

SECTION 4: PRIOR AUTHORIZATION REQUIREMENTS

Prior Authorization Requirements Table

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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	S5102
Adult Foster Care – Level I	Yes	HCPCS	S5140
Adult Foster Care – Level I and Level II <ul style="list-style-type: none"> • Alternative Placement • Medical Leave of Absence (MLOA) • Non-Medical Leave of Absence (NMLOA) 	No. <ul style="list-style-type: none"> • Please note an authorization for S5140 must be on file in order to bill for these services 	HCPCS	S5140
Adult Foster Care - Level II	Yes	HCPCS	S5140
Group Adult Foster Care (GAFC) (Supportive Housing)	Yes	HCPCS	H0043
Alzheimer’s Assessment	Yes	HCPCS	S5110

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Alzheimer's Coaching	Yes	HCPCS	S5111
Ambulatory/Outpatient Surgery	Yes	Please call CCA Provider Services for more information at 866-420-9332	
Assisted Living (Basic)	Yes	HCPCS	T2031
Assisted Living Special Care/Memory Care Unit	Yes	HCPCS	T2031
Behavioral Health Care Services	Please see the Behavioral Health Section		
Cardiac Rehabilitation Services	Yes	CPT HCPC	93668-93799 G0422, G0423
Chiropractic Care	Yes, after 36 sessions	CPT	97012-98943
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	H2014
Day Habilitation – Therapeutic Behavioral Services	Yes	-	-
Day Habilitation – Community-Based Wrap-Around Services	Yes	-	-
Dental: <ul style="list-style-type: none"> ▪ 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	

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		Relations at 855-434-9243 or NetworkDevelopment@skygenusa.com .	
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 Reassignment 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	No, unless cost exceeds \$500 per line item	-	-
Hearing Aids, Replacement and Accessories	No, unless cost exceeds \$500 per line item or identified on DME PA list. Click here for DME PA list	-	-
Home Based Wandering Response System – Installation	Yes	HCPCS	S5160
Home Based Wandering Response System – Monthly Fee	Yes	HCPCS	S5161
Home Delivered Meals	Yes	HCPCS	S5170
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
Genetic Testing – Laboratory Services	Yes	-	-

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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
Molecular Pathology – BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) Gene Analysis	Yes	CPT	81211-81164
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 click here for DME PA list	-	-
Outpatient Blood Services	No	-	-
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
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

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Personal Care Management Skill Training	Yes	HCPCS	T2022
Personal Emergency Response System (PERS) <ul style="list-style-type: none"> Landline Cellular Auto Detect Falls 	Yes	HCPCS	S5161
Personal Emergency Response System (PERS) – Installation and Testing	Yes	HCPCS	S5160
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	-	-
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
Temporary Procedures & Professional Services – hyperbaric oxygen under pressure, full body chamber, per 30-minute interval	Yes	HCPCS	G0277

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Supervised Exercise Therapy (SET)	Yes	CPT	93668
Therapies: Home	Yes, please see Home Health Services		
<ul style="list-style-type: none"> ▪ Occupational ▪ Physical ▪ Speech 			
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 (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: <ul style="list-style-type: none"> Notification is required before bed placement Non-emergency admission: <ul style="list-style-type: none"> Yes 	REV	0114, 0124, 0134, 0144, 0154
Inpatient for Substance Use Disorder (SUD) – ASAM Level 4	<ul style="list-style-type: none"> Notification of admission required within 48 hours 	REV	0116, 0126, 0136, 0146, 0156
Behavioral Health Diversionary Services			
Acute Treatment Services for Substance Use Disorder – ASAM Level 3.7	<ul style="list-style-type: none"> Notification of admission required within 48 hours 	REV	1002 H0011
Enhanced Acute Treatment Services (EATS) – ASAM Level 3.7	<ul style="list-style-type: none"> Notification of admission required within 48 hours 	REV	1002 H0011
Individualized Treatment Services (ITS)	<ul style="list-style-type: none"> Notification of admission required within 48 hours 	HCPCS	H2036
Clinical Stabilization Services for Substance Use Disorder – ASAM Level 3.5	<ul style="list-style-type: none"> Notification of admission required within 48 hours 	REV	H0010
Community Crisis Stabilization (CCS) <ul style="list-style-type: none"> Day 1 Days 2–5 Days 6 and After 	<ul style="list-style-type: none"> Notification of admission required within 24 hours 	HCPCS	S9485

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Enhanced Community Crisis Stabilization (E-CCS): Days 1–5	• Notification of admission required with 24 hours	HCPCS	S9485
Enhanced Community Crisis Stabilization (E-CCS): Days 6 and After	Yes		
Observation/Holding Beds	• Notification of admission required with 24 hours	REV	0100
Specialing Services	Yes	HCPCS	T1004

Behavioral Health Procedures

Electroconvulsive 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

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Esketamine for Treatment-Resistant Depression – 56 mg or less	Yes	HCPCS	G2082
Esketamine for Treatment-Resistant Depression – 56 mg or more	Yes	HCPCS	G2083

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Home Health Services

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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	HCPCS	G0152
Physical Therapy	Yes	HCPCS	G0151
Skilled Nursing	Yes	HCPCS	G0299 G0300 T1502** T1503** **If approved for G0299, for Medication administration, please use the appropriate procedure codes**
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

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Remote Patient Monitoring Services:	Yes	HCPCS	T1030, T1031
Nurse visit by RN & nurse visit by LPN			

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Skilled Nursing Facility Services (SNF)

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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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