

SECTION 4: PRIOR AUTHORIZATION REQUIREMENTS

- If a requested service or item is not listed, please call Provider Services at 866-420-9332 for clarification.
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- Details of member benefit allowances are available in each health plan’s member Evidence of Coverage document.
- The list was updated and effective on 01/01/2022. Some of the requirements in member booklets may differ. The requirements provided herewith are provider requirements. Providers need to do diligence to ensure PA is obtained if required.
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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, after 12 sessions	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, except for the medications referenced in PA Select Drugs exception 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

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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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