Prior Authorization Requirements

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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	**One Care and Senior Care Options Prior Authorization (PA) Requirements**	**Code Type**	**Code Range on Claim**
Acupuncture	Yes, after 36 sessions	CPT	97810–97814
Adult Day Health – Basic	Yes	HCPCS	S5102
Adult Day Health – Complex	Yes	HCPCS	S5102
Adult Day Health – Day Services	Yes	HCPCS	S5101
Adult Day Health (non-emergent transportation) – Regular	Yes	HCPCS	T2003
Adult Day Health (non-emergent transportation) – Wheelchair	Yes	HCPCS	T2003
Adult Foster Care – Level I	Yes	HCPCS	S5140
Adult Foster Care – Level II	Yes	HCPCS	S5140

SECTION 4: Prior Authorization Requirements

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	One Care and Senior Care Options Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Adult Foster Care – Level I and Level II Alternative Placement Medical Leave of Absence (MLOA) Non-Medical Leave of Absence (NMLOA)	No Please note an authorization for S5140 must be on file in order to bill for these services.	HCPCS	S5140
Group Adult Foster Care (GAFC)(supportive housing)	Yes	HCPCS	H0043
Alzheimer's Assessment	Yes	HCPCS	S5110
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.	
Assisted Living (basic)	Yes	HCPCS	T2031
Assisted Living Special Care/MemoryCare Unit	Yes	HCPCS	T2031
Behavioral Health Care Services	Please see the Behavioral Health Section.	-	-
Chiropractic Care	Yes, after 36 sessions	CPT	97012–98943

SECTION 4: Prior Authorization Requirements

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	One Care and Senior Care Options Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Chore Services – Heavy	Yes	HCPCS	S5121
Chore Services – Light	Yes	HCPCS	S5120
Companion Services	Yes	HCPCS	S5135
Companion Services with Transportation	Yes	HCPCS	S5135
Day Habilitation – Skills Training and Development	Yes	HCPCS	S5101 S5102 Use appropriate modifiers if applicable
Day Habilitation – Individualize Staffing Support	Yes	HCPCS	T1019 Use appropriate modifiers if applicable
Day Habilitation – Non-emergent Transportation	Yes	HCPCS	T2003
Dental: • Crowns • Dentures • Oral surgery Other	Yes • 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 Senior Care Options and One Care plans. All claims and authorizations 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 NetworkDevelopment@skygenusa.com.	

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	One Care and Senior Care Options Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Diabetic Self-Management Training, Services, and Supplies	Yes, for non-formulary diabetic testing supplies	If you have questions, please call Member Services at 866-610-2273.	
Durable Medical Equipment and Medical Supplies	Please click here for DME PA list.	-	-
Environmental Aids and Assistive/Adaptive Technology	Please click here for DME PA list.	-	-
Gender Affirmation Surgery and Related Services	Yes	Please call CCA Provider Services for more information at 866-420-9332.	
Genetic Testing	Yes	Please call CCA Provider Services for more information at 866-420-9332.	
Grocery Shopping and Delivery	Yes	HCPCS	S5121
Hearing Aids – Major Repairs	Please call Nations Hearing for more information at 800-921-4559.		
Hearing Aids, Replacement, and Accessories	Please call Nations Hearing for more information at 800-921-4559.		
Home-Delivered Meals	Yes	HCPCS	S5170

SECTION 4: Prior Authorization Requirements

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Commonwealth Care Alliance (CCA) Covered Services	One Care and Senior Care Options Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Home Health (including home health aides, therapies, and skilled nursing)	Yes – please see Home Health Services.	-	-
Homemaker Service	Yes	HCPCS	S5130
Infusion Therapy (in an outpatient facility)	Yes	CPT	96360–96371
Inpatient Hospital Services (including all inpatient services at the following settings: acute inpatient, chronic, and rehabilitation)	Yes	REV	100–219
Laundry	Yes	HCPCS	S5175
Massage Therapy	Yes	CPT	97124, 97112, 97122, 97140, 97110
Medication Dispensing System	Yes	HCPCS	A9279
Medication Dispensing System Installation	Yes	HCPCS	T5999
Orthotics	Please click here for DME PA list.	-	-
Oxygen	Please click here for 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.

SECTION 4: Prior Authorization Requirements

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	One Care and Senior Care Options Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Personal Care Through a Personal Care Agency	Yes	HCPCS	S5131
Personal Care Attendant (PCA) Services	Yes	HCPCS	T1019
Personal Care Management Assessment – Initial Evaluation	Yes	CPT	99456
Personal Care Management Skill Training	Yes	HCPCS	T2022
Prosthetic Services and Devices	Please click here for DME PA list.	-	-
Pulmonary Rehabilitation	Yes	HCPCS	G0424
Radiology and X-ray Services	Please click here for itemized list.	-	-
Respiratory Equipment	Please click here for DME PA list.	-	-
Select Drugs	Yes, except for the medications referenced in the PA Select Drug Exception list	-	-

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	One Care and Senior Care Options Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Skilled Nursing Facility Services (including services at the following levels: sub-acute, skilled, custodial, medical, and non-medical leave of absence)	Yes – please see Skilled Nursing Facility Services.	-	-
Supportive Day Program, SCO Only (social day care)	Yes	HCPCS	S5101
Supportive Home Care Aide	Yes	HCPCS	S5125
Supervised Exercise Therapy (SET)	Yes	CPT	93668
Therapies: Home Occupational Physical Speech	Yes, initial evaluation excluded. Please see Home Health Services.	-	-
Therapies: Outpatient Occupational Physical Speech	Yes, initial evaluation excluded	CPT	Please refer to CMS Billing and Coding: Outpatient Physical Therapy, Occupational Therapy Services, Speech Language and Pathology Services.
Transitional Living Program	Yes	HCPCS	T1020
Transplant Services	Yes	Please call CCA Provider Services for more information at 866-420-9332.	

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Behavioral Health Services

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	**One Care and Senior Care Options Prior Authorization (PA) Requirements**	**Code Type**	**Code Range on Claim**
Administrative Necessary Days (AND)	Yes	REV	0169
Inpatient for Behavioral Health Care (inpatient psychiatric)	Emergency admission: Notification is required before bed placement Non-emergency admission: Yes	REV	0114, 0124, 0134, 0144, 0154
Behavioral Health Diversionary Services			
Acute Treatment Services for Substance Use Disorder – ASAM Level 3.7	Notification of admission required within 48 hours	REV HCPCS	1002 H0011

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	**One Care and Senior Care Options Prior Authorization (PA) Requirements**	**Code Type**	**Code Range on Claim**
Enhanced Acute Treatment Services (EATS) – ASAM Level 3.7	Notification of admission required within 48 hours	REV HCPCS	1002 H0011
Individualized Treatment Services (ITS)	Notification of admission required within 48 hours	HCPCS	H2036
Clinical Stabilization Services for Substance Use Disorder – ASAM Level 3.5	Notification of admission required within 48 hours	HCPCS	H0010
Observation/Holding Beds	Notification of admission required within 24 hours	REV	0100
Residential Eating Disorders Treatment Services	Yes	HCPCS	H0017 or T2033
Specialing	Yes	HCPCS	T1004
Behavioral Health Procedures			
Repetitive Transcranial Magnetic Stimulation (rTMS) Treatment (initial, including cortical mapping, motor threshold determination, delivery, and management)	Yes	CPT	90867
Repetitive Transcranial Magnetic Stimulation (rTMS) Treatment (subsequent delivery and management, per session)	Yes	CPT	90868

SECTION 4: Prior Authorization Requirements

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	One Care and Senior Care Options Prior Authorization (PA) Requirements	Code Type	Code Range on Claim
Repetitive Transcranial Magnetic Stimulation (rTMS) Treatment (subsequent motor threshold)	Yes	CPT	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

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Home Health Services

Commonwealth Care Alliance Covered Services	For Services That Require Prior Authorization, Please Refer to Claim Submission Billing Guidelines Below:		
Home Health Aide	Yes	HCPCS	G0156
Home Infusion Therapy	Yes	CPT	99601, 99602
Independent Nursing/Private Duty Nursing/Continuous Nursing Services	Yes	HCPCS	T1000, T1002, T1003
Occupational Therapy	Yes, initial evaluation excluded	HCPCS	G0152
Physical Therapy	Yes, initial evaluation excluded	HCPCS	G0151
Skilled Nursing	Yes	HCPCS	G0299 G0300 T1502** T1503** **If approved for G0299, for medication administration, please use the appropriate procedure codes**
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

SECTION 4: Prior Authorization Requirements

Commonwealth Care Alliance Covered Services		For Services That Require Prior Authorization, Please Refer to Claim Submission Billing Guidelines Below:	
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)

Commonwealth Care Alliance Covered Services		For Services That Require Prior Authorization, Please Refer to Claim Submission Billing Guidelines Below:	
SNF Custodial	Yes	REV	120
SNF Skill	Yes	REV	191
SNF Sub-acute	Yes	REV	192

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Radiology Services

Commonwealth Care Alliance Covered Services	One Care and Senior Care Options 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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