

# CCA Health Michigan, Inc (CCA Health) Prior Authorization List 2024

As part of CCA Health prior authorization (preauthorization) and utilization management programs (also referred to as precertification), the following services and procedures require prior authorization:

#### Ambulance transportation:

- Non-emergent ground ambulance
- Non-emergent fixed wing transports

#### **Bariatric Surgery**

# Cardiology services:

- Cardiac MRI Cardiac CT
- Cardiac Monitoring
  - o External mobile cardiovascular telemetry
  - Home monitoring systems
  - Loop recorder
- Cardiac Rehab
  - Inpatient services
  - Outpatient services greater than 24 visits
- Life vest

#### Chemotherapy

### Cochlear implants

Cosmetic procedures and plastic surgery

#### **DNA** testing

Durable Medical Equipment (DME) over \$1,000 billed charges, and all of the following:

- Custom and Ultralight wheelchairs
- Custom orthotics (not including diabetic shoes/inserts)
- Diabetic continuous glucose monitors/sensors (CGM's)
- Diabetic insulin pumps
- Miscellaneous DME ALL

- Oxygen
- Power-operated vehicles/scooters

Emerging technology/procedures

**Enteral feedings** 

Experimental procedures

Gender reassignment surgery

Genetic/molecular testing

## Home Health services:

- Home Health Aide visits-all
- Skilled nursing-greater than 12 visits/episodes
- Physical Therapy-greater than 12 visits/episodes
- Occupational Therapy-greater than 12 visits/episodes
- Speech Therapy-greater than 12 visits/episodes
- Social Worker-greater than 12 visits/episodes

Hyperbaric Oxygen Therapy

Infertility Testing

Injectables (see J Code list) and Infusion Therapy (includes infusion pump/supplies)

Inpatient care including Skilled Nursing Facility, Acute, Inpatient Rehab, Long Term Acute Care Hospital (LTAC), Behavioral health and Respite Care (Note: this includes non-emergent acute care hospital transfers)

Miscellaneous codes (all)

Organ Transplants

Orthotics

Out-of-network services (excluding emergent or urgent care)

Occupational therapy (outpatient) – greater than 12 visits

Pain management

Part B covered drugs

Physical therapy (outpatient) -greater than 12 visits

**Podiatry implants** 

**Prosthetics** 

Pulmonary rehab- greater than 12 visits

### Radiology/Diagnostic Imaging:

- MRI TMJ
- MRI/CT upper extremity
- MRI/CT lower extremity
- CT heart
- 3D reconstruction (non-breast)
- MRI SPECT
- MRI unlisted
- MRI breast
- MRI/CT bone density
- Cardiac PET non-oncology
- MUGA, infarct avid
- Cardiac blood pool imaging
- Electron beam US
- F-18 FDG PET/CT
- Scintigraphic mammography
- MRA abdomen/breast/chest/pelvis/upper extremities
- MRA spine and upper extremities
- Mobile services

Respiratory Therapy (POS outpatient or in-home only)

Speech processors

Speech therapy (outpatient) – greater than 12 visits

Transportation (non-emergent)

Vascular assist devices (VAD's) (ALL)

Vascular surgery procedures:

- Endovenous vascular procedures
- Injection venous procedures
- Varicose vein treatments

Wound Care (outpatient wound clinic)

# J Codes requiring prior authorization:

J0178         Eylea           J0180         Fabrazyme           J0220         Myozyme           J0256         Aralast NP           J0256         Prolastin-C           J0257         Glassia           J0585         Botulinum toxin a           J0586         Botox           J0587         Myobloc           J0588         Xeomin           J0775         Xiaflex           J0881         Aranesp           J0885         Procrit           J0897         Prolia           J0897         Prolia           J0897         Yeleri           J1325         Flolan           J1325         Flolan           J1325         Flolan           J1325         Veletri           J1458         Naglazyme           J1743         Cerezyme           J1743         Elarasese           J1745         Remicade           J1786         Beleodaq           J1931         Aldurazyme           J2505         Neulasta           J2778         Lucentis           J2793         Arcalyst (rilonacept)           J2940         Growth Hormone	Г	
J0220         Myozyme           J0221         Lumizyme           J0256         Aralast NP           J0256         Prolastin-C           J0257         Glassia           J0585         Botulinum toxin a           J0586         Botox           J0587         Myobloc           J0588         Xeomin           J0775         Xiaflex           J0881         Aranesp           J0882         Procrit           J0887         Prolia           J0889         Prolia           J0897         Xgeva           J1322         Vimizim           J1325         Flolan           J1325         Flolan           J1325         Flolan           J1325         Veletri           J1458         Naglazyme           J1743         Cerezyme           J1743         Elarasese           J1745         Remicade           J1748         Beleodaq           J1931         Aldurazyme           J2504         Adagen           J2778         Lucentis           J2793         Arcalyst (rilonacept)           J2940         Growth Hormone     <	J0178	Eylea
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