

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

- If a requested service or item is not listed, please call Provider Services at 866-420-9332 for clarification.
- **All non-contracted providers and vendors require Prior Authorization for all services.**
- The list has been updated on 01/01/2021. Changes were made for clarification. 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.

| 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                          | Place of Service  | Code Type | Code Range on Claim | Modifier | Unit of Measure |
| Abortion* (One Care Only)                                       | No  | -   | -         | -                   | -        | -               |
| Acupuncture   | Yes, after 36 sessions  | 11,12, 19, 21, 22, 50, 53, 62   | CPT       | 97810-97814         | -        | Per 15 minutes  |
| Adult Day Health - Basic  | Yes   | 11, 49, 99  | HCPCS     | S5102               | -        | Per Diem        |
| Adult Day Health – Complex                                      | Yes   | 11, 49, 99  | HCPCS     | S5102               | TG       | Per Diem        |
| Adult Day Health – Day Services                                 | Yes   | 11, 49, 99  | HCPCS     | S5102               | UD       | Per Diem        |
| Adult Foster Care - Level I                                     | Yes   | 12, 14, 33, 54  | HCPCS     | S5140               | -        | Per Diem        |
| Adult Foster Care - Level I Alternative Placement               | No<br>Please note: an authorization for S5140 must be on file in order to utilize modifiers TF. | 12, 14, 33, 54  | HCPCS     | S5140               | TF       | Per Diem        |
| Adult Foster Care – Level I Medical Leave of Absence (MLOA)     | No<br>Please note: an authorization for S5140 must be on file in order to utilize modifier U6.  | 12, 14, 33, 54  | HCPCS     | S5140               | U6       | Per Diem        |
| Adult Foster Care- Level I Non-Medical Leave of Absence (NMLOA) | No<br>Please note: an authorization for S5140 must be on file in order to utilize modifier U7.  | 12, 14, 33, 54  | HCPCS     | S5140               | U7       | Per Diem        |

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|  |  |   |           |                               |       |                |
|--|--|---|-----------|-------------------------------|-------|----------------|
| Adult Foster Care - Level II   | Yes  | 12, 14, 33, 54  | HCPCS     | S5140                         | TG    | Per Diem       |
| Adult Foster Care - Level II<br>Alternative Placement                | No.<br>Please note, an authorization for S5140 TG must be on file in order to utilize modifiers U5.  | 12, 14, 33, 54  | HCPCS     | S5140                         | U5    | Per Diem       |
| Adult Foster Care - Level II<br>Medical Leave of Absence (MLOA)      | No<br>Please note, an authorization for S5140 TG must be on file in order to utilize modifier TG,U6. | 12,14,33,54   | HCPCS     | S5140                         | TG,U6 | Per Diem       |
| Adult Foster Care – Level II<br>Non-Medical Leave of Absence (NMLOA) | No<br>Please note, an authorization for S5140 TG must be on file in order to utilize modifier TG,U7. | 12,14,33,54   | HCPCS     | S5140                         | TG,U7 | Per Diem       |
| Adult Foster Care Intake and Assessment Services                     | No   | 12, 14, 33, 54  | HCPCS     | T1028                         | -     | Per Admission  |
| Group Adult Foster Care (GAFC)<br>(Supportive Housing)               | Yes  | 12, 14, 33, 54  | HCPCS     | H0043                         | -     | Per Diem       |
| Ambulance: Emergency Transportation                                  | No   | -   | -         | -                             | -     | -              |
| Alzheimer's Assessment   | Yes  | 04, 12, 13, 14, 16  | HCPCS     | S5110                         | -     | Per Session    |
| Alzheimer's Coaching   | Yes  | 04, 12, 13, 14, 16  | HCPCS     | S5111                         | -     | Per 15 Minutes |
| Ambulatory/Outpatient Surgery  | Yes  | Please call CCA's Provider Services for more information 866-420-9332 |           |                               |       |                |
| Assisted Living (Basic)  | Yes  | 13  | HCPCS     | T2031                         | -     |                |
| Assisted Living Special Care/Memory Care Unit                        | Yes  | 13  | HCPCS     | T2031                         | TG    | Per Diem       |
| Audiology  | No   | -   | -         | -                             | -     | -              |
| Behavioral Health Care Services                                      | Please see:<br>Behavioral Health Section   | Please see:<br>Behavioral Health Section                              |           |                               |       |                |
| Cardiac Rehabilitation Services                                      | Yes  | 11, 22, 31, 61, 62  | CPT/ HCPC | 93668-93799 /<br>G0422, G0423 | -     | Per Session    |
| Care Transitions Across Settings                                     | No   | -   | -         | -                             | -     | -              |
| Chemotherapy   | No   | -   | -         | -                             | -     | -              |

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| Chiropractic Care   | Yes, after 36 sessions   | 11, 12, 19, 22, 50, 53, 62 | CPT   | 97012-98943 | -  | -              |
| Chore Services - Heavy  | Yes  | 04, 12, 13, 14, 16         | HCPCS | S5121       | UB | Per 15 minutes |
| Chore Services - Light  | Yes  | 04, 12, 13, 14, 16         | HCPCS | S5120       | -  | Per 15 minutes |
| Companion Services  | Yes  | 04, 12, 13, 14, 16         | HCPCS | S5135       | -  | Per 15 minutes |
| Companion Services with Transportation  | Yes  | 04, 12, 13, 14, 16, 99     | HCPCS | S5135       | TG | Per 15 Minutes |
| Day Habilitation - Skills Training and Development  | Yes  | 11, 18, 49, 99             | HCPCS | H2014       | -  | Per 15 Minutes |
| Day Habilitation - Therapeutic Behavioral Services  | Yes  | 11, 18, 49, 99             | HCPCS | T2020       | -  | Per 15 Minutes |
| Day Habilitation - Community Based wrap-around services   | Yes  | 11, 18, 49, 99             | HCPCS | T2021       | -  | Per 15 Minutes |
| Dental: Emergency Oral Health   | No   |                            |       |             |    |                |
| Dental: Preventive  | No   |                            |       |             |    |                |
| Dental: Restorative fillings  | No   |                            |       |             |    |                |
| Dental:<br><ul style="list-style-type: none"> <li>▪ Crowns</li> <li>▪ Dentures</li> <li>▪ Oral Surgery</li> </ul> Other | Yes<br><ul style="list-style-type: none"> <li>▪ Replacement dentures and crowns are limited to coverage once every five years unless authorized differently</li> </ul> |                            |       |             |    |                |
| Diabetic Self-Management Training, Services, and Supplies   | Yes - for non-formulary Diabetic testing supplies<br>If you have questions, please call member services.   |                            |       |             |    |                |

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 855- 434-9243 [NetworkDevelopment@skygenusa.com](mailto:NetworkDevelopment@skygenusa.com)

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|---|---|--|---|---|---|---|
| Diagnostic Services, including but not limited to endoscopy, colonoscopy, and sigmoidoscopy (or screening barium enema) | No  | -  | - | - | - | - |
| Dialysis and Supplies   | No  | -  | - | - | - | - |
| Durable Medical Equipment and Medical Supplies  | Please <a href="#">click here</a> for DME PA list.  | 04, 11, 12, 13, 14, 33, 54, 55, 56, 65, 99 | - | - | - | - |
| Education and Wellness Programs   | No  | -  | - | - | - | - |
| Emergency Services  | No<br>Covered up to \$1000 outside of the United States for SCO members only  | -  | - | - | - | - |
| Enteral Therapy   | No  | -  | - | - | - | - |
| Environmental Aids and Assistive /Adaptive technology   | Please <a href="#">click here</a> for DME PA list.  | -  | - | - | - | - |
| Family Planning/ Birth Control (One Care Only)  | No<br>Family planning, including contraception and birth control services, are available through any MassHealth and/or Commonwealth Care Alliance family planning provider.<br><br>Services include contraceptive injection and implants, intrauterine devices (IUD), and voluntary sterilization.<br><br>Treatment for medical conditions of infertility, treatment for AIDS and other HIV related conditions, and genetic testing needs to be received from CCA's providers.<br><br>This service does not include artificial ways to become pregnant. | -  | - | - | - | - |

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| Gender Reassignment Surgery and Related Services  | Yes  | Please call CCA's Provider Services for more information 866-420-9332 |       |                     |   |                |
| Genetic Testing   | Yes  | Please call CCA's Provider Services for more information 866-420-9332 |       |                     |   |                |
| Grocery Shopping and Delivery   | Yes  | 12, 99  | HCPCS | S5121               | - | Per Order      |
| Hearing Aids - Fitting and Refitting  | No   | -   | -     | -                   | - | -              |
| 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 itemized DME PA list. <a href="#">Click here</a> for DME PA list. | -   | -     | -                   | - | -              |
| Home Based Wandering Response System – Installation   | Yes  | 04, 12, 13, 14, 16  | HCPCS | S5160               | - | Per Event      |
| Home Based Wandering Response System – Monthly Fee  | Yes  | 04, 12, 13, 14, 16  | HCPCS | S5161               | - | Per Month      |
| Home Delivered Meals  | Yes  | 04, 12, 13, 14, 16  | HCPCS | S5170               | - | Per Meal       |
| Home Health, including home health aides, therapies and skilled nursing   | Yes, please see <a href="#">Home Health Services</a>   | Please see <a href="#">Home Health Services section</a>               |       |                     |   |                |
| Homemaker Service   | Yes  | 04, 12, 13, 14, 16  | HCPCS | S5130               | - | Per 15 Minutes |
| Hospice - Medicare  | No. Medicare pays for Hospice Services if Member elects Medicare Hospice   | -   | -     | -                   | - | -              |
| Hospice – Commonwealth Care Alliance: The plan covers hospice (including room and board in a facility) under the MassHealth (Medicaid) benefit. | No.<br>Please call CCA's Provider Services for more information 866-420-9332   | 34  | HCPCS | T2044, T2045, T2046 | - | Per Diem       |
| Immunizations/Vaccines, including but not limited to: flu, Hepatitis B, and Pneumococcal vaccines   | No   | -   | -     | -                   | - | -              |

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|--|--|--------------------------------|-------|-----------------------------------|---------------------------|------------------|
| Infusion therapy in an outpatient facility   | Yes  | 11, 22, 24                     | CPT   | 96360-96371                       | -                         | N/A              |
| Inpatient Hospital Services, including all inpatient services at following settings: acute inpatient, chronic, and rehabilitation.                     | Yes  | 21, 51, 61                     | REV   | 100-219                           | -                         | Days             |
| Interpreter Services   | No   | -                              | -     | -                                 | -                         | -                |
| Laboratory Services (excluding genetic testing)  | No   | -                              | -     | -                                 | -                         | -                |
| Laundry  | Yes  | 04, 12, 13, 14, 16             | HCPCS | S5175                             | -                         | Per Order        |
| Massage Therapy  | Yes  | 11, 12, 13, 16, 31, 32, 33, 99 | CPT   | 97124, 97112, 97122, 97140, 97110 | -                         | Per 15 Minutes   |
| Medication Dispensing System   | Yes  | 04, 12, 13, 14, 16             | HCPCS | A9279                             | -                         | Per Month        |
| Medication Dispensing System Installation  | Yes  | 04, 12, 13, 14, 16             | HCPCS | T5999                             | -                         | Per Installation |
| Molecular Pathology - BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., hereditary breast and ovarian cancer) gene analysis                                  | Yes  | 81                             | CPT   | 81211                             | -                         | Per Unit         |
| Neurology and Neuromuscular Procedures - Polysomnography; age 6 years or older, with initiation of CPAP therapy, Polysomnography; age 6 years or older | Yes  | 12, 21, 22                     | CPT   | 95811<br>95810                    | 52 (if less than 6 hours) | -                |
| Please note: if less than 6 hours is completed, modifier 52 must be appended.  |  |                                |       |                                   |                           |                  |
| Orthotics  | Please <a href="#">click here</a> for DME PA list. |                                |       |                                   |                           |                  |
| Outpatient Blood Services  | No   | -                              | -     | -                                 | -                         | -                |
| Outpatient Hospital Services. Observation Level of Care  | No   | -                              | -     | -                                 | -                         | -                |

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|---|--|------------------------|-------|--|-------|----------------------------------|
| Oxygen  | Please <a href="#">click here</a> for DME PA list. | 12, 13, 14, 16, 33     |       |  |       |                                  |
| Part B Medication   | Yes  | 11,22, 32, 49, 62      | HCPCS | Please refer to the CMS Medicare guidelines. | -     | Per Unit                         |
| Peer Support  | No   | 11, 12, 99             | HCPCS | H0038  | U1    | Per 1 Hour                       |
| Peer Support - Behavioral Health - Individual Peer Support, Community/Residential, including Individual Living Home Care Services | No   | 11, 12, 99             | HCPCS | H0038  | HE    | Per 1 Hour                       |
| Peer Support - Behavioral Health - Community/Residential, group of 2  | No   | 11, 12, 99             | HCPCS | H0038  | UA    | Per Enrollee per 1 Hour          |
| Peer Support - Behavioral Health - Community/Residential, group of 5 or more  | No   | 11, 12, 99             | HCPCS | H0038  | UB    | Per Enrollee per 1 Hour          |
| Personal Care Homemaker through a Personal Care Agency (PCHM)   | Yes  | 04, 12, 13, 14, 16     | HCPCS | S5131  | -     | Per 15 minutes                   |
| Personal Care Attendant (PCA) Services  | Yes  | 04, 12, 13, 14, 16     | HCPCS | T1019  | -     | Per 15 Minutes                   |
| Personal Care Management Assessment- Initial Evaluation   | No   | 04, 12, 13, 14, 16, 99 | CPT   | 99456  | U1    | Per Session                      |
| Personal Care Management Assessment – Re-evaluation   | No   | 04, 12, 13, 14, 16, 99 | CPT   | 99456  | TS U1 | Per Session                      |
| Personal Care Management Skill Training   | Yes  | 04, 11, 12, 13, 14, 16 | HCPCS | T2022  | -     | Per Month                        |
| Personal Care Management Intake, Orientation & Screening (PCM)  | No   | 04, 11, 12, 13, 14, 16 | HCPCS | T1023  | -     | Per Session (Maximum 3 Sessions) |
| Personal Emergency Response System (PERS)<br>- Landline,<br>- Cellular,<br>- Auto Detect Falls                                    | Yes  | 04, 12, 13, 14, 16     | HCPCS | S5161  | RR    | Per Month                        |
| Personal Emergency Response System (PERS) – Installation and Testing  | Yes  | 04, 12, 13, 14, 16     | HCPCS | S5160  | -     | Per Session                      |
| Podiatry (excluding surgical procedures)  | No, unless provided in a nursing home setting.     | -                      | -     | -  | -     | -                                |

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|---|---|------------------------|-------|-------|---|----------|
| Preventive Services and Screenings, including but not limited to: abdominal aortic aneurysm screening, annual wellness visits, alcohol misuse screening and counseling, bone mass measurement, breast cancer screening (mammograms), cardiovascular disease risk-reduction visit (therapy for cardiovascular disease), cardiovascular disease testing, cervical and vaginal cancer screening, colorectal cancer screening (fecal occult blood test sigmoidoscopy, colonoscopy or screening barium enema), smoking and tobacco use cessation (counseling to stop smoking or tobacco use), depression screening, diabetes screening, HIV screening, medical nutrition therapy services for people with diabetes or kidney disease, obesity screening and therapy to promote sustained weight loss, prostate cancer screening exams, screening for hepatitis C virus (HCV), screening for sexually transmitted infections (STI) and counseling, and any additional preventive services approved by Medicare and/or MassHealth during the contract year | No  | -                      | -     | -     | - | -        |
| Primary Care Provider Services  | No  | -                      | -     | -     | - | -        |
| Prosthetic Services and Devices   | Please <a href="#">click here</a> for DME PA list   | -                      | -     | -     | - | -        |
| Pulmonary Rehabilitation  | Yes   | 11, 22, 31, 61, 62     | HCPCS | G0424 | - | Per Hour |
| Radiation Oncology  | No  | -                      | -     | -     | - | -        |
| Radiology and X-ray Services  | X-rays do not require a PA. Only specified radiology per itemized list requires PA<br>Please <a href="#">click here</a> for itemized list | 11, 21, 22, 23, 50, 53 | -     | -     | - | -        |
| Respiratory Equipment   | Please <a href="#">click here</a> for DME PA list   |                        |       |       |   |          |
| Respiratory Therapy   | No  |                        |       |       |   |          |



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|--|---|--|-------|-------|---|----------------|--|
| Respite Care   | No  |  |       |       |   |                |  |
| Select Drugs   | Yes, please <a href="#">click here</a> for itemized 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 <a href="#">Skilled Nursing Facility Services section</a> | Please see <a href="#">Skilled Nursing Facility Services section</a> |       |       |   |                |  |
| Supportive Day Program, SCO only (Social Day Care)   | Yes   | 11, 49   | HCPCS | S5101 | - | ½ Day          |  |
| Supportive Home Care Aide  | Yes   | 04, 12, 13, 14, 16   | HCPCS | S5125 | - | Per 15 Minutes |  |
| <u>Specialty Physician Services</u>  | No  | -  | -     | -     | - | -              |  |
| <p>Including but not limited to the following list and second opinions upon the request of the Member: anesthesiology, audiology, cardiology, dermatology, gastroenterology, gynecology, internal medicine, nephrology, neurology, neurosurgery, obstetrics, oncology, ophthalmology, oral surgery, orthopedics, otolaryngology, podiatry, psychiatry, pulmonology, radiology, rheumatology, surgery, thoracic surgery, vascular surgery, and urology.</p> |   |  |       |       |   |                |  |
| Temporary Procedures & Professional Services – Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval   | Yes   | 22   | HCPCS | G0277 | - | Per 30 Minutes |  |
| Supervised Exercise Therapy (SET)  | Yes   | 11,19,22,21  | CPT   | 93668 | - | Per Session    |  |
| Therapies: Home <ul style="list-style-type: none"> <li>▪ Occupational</li> <li>▪ Physical</li> <li>▪ Speech</li> </ul>   | Yes, please see <a href="#">Home Health Services Section</a>              | Please see <a href="#">Home Health Services Section</a>              |       |       |   |                |  |

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|---|--|---|-------|--------------|----|--------------|
| Therapies: Outpatient   | Yes  |   |       |              |    |              |
| ▪ Occupational  |  | -   | -     | -            | -  | -            |
| ▪ Physical  |  |   |       |              |    |              |
| ▪ Speech  |  |   |       |              |    |              |
| Transitional Living Program   | Yes  | 12  | HCPCS | T1020        | U1 |              |
| Tobacco Cessation   | No   |   | CPT   | 99406, 99407 |    |              |
| Transplant Services   | Yes  | Please call CCA's Provider Services for more information 866-420-9332 |       |              |    |              |
| Transportation: Emergency   | No, Emergency Transportation is not covered outside of the United States and its territories | -   | -     | -            | -  | -            |
| Transportation: Non-Emergency; Ambulance service, basic life support, non-emergency transport             | No   | -   | HCPCS | A0428        | -  | One Way Trip |
| Transportation: Non-Emergency; Ambulance service, advanced life support, non-emergency transport, level 1 | No   | -   | HCPCS | A0426        | -  | One Way Trip |
| Transportation: Non-Emergency; Taxi   | No   | -   | HCPCS | A0100        | -  | One Way Trip |
| Transportation: Non-Emergency; Wheelchair Van   | No   | -   | HCPCS | A0130        | -  | One Way Trip |
| Transportation: Non-Emergency; Patient Attendant/Escort   | No   | -   | HCPCS | T2001        | -  | One Way Trip |
| Transportation: Non-Emergency; Stretcher Van  | No   | -   | HCPCS | T2005        | -  | One Way Trip |
| Transportation – 1-way trip   | No   | -   | HCPCS | T2003        | -  | One Way Trip |

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|--|--|---|-------|-------------------------|---|------|
| Transportation: Mileage  | No   | - | HCPCS | A0425<br>S0215<br>S0209 | - | Mile |
| Vision Care Services: Eyeglasses and Contact Lenses  | No <ul style="list-style-type: none"> <li>• SCO - Benefit limit \$200 /year per frame.</li> <li>• One Care - Benefit limit \$125/year per frame</li> </ul> | - | -     | -                       | - | -    |
| Vision Care Services: Other:   | No   | - | -     | -                       | - | -    |
| <ul style="list-style-type: none"> <li>• Comprehensive eye exams (including routine care)</li> <li>• Vision training</li> <li>• Outpatient physician services or diagnosis and treatment of disease and injuries of the eye. This includes treatment of age-related macular degeneration.</li> <li>• Glaucoma screenings.</li> </ul> |  |   |       |                         |   |      |

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- The list has been updated on 01/01/2021. Changes were made for clarification. 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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Behavioral Health Services

| Commonwealth Care Alliance Covered Services                  | One Care and Senior Care Options Prior Authorization (PA) Requirements   | Place of Service | Code Type | Code Range on Claim                | Modifier | Unit of Measure                                  |
|--|--|------------------|-----------|------------------------------------|----------|--|
| Administrative Necessary Days (AND)                          | <ul style="list-style-type: none"> <li>Yes</li> </ul>  | 21,51            | REV       | 0100, 0114, 0124, 0134, 0144, 0154 | -        | 1 unit = 1 day of service.<br>Max 1 unit per day |
| Inpatient for Behavioral Health Care (Inpatient Psychiatric) | <ul style="list-style-type: none"> <li>Emergency Admission: No prior authorization is required, but notification is required before bed placement</li> <li>Non-emergency admission: Yes</li> </ul> | 21, 51           | REV       | 0100, 0114, 0124, 0134, 0144, 0154 | -        | 1 unit = 1 day of service                        |
| Inpatient for Substance Use Disorder (SUD) - ASAM Level 4    | <ul style="list-style-type: none"> <li>No</li> <li>Notification required within 48 hours</li> </ul>  | 21, 51           | REV       | 0100, 0116, 0126, 0136, 0146, 0156 | -        | 1 unit = 1 day of service                        |

Behavioral Health Diversionary Services

|   |  |                |     |                     |   |                           |
|---|--|----------------|-----|---------------------|---|---------------------------|
| Acute Treatment Services for Substance Use Disorder - ASAM Level 3.7  | <ul style="list-style-type: none"> <li>No</li> <li>Notification required within 48hrs</li> </ul>           | 21, 51         | REV | 1002<br>H0011       | - | 1 unit = 1 day of service |
| Enhanced Acute Treatment Services (EATS) – ASAM Level 3.7             | <ul style="list-style-type: none"> <li>No</li> <li>Notification required within 48hrs</li> <li></li> </ul> | 21, 51         | REV | 1002<br>H0011       | - | Max 1 unit per day        |
| Clinical Support Services for Substance Use Disorder – ASAM Level 3.5 | <ul style="list-style-type: none"> <li>No</li> <li>Notification required within 48hrs</li> </ul>           | 19, 21, 22, 55 | REV | 0907, 1002<br>H0010 | - | 1 unit = 1 day of service |

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|--|--|---|--------------|--------------------------|--------|---------------------------|
| Community Crisis Stabilization (CCS), Day 1                                | No                                       | 03, 04, 11,12,14,15, 19,21, 22, 23, 31, 32, 33, 34, 49, 50, 53,55, 56, 57 | HCPCS        | S9485                    | ET, SE | 1 unit = 1 day of service |
| Day 2-5  | Notification is required within 24 hours |   |              | S9485                    | TF, SE |                           |
| Day 6 and After  |  |   |              | S9485                    | TG, SE |                           |
| Enhanced Community Crisis Stabilization (E-CCS); Days 1-5                  | No                                       | 03, 04, 11,12,14,15, 19,21, 22, 23, 31, 32, 33, 34, 49, 50, 53,55, 56, 57 | HCPCS        | S9485                    | HT     | 1 unit = 1 day of service |
| Enhanced Community Crisis Stabilization (E-CCS): Days 6 and After          | Yes                                      |   |              | S9485                    | HT, TG |                           |
| Community Support Program (CSP)  | No                                       | 02, 04, 11, 12, 14, 15, 19, 22, 34, 49, 53, 57                            | HCPCS        | H2015                    | HM, HT | 1 unit = 15 minutes       |
| Community Support Program for Chronically Homeless Individuals (CSP – CHI) | No                                       | 03, 04, 11, 12, 14, 15, 19, 21, 22, 34, 49, 53, 57                        | HCPCS        | H2016                    | HK     | 1 unit = 1 day of service |
| Intensive Outpatient Program (IOP) for Behavioral Health                   | No                                       | 11, 19, 22, 52, 53, 57  | REV          | 0905                     | -      | Per Diem                  |
| Intensive Outpatient Program (IOP) for SUD                                 | No                                       | 11, 19, 22, 52, 53, 57  | REV          | 0906                     | -      | Per Diem                  |
| Observation/Holding Beds   | No                                       | 21, 51  | HCPCS<br>REV | H0015<br>0100            | -      | -                         |
| Partial Hospitalization  | No                                       | 11, 19, 22, 51,52   | REV          | 0912                     | -      | Full Day = 2 units        |
|  |  |   | HCPCS        | H0035                    |        | Half Day = 1 unit         |
| Program of Assertive Community Treatment (PACT)                            | No                                       | 15  | HCPCS        | H0040                    | -      | Per Diem                  |
| Psych Consultation on a Medical Unit                                       | No                                       | 19, 21, 22, 51,61   | CPT          | 99231-99233, 99251-99255 | -      | Max 1 unit per day        |

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

|  |    |  |       |             |        |  |
|--|----|--|-------|-------------|--------|--|
| Psychiatric Day Treatment  | No | 11, 19, 22, 52, 53, 57   | HCPCS | H2012       | -      | 1 unit = 1 hour. Max 8 units per day     |
| Day Treatment for SUD  | No | 11, 19, 22, 52, 53, 57   | HCPCS | H2012       | HF     | 1 unit = 1 hour. Max 8 units per day     |
| Residential Rehabilitation Services (RRS) for SUD - ASAM Level 3.1                         | No | 55   | HCPCS | H0019       | -      | Per Diem                                 |
| Residential Rehabilitation Services (RRS) for SUD - ASAM Level 3.1 - Families              | No | 55   | HCPCS | H0019       | HR     | Per Diem                                 |
| Residential Rehabilitation Services (RRS) for SUD - ASAM Level 3.1 – Pregnant & Postpartum | No | 55   | HCPCS | H0019       | TH     | Per Diem                                 |
| Co-Occurring Enhanced Residential Rehabilitation Services (RRS) for SUD - ASAM Level 3.1   | No | 55   | HCPCS | H0019       | HH     | Per Diem                                 |
| <b>Behavioral Health Emergency Services</b>  |    |  |       |             |        |  |
| Diagnostic Evaluation  | No | 23   | CPT   | 99060       | -      | 1 unit = 60 minutes. Max 2 units per day |
| Emergency Department Visit   | No | 23   | CPT   | 99281-99285 | -      | Max 1 unit per day                       |
| Emergency Screening Services/Short Term Crisis Counseling in the Hospital Emergency Room   | No | 02, 03, 04, 11, 12, 14, 15, 19, 21, 22, 23, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57 | HCPCS | S9485       | HB, SE | 1 unit = 1 day                           |
| Emergency Screening Services/Short Term Crisis Counseling in the Community                 | No | 02, 03, 04, 11, 12, 14, 15, 19, 21, 22, 23, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57 | HCPCS | S9485       | HE, SE | 1 unit = 1 day                           |

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

|  |     |  |       |       |        |  |
|--|-----|--|-------|-------|--------|--|
| Emergency Screening Services/Short Term Crisis Counseling Mobile Non-Emergency Dept. | No  | 02, 03, 04, 11, 12, 14, 15, 19, 21, 22, 23, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57 | HCPCS | S9485 | U1, SE | 1 unit = 1 day                           |
| Emergency Service Program – Risk Management/Safety planning service                  | No  | 02, 04, 11, 12, 14, 15, 19, 21, 22, 23, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57     | CPT   | 90887 | ET, SE | 1 unit = 15 minutes. Max 8 units per day |
| Medication Management Crisis   | No  | 02, 04, 11, 12, 14, 15, 19, 21, 22, 23, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57     | CPT   | 99215 | ET, SE | 1 unit = 50-90 minutes                   |
| Specialing Services  | Yes | 19, 21, 51, 56   | HCPCS | T1004 | -      | 1 unit = 15 minutes                      |

**Behavioral Health Outpatient Services**

|  |                                      |  |       |   |   |  |
|--|--------------------------------------|--|-------|---|---|--|
| Behavioral Health professional services  | No, unless provided in a day program | 02, 04, 11, 12, 14, 19, 22, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57, 61 | CPT   | 90791, 90792, 90832, 90834, 90837, 90846, 90847, 90849, 90853 | - | 1 unit = 1 session. Max 1 unit per day |
| Bridge Consultation Inpatient/Outpatient | No                                   | 02, 04, 11, 12, 14, 19, 22, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57, 61 | HCPCS | H0032   | - | Max 1 unit per day                     |
| Case Consultations                       | No, unless provided in a day program | 02, 04, 11, 12, 14, 19, 22, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57, 61 | CPT   | 90882   | - | 1 unit = 15 minutes                    |
| Family Consultations                     | No, unless provided in a day program | 02, 04, 11, 12, 14, 19, 22, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57, 61 | CPT   | 90887   | - | 1 unit = 15 minutes                    |
| Consultations in the ED                  | No                                   | 23   | CPT   | 99241-99245   | - | Max 1 unit per day                     |
| Dialectical Behavioral Therapy (DBT)     | No                                   | 11   | HCPCS | H2020   | - |  |

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

|  |    |  |       |   |   |                                      |
|--|----|--|-------|---|---|--------------------------------------|
| Medication visits  | No | 02, 04, 11, 12, 14, 19, 22, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57, 61 | CPT   | 99201-99205, 99211-99215, 90833, 90836, 90838, 96372 99412, 99417 | - | Max 1 unit per day                   |
|  |    | 03, 04, 11, 12, 14, 19, 22, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57, 61 | HCPCS | G0463, G0469, G2212   |   |                                      |
| Medication visits at Federally Qualified Health Centers (FQHC) | No | 50   | HCPCS | G0467, G0469, G0470   | - | Max 1 unit per day                   |
| Urgent Outpatient  | No | 02, 11, 12, 19, 22, 50, 53, 54, 57                                     | HCPCS | S9484   | - | 1 unit = 1 hour. Max 2 units per day |

**Substance Use Counseling Services**

|   |    |                                |       |       |    |  |
|---|----|--------------------------------|-------|-------|----|--|
| Alcohol and or drug services group counseling                                       | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0005 | -  | 1 unit = 45 minutes. 2 units max per day |
| Alcohol and or drug services group counseling – pregnant/parenting women’s program  | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0005 | HD | 1 unit = 45 minutes. 2 units max per day |
| Alcohol and or drug services group counseling – methadone/opioid counseling         | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0005 | HQ | 1 unit = 45 minutes. 2 units max per day |
| Alcohol and/or drug services case management for pregnant/parenting women’s program | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0006 | HD | 1 unit = 15 minutes. 4 units max per day |
| Alcohol and or Substance Use Services family/couple counseling                      | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | T1006 |    | 1 unit = 30 minutes. 2 units max per day |
| Alcohol and or Substance Use Services – pregnant/parenting women’s program          | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | T1006 | HD | 1 unit = 30 minutes. 2 units max per day |



SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

|   |    |                                |       |              |    |  |
|---|----|--------------------------------|-------|--------------|----|--|
| Alcohol and or Substance Use Services – methadone/opioid counseling for family/couple               | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | T1006        | HR | 1 unit = 30 minutes. 2 units max per day |
| Alcohol and or Substance Use Services – methadone/opioid counseling for family/couple               | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | T1006        | HG | 1 unit = 60 minutes. 1 unit max per day  |
| Behavioral Health counseling and therapy – individual counseling                                    | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0004        |    | 1 unit = 15 minutes. 4 units max per day |
| Behavioral Health counseling and therapy – methadone/opioid counseling – intermediate level of care | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0004        | TF | 1 unit = 15 minutes. 4 units max per day |
| Alcohol and or drug services group counseling   | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0005        | -  | 1 unit = 45 minutes. 2 units max per day |
| Acupuncture for withdrawal management   | No | 11, 19, 22, 50, 53, 54, 57     | HCPCS | 97810, 97811 | HF | 1 unit = 1 treatment                     |
| Ambulatory detoxification services  | No | 11, 19, 22, 50, 53, 54         | HCPCS | H0014        | -  | Max 1 unit per day                       |

**Medication Assisted Treatment (MAT)**

|  |    |                                |       |       |    |                                      |
|--|----|--------------------------------|-------|-------|----|--------------------------------------|
| Alcohol and or drug assessment (buprenorphine and naltrexone medication evaluation at initiation of treatment) | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0001 | U1 | 1 unit = 1 visit. Max 1 unit per day |
| Oral medication administration, direct observation (buprenorphine, first dosage only)                          | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0033 |    | 1 unit = 1 visit. Max 1 unit per day |
| Oral medication administration, direct observation (buprenorphine, dosing only visits)                         | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0033 | U2 | 1 unit = 1 visit. Max 1 unit per day |
| Oral medication administration, direct observation (oral naltrexone dosing)                                    | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0033 | U3 | 1 unit = 1 visit. Max 1 unit per day |

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

|  |    |                                |       |        |    |   |
|--|----|--------------------------------|-------|--------|----|---|
| Alcohol and or other substance use services, not otherwise specified   | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0047  | -  | 1 unit = 1 visit. Max 1 unit per day.                   |
| Buprenorphine, oral 1 mg (*NDC required)   | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | J0571* | -  | 1 unit = 1 mg. Max 32 mg per day                        |
| Buprenorphine/Naloxone, oral, less than or equal to 3 mg buprenorphine (*NDC required)   | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | J0572* | -  | 1 unit = less than or equal to 3 mg. Max 1 unit per day |
| Buprenorphine/Naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine (*NDC required)                        | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | J0574* | -  | Max 4 units per day                                     |
| Buprenorphine/Naloxone, oral, greater than 6 mg, but less than or equal to 10 mg (*NDC required)                                     | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | J0575* | -  | Max 2 units per day                                     |
| Injection, Naltrexone, depot form, 1 mg (*NDC required)  | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | J2315* | -  | 1 unit = 1 mg. Max 380 units per month                  |
| Unclassified drugs (Naltrexone, oral) (*NDC required)  | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | J3490* | -  | 1 unit = 50 mg. Max 1 unit per day                      |
| Alcohol and or drug services methadone administration and or service (provision of the drug by a licensed program) (dose only visit) | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0020  | -  | Max 1 unit per day                                      |
| Alcohol and or drug services; methadone administration and/or service. HQ modifier – Group setting                                   | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0020  | HQ | 1 unit = 60-90 minutes. Max 1 unit per day.             |
| Alcohol and or drug services; methadone administration and/or service. HR modifier – Family/Couple with member present               | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0020  | HR | 1 unit = 60 minutes. Max 1 unit per day                 |
| Alcohol and or drug services; methadone administration and/or service. HF modifier – Intermediate level of care                      | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0020  | TF | Max 2 units per day                                     |

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

|   |    |                                |       |       |    |                                |
|---|----|--------------------------------|-------|-------|----|--------------------------------|
| Alcohol and or drug services; methadone administration and/or service (provision of the drug by a licensed program) | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H0020 | UA | 1 unit = 1 dose. Max 1 per day |
| Methadone Maintenance – Community Support and Case Management Services  | No | 11, 12, 19, 22, 50, 53, 54, 55 | HCPCS | H2015 | HG | 1 unit = 15 minutes.           |

**Opioid Treatment Programs (OTPs) Services through Medicare Part B**

|   |    |    |       |       |   |  |
|---|----|----|-------|-------|---|--|
| Methadone   | No | 58 | HCPCS | G2067 | - | 1 per 7- day period  |
| Buprenorphine oral  | No | 58 | HCPCS | G2068 | - | 1 per 7- day period  |
| Buprenorphine injectable  | No | 58 | HCPCS | G2069 | - | 1 per 7- day period. Do not use more than once every 4 weeks.  |
| Buprenorphine implants (insertion)  | No | 58 | HCPCS | G2070 | - | 1 per 7- day period. Do not use more than once every 6 months. |
| Buprenorphine implants (removal)  | No | 58 | HCPCS | G2071 | - | 1 per 7- day period  |
| Buprenorphine implants (insertion/removal)  | No | 58 | HCPCS | G2072 | - | 1 per 7- day period. Do not use more than once every 6 months. |
| Extended-release, injectable Naltrexone   | No | 58 | HCPCS | G2073 | - | 1 per 7- day period. Do not use more than once every 4 weeks.  |
| Non-drug bundle – OTP Provider administered no medication during an episode of care | No | 58 | HCPCS | G2074 | - | 1 per 7- day period  |

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

|  |    |  |       |       |    |                           |
|--|----|--|-------|-------|----|---------------------------|
| Medication not otherwise specified (Use when OTP provider supplies MAT services with a new opioid agonist or antagonist treatment medication that FDA approved under Section 505 of the US FD & C Act for OUD) | No | 58   | HCPCS | G2075 | -  | 1 per 7- day period       |
| Intake activities  | No | 58   | HCPCS | G2076 | -  | Refer to CMS guidelines   |
| Periodic assessments   | No | 58   | HCPCS | G2077 | -  | Refer to CMS guidelines   |
| Take-home supplies of Methadone  | No | 58   | HCPCS | G2078 | -  | Refer to CMS guidelines   |
| Take-home supplies of oral Buprenorphine   | No | 58   | HCPCS | G2079 | -  | Refer to CMS guidelines   |
| Additional Counseling furnished  | No | 58   | HCPCS | G2080 | -  | Refer to CMS guidelines   |
| Take-home supply of nasal Naloxone   | No | 58   | HCPCS | G2215 | -  | Refer to CMS guidelines   |
| Take-home supply of injectable Naloxone  | No | 58   | HCPCS | G2216 | -  | Refer to CMS guidelines   |
| Recovery Coaching/ Comprehensive community support services  | No | 04, 11, 12, 14, 15, 19, 21, 22, 23, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57 | HCPCS | H2016 | HM | 1 unit = 1 day of service |
| Recovery Support Navigators (RSN) / Community Support Program  | No | 04, 11, 12, 14, 15, 19, 21, 22, 23, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57 | HCPCS | H2015 | HF | 1 unit = 15 Minutes       |
| Structured Outpatient Addiction Program (SOAP)   | No | 11, 19, 22, 52, 53, 57   | HCPCS | H0015 | -  | Half Day                  |

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

| <b>Behavioral Health Procedures that require a Prior Authorization</b>  |     |  |           |   |   |  |
|---|-----|--|-----------|---|---|--|
| Electro Convulsive Therapy  | Yes | 19, 21, 22   | HCPCS REV | 90870 0901  | - | Per Session  |
| Neuropsychological and Psychological Testing  | Yes | 11, 19, 22, 49, 52, 55, 56, 57                                     | CPT       | 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146 | - | First Hour (each additional hour reported by the respective add on code) |
| Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management | Yes | 04, 11, 12, 14, 19, 22, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57, 61 | HCPCS     | 90867   | - | Per Session  |
| Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session   | Yes | 04, 11, 12, 14, 19, 22, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57, 61 | HCPCS     | 90868   | - | Per Session  |
| Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold  | Yes | 04, 11, 12, 14, 19, 22, 31, 32, 33, 34, 49, 50, 53, 55, 56, 57, 61 | HCPCS     | 90869   | - | Per Session  |
| Esketamine for Treatment-Resistant Depression – 56 mg or less   | Yes | 11, 19, 22, 53   | HCPCS     | G2082   | - | Per Session  |
| Esketamine for Treatment-Resistant Depression – 56 mg or more   | Yes | 11, 19, 22, 53   | HCPCS     | G2083   | - | Per Session  |

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SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

Home Health Services

| Commonwealth Care Alliance Covered Services                          | One Care and Senior Care Options Prior Authorization (PA) Requirements | Place of Service       | Code Type | Code Range on Claim | Modifier         | Unit of Measure   |
|--|--|------------------------|-----------|---------------------|------------------|---|
| Home Health Aide   | Yes  | 04, 12, 13, 14, 16     | HCPCS     | G0156               | -                | 15 Minutes/Service  |
| Home Infusion Therapy  | Yes  | 04, 12, 13, 14, 16, 18 | CPT       | 99601, 99602        | -                | 99601 = Per Visit (Up to 2 Hours); 99602 = Each Additional Hour |
| Independent Nursing/Private Duty Nursing/Continuous Nursing Services | Yes  | 12, 13, 16             | HCPCS     | T1000, T1002, T1003 | -                | Per 15 Minutes  |
| Occupational Therapy   | Yes  | 04, 12, 13, 14, 16     | HCPCS     | G0152               | -                | Per Visit   |
| Occupational Therapy Assistant                                       | Yes  | 04, 12, 13, 14, 16     | HCPCS     | G0158               | -                | Per Visit   |
| Physical Therapy   | Yes  | 04, 12, 13, 14, 16     | HCPCS     | G0151               | -                | Per Visit   |
| Physical Therapy Assistant   | Yes  | 04, 12, 13, 14, 16     | HCPCS     | G0157               | -                | Per Visit   |
| Skilled Nursing  | Yes  | 04, 12, 13, 14, 16     | HCPCS     | G0299<br>G0300      | -<br>-           | Per Visit   |
|  |  |                        |           | G0299<br>G0300      | TT<br>TT         |   |
|  |  |                        |           | G0299<br>G0300      | UD, TT<br>UD, TT |   |
|  |  |                        |           | G0299<br>G0300      | UD<br>UD         |   |
|  |  |                        |           | T1502**<br>T1503**  |                  |   |

\*\*If approved for G0299, for Medication administration, please use the appropriate procedure codes\*\*

## SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

|   |     |                    |       |              |    |           |
|---|-----|--------------------|-------|--------------|----|-----------|
| Skilled Nursing Observation & Assessment  | Yes | 04, 12, 13, 14, 16 | HCPCS | G0493        | -  | Per Visit |
| Social Work Visit   | Yes | 04, 12, 13, 14, 16 | HCPCS | G0155        | -  | Per Visit |
| Speech Therapy  | Yes | 04, 12, 13, 14, 16 | HCPCS | G0153        | -  | Per Visit |
| Remote Patient Monitoring Services: Tele-health originating site facility fee (Installation/removal of remote monitoring equipment) | Yes | 12, 99             | HCPCS | Q3014        | -  | Per event |
| Remote Patient Monitoring Services: Nurse visit by RN & Nurse visit by LPN  | Yes | 12, 99             | HCPCS | T1030, T1031 | GT | Per Diem  |

\*Modifier Applicable Only to Specified Code

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SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

Skilled Nursing Facility Services (SNF)

| Commonwealth Care Alliance Covered Services            | One Care and Senior Care Options Prior Authorization (PA) Requirements | Place of Service | Code Type | Code Range on Claim | Modifier | Unit of Measure |
|--|--|------------------|-----------|---------------------|----------|-----------------|
| SNF Custodial  | Yes  | 31, 32, 33       | REV       | 120                 | -        | Days            |
| SNF Custodial Medical LOA (20 Days Max per admission)  | No   | 31, 32, 33       | REV       | 185                 | -        | Days            |
| SNF Custodial – Non-Medical LOA (10 Days Max per year) | No   | 31, 32, 33       | REV       | 183                 | -        | Days            |
| SNF Skill  | Yes  | 31, 32, 33       | REV       | 191                 | -        | Days            |
| SNF Sub-Acute  | Yes  | 31, 32, 33       | REV       | 192                 | -        | Days            |

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\* Service Applicable Only to Program Specified



## SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

### 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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SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

Select Drugs

| <b>Commonwealth Care Alliance<br/>Covered Services - Type</b> | <b>One Care and Senior Care<br/>Options Prior<br/>Authorization (PA)<br/>Requirements</b> | <b>Code</b> | <b>Description</b>                                  |
|---|---|-------------|---|
| Drugs Administered Via Other Than Oral Method                 | Yes   | J0485       | Injection, Belatacept, 1 Mg                         |
| Drugs Administered for Chemotherapy                           | Yes   | J9299       | Injection, Nivolumab, 1 mg                          |
| Drugs Administered for Chemotherapy                           | Yes   | J9228       | Injection, Ipilimumab, 1 Mg                         |
| Drugs Administered for Chemotherapy                           | Yes   | J9395       | Injection, Fulvestrant, 25 Mg                       |
| Drugs Administered for Chemotherapy                           | Yes   | J9306       | Injection, Pertuzumab, 1 Mg                         |
| Drugs Administered for Chemotherapy                           | Yes   | J9055       | Injection, Cetuximab, 10 Mg                         |
| Drugs Administered for Chemotherapy                           | Yes   | J9264       | Injection, Paclitaxel Protein-Bound Particles, 1 Mg |
| Drugs Administered for Chemotherapy                           | Yes   | J9271       | Injection, Pembrolizumab                            |
| Drugs Administered for Chemotherapy                           | Yes   | J1300       | Injection, Eculizumab                               |
| Drugs Administered for Chemotherapy                           | Yes   | J9310       | Injection, Rituximab                                |
| Drugs Administered for Chemotherapy                           | Yes   | J1745       | Infliximab not biosimilar, 10 Mg                    |
| Drugs Administered for Chemotherapy                           | Yes   | J1459       | Injection, Ivig Privigen 500 Mg                     |
| Drugs Administered for Chemotherapy                           | Yes   | J1559       | Injection, Hizentra                                 |
| Drugs Administered for Chemotherapy                           | Yes   | J1561       | Gamunex-c/Gammaked                                  |
| Drugs Administered for Chemotherapy                           | Yes   | J1568       | Injection, Octagam                                  |
| Drugs Administered for Chemotherapy                           | Yes   | J1569       | Injection, Gammagard liquid                         |
| Drugs Administered for Chemotherapy                           | Yes   | J1572       | Injection, Flebogamma                               |
| Drugs Administered for Chemotherapy                           | Yes   | J2182       | Injection, Mepolizumab, 1 Mg                        |
| Drugs Administered for Chemotherapy                           | Yes   | J2357       | Injection, Omalizumab                               |
| Drugs Administered for Chemotherapy                           | Yes   | J0585       | Injection, Onabotulinumtoxinb                       |
| Drugs Administered for Chemotherapy                           | Yes   | J0586       | Abobotulinumtoxina                                  |

#### SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

|                                     |     |       |                                |
|-------------------------------------|-----|-------|--------------------------------|
| Drugs Administered for Chemotherapy | Yes | J0587 | Injection, Rimabotulinumtoxinb |
| Drugs Administered for Chemotherapy | Yes | J0588 | Incobotulinumtoxim a           |
| Bone modifying agent                | Yes | J0897 | Injection, Denosumab           |
| Bone modifying agent                | Yes | J1301 | Injection, Edaravone           |
| Bone modifying agent                | Yes | J3380 | Injection, Vedolizumab         |

- If a requested service or item is not listed above, please call Provider Services at 866-420-9332 for clarification.
- **All non-contracted providers and vendors require Prior Authorization for all services.**
- The list has been updated on 01/01/2021. Changes were made for clarification. 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.