



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.
- The list was updated and effective on 01/01/2023. 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, except for the services referenced in the PA Ambulatory/Outpatient Surgery Exception list.	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 HCPCS	93668-93799 G0422, G0423
Chiropractic Care	Yes	CPT	97012-98943

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Commonwealth Care Alliance (CCA) Covered Services	Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
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. 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	Yes, for non-formulary diabetic testing supplies <ul style="list-style-type: none"> • If you have questions, please call Provider Services at 866-420-9332. 	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.	-	-



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Commonwealth Care Alliance (CCA) Covered Services	Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Inpatient Hospital Services, including all inpatient services at following settings: acute inpatient, chronic, and rehabilitation	Yes	REV	100-219
Orthotics	Please refer to the DME PA list.	-	-
Oxygen	Please refer to the DME PA list.	-	-
Part B Medication	Yes, except for the medications referenced in the PA Select Drug Exception list.	-	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,	Yes – please refer to the Skilled Nursing Facility Services list.		



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medical, and non-medical leave of absence			
Supervised Exercise Therapy (SET)	Yes	CPT	93668
Therapies: Home <ul style="list-style-type: none"> • Occupational • Physical • Speech 	Yes, initial evaluation excluded please refer to the Home Health Services list.		
Therapies: Outpatient <ul style="list-style-type: none"> • Occupational • Physical • Speech 	Yes, initial evaluation excluded	-	-
Transplant Services	Yes	-	-

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Behavioral Health

Commonwealth Care Alliance Covered Services		For Services That Require Prior Authorization, Please Refer to Claim Submission Billing Guidelines Below:	
Commonwealth Care Alliance Covered Services	Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Electroconvulsive Therapy	Yes	HCPCS REV	90870 0901
Repetitive Transcranial Magnetic Stimulation (rTMS) treatment; initial, including cortical mapping, motor threshold determination, delivery, and management	Yes	HCPCS	90867
Repetitive Transcranial Magnetic Stimulation (rTMS) treatment; subsequent delivery and management, per session	Yes	HCPCS	90868
Repetitive Transcranial Magnetic Stimulation (rTMS) treatment; subsequent motor threshold	Yes	HCPCS	90869
Esketamine for Treatment-Resistant Depression – up to 56 mg	Yes	HCPCS	G2082
Esketamine for Treatment-Resistant Depression – greater than 56 mg	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
Occupational Therapy	Yes, initial evaluation excluded	HCPCS	G0152
Physical Therapy	Yes, initial evaluation excluded	HCPCS	G0151
Skilled Nursing	Yes, initial evaluation excluded	HCPCS	G0299 G0300
Social Work Visit	Yes	HCPCS	G0155
Speech Therapy	Yes, initial evaluation excluded	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	T1030, T1031

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Skilled Nursing Facility Services (SNF)

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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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