083
Vagus Nerve Stimulation (VNS) for Treatment-Resistant Depression	Yes	CPT	64568-64570

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Home Health Services

Commonwealth Care Alliance Covered Services	Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Home Health Aide	Yes	HCPCS	G0156
Home Infusion Therapy	Yes	CPT	99601, 99602 G0088-G0090
Occupational Therapy	Yes	HCPCS	G0152
Occupational Therapy Assistant	Yes	HCPCS	G0158
Physical Therapy	Yes	HCPCS	G0151
Physical Therapy Assistant	Yes	HCPCS	G0157
Skilled Nursing	Yes	HCPCS	G0299 G0300
Skilled Nursing Observation & Assessment	Yes	HCPCS	G0493
Social Work Visit	Yes	HCPCS	G0155
Speech Therapy	Yes	HCPCS	G0153
Remote Patient Monitoring Services: Telehealth originating site facility fee (Installation/removal of remote monitoring equipment)	Yes	HCPCS	Q3014
Remote Patient Monitoring Services: Nurse visit by RN & Nurse visit by LPN	Yes	HCPCS	99457, 99458

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Skilled Nursing Facility Services (SNF)

Commonwealth Care Alliance Covered Services	Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
SNF Skill	Yes	REV	191
SNF Sub-Acute	Yes	REV	192

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Radiology Services

Commonwealth Care Alliance Covered Services	Prior Authorization (PA) Requirements
Radiology: Cardiac MRI	Yes
Radiology: CAT (CT) Scan	Yes
Radiology: CTA (CT Angiography)	Yes
Radiology: MPI (Myocardial Perfusion Imaging)	Yes
Radiology: MRA (Magnetic Resonance Angiogram)	Yes
Radiology: MRI (Magnetic Resonance Imaging)	Yes
Radiology: MUGA (Multigated Acquisition Scan)	Yes
Radiology: PET (Positron Emission Tomography) Bone Scan	Yes
Radiology: PET (Positron Emission Tomography) CT Scan	Yes
Radiology: PET (Positron Emission Tomography) Scan	Yes
Radiation Oncology Treatment—Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions	Yes
Stress Echocardiogram	Yes
TEE (Transesophageal Echocardiogram)	Yes
TTE (Transthoracic Echocardiogram)	Yes

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Select Drugs

Commonwealth Care Alliance Covered Services – Type	Prior Authorization (PA) Requirements	Code	Description
Drugs Administered Via Other Than Oral Method	Yes	J0485	Injection, Belatacept, 1 mg
Drugs Administered for Chemotherapy	Yes	J9299	Injection, Nivolumab, 1 mg
Drugs Administered for Chemotherapy	Yes	J9228	Injection, Ipilimumab, 1 mg
Drugs Administered for Chemotherapy	Yes	J9395	Injection, Fulvestrant, 25 mg
Drugs Administered for Chemotherapy	Yes	J9306	Injection, Pertuzumab, 1 mg
Drugs Administered for Chemotherapy	Yes	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, 10 mg
Drugs Administered for Chemotherapy	Yes	J9055	Injection, Cetuximab, 10 mg
Drugs Administered for Chemotherapy	Yes	J9264	Injection, Paclitaxel Protein-Bound Particles, 1 mg
Drugs Administered for Chemotherapy	Yes	J9271	Injection, Pembrolizumab, 1 mg
Drugs Administered for Chemotherapy	Yes	J1300	Injection, Eculizumab, 10 mg
Drugs Administered for Chemotherapy	Yes	J1303	Injection, Ravulizumab-cwvz, 10 mg
Drugs Administered for Chemotherapy	Yes	J9312	Injection, Rituximab, 10 mg
Drugs Administered for Chemotherapy	Yes	J1745	Infliximab not biosimilar, 10 mg
Drugs Administered for Chemotherapy	Yes	J1459	Injection, Ivig Privigen, 500 mg
Drugs Administered for Chemotherapy	Yes	J1558	Injection, immune globulin (xembify), 100 mg
Drugs Administered for Chemotherapy	Yes	J1559	Injection, Hizentra, 100 mg
Drugs Administered for Chemotherapy	Yes	J1561	Injection, Gamunex-c/Gammaked, 500 mg
Drugs Administered for Chemotherapy	Yes	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), 500 mg
Drugs Administered for Chemotherapy	Yes	J1568	Injection, Octagam, 500 mg
Drugs Administered for Chemotherapy	Yes	J1569	Injection, Gammagard liquid, 500 mg
Drugs Administered for Chemotherapy	Yes	J1572	Injection, Flebogamma/Flebogamma Dif, intravenous, nonlyophilized (e.g., liquid), 500 mg
Drugs Administered for Chemotherapy	Yes	J2182	Injection, Mepolizumab, 1 mg

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Drugs Administered for Chemotherapy	Yes	J2357	Injection, Omalizumab, 5 mg
Drugs Administered for Chemotherapy	Yes	J0585	Injection, OnabotulinumtoxinA, 1 unit
Drugs Administered for Chemotherapy	Yes	J0586	Injection, AbobotulinumtoxinA, 5 units
Drugs Administered for Chemotherapy	Yes	J0587	Injection, RimabotulinumtoxinB, 100 units
Drugs Administered for Chemotherapy	Yes	J0588	Injection, IncobotulinumtoxinA, 1 unit
Bone Modifying Agent	Yes	J0897	Injection, Denosumab, 1 mg
Bone Modifying Agent	Yes	J1301	Injection, Edaravone, 1 mg
Bone Modifying Agent	Yes	J3380	Injection, Vedolizumab, 1 mg

Please to Medicare Part B Step Therapy Medical Necessity Guidelines and Part B Step Therapy Preferred Drug List for more details.

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