

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 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 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 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

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

Adult Foster Care - Level II	Yes	12, 14, 33, 54	HCPCS	S5140	TG	Per Diem
Adult Foster Care - Level II Alternative Placement	No. 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 Medical Leave of Absence (MLOA)	No 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 Non-Medical Leave of Absence (NMLOA)	No 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) (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: Behavioral Health Section	Please see: Behavioral Health Section				
Cardiac Rehabilitation Services	Yes	11, 22, 31, 61, 62	CPT/ HCPC	93668-93799 / G0422, G0423	-	Per Session
Care Transitions Across Settings	No	-	-	-	-	-
Chemotherapy	No	-	-	-	-	-

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

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: <ul style="list-style-type: none"> <li>▪ Crowns</li> <li>▪ Dentures</li> <li>▪ Oral Surgery</li> </ul> Other	Yes <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 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)

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

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 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 Family planning, including contraception and birth control services, are available through any MassHealth and/or Commonwealth Care Alliance family planning provider.  Services include contraceptive injection and implants, intrauterine devices (IUD), and voluntary sterilization.  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.  This service does not include artificial ways to become pregnant.	-	-	-	-	-

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

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. 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	-	-	-	-	-

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

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 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	-	-	-	-	-

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

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	Yes	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) - Landline, - Cellular, - 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.	-	-	-	-	-

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

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 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					

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

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>					

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

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

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

Transportation: Mileage	No	-	HCPCS	A0425 S0215 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>						

- 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.

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

**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. 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 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 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 H0010	-	1 unit = 1 day of service

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

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 REV	H0015 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
Specializing 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

**Behavioral Health Procedures that require a Prior Authorization**

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

- 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.

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 G0300	- -	Per Visit
				G0299 G0300	TT TT	
				G0299 G0300	UD, TT UD, TT	
				G0299 G0300	UD UD	
				T1502** 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

- 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.

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

- 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 1/1/2021. 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.

\* Service Applicable Only to Program Specified

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

**Radiology Services**

<b>Commonwealth Care Alliance Covered Services</b>	<b>One Care and Senior Care Options Prior Authorization (PA) Requirements</b>
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

- 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.

SECTION 4: COVERED SERVICES & PRIOR AUTHORIZATION REQUIREMENTS

**Select Drugs**

<b>Commonwealth Care Alliance Covered Services - Type</b>	<b>One Care and Senior Care Options Prior Authorization (PA) 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.