

Please review: Changes to Commonwealth Care Alliance, Inc. (CCA) Medical Necessity Guidelines

Please note the changes to the CCA Medical Necessity Guidelines outlined in the following chart. All are effective immediately except where otherwise noted. In addition to reviewing these policies, please refer to the CCA provider manuals for our notification, administrative authorization, and referral policies.

For the complete list of services that require prior authorization, please refer to “Section 4: Prior Authorization Requirements” in the CCA provider manuals. To access the provider manuals, please visit:

MA: commonwealthcarealliance.org/ma/providers/provider-manual-home/

RI: commonwealthcarealliance.org/ri/providers/provider-manual-home/

To access all Medical Necessity Guidelines, please visit:

MA: commonwealthcarealliance.org/ma/providers/medical-policies/medical-necessity-guidelines/

RI: commonwealthcarealliance.org/ri/providers/medical-policies/medical-necessity-guidelines/

New CCA Medical Necessity Guidelines:

Service	Products Impacted	Summary
Manual Wheelchair Power Accessories <i>Effective September 30, 2024</i>	SCO One Care MAPD HMO-DNSP (RI)	New MNG for services included on DME PA list
Power Operated Vehicle (POV) <i>Effective September 30, 2024</i>	SCO One Care MAPD HMO-DNSP (RI)	New MNG for services included on DME PA list

CCA is retiring the following Medical Necessity Guidelines and Policies:

Service	Products Impacted	Summary
CG- Drug 95 Belatacept (Nulojix) Effective 4/11/24	SCO One Care MAPD HMO-DNSP (RI)	For prior authorization guidelines, refer to LCD L33824 Immunosuppressive Drugs and MassHealth Drug List for Nujolix .

Updates to CCA Medical Necessity Guidelines:

Service	Products Impacted	Summary

Clinical Trials, Routine Patient Care Costs	SCO One Care MAPD HMO-DNSP (RI)	Informational Only – no PA required Medical device language added
Experimental & Investigational Services	SCO One Care MAPD HMO-DNSP (RI)	<p>64568: Removed, covered without prior authorization Effective 5/9/24</p> <p>61885 and 61886 : Covered for major depressive disorder (MDD), ICD-10 codes F32.0-F32.5 and recurrent MDD ICD-10 codes F33.0-F33.3. Effective 5/9/24</p> <p>97014: Removed, covered with prior authorization (refer to prior authorization requirements for Physical Therapy and Occupational Therapy) Effective 5/9/24</p> <p>Q4121: Removed, covered with prior authorization.(Refer to Skin and Soft Tissue Substitutes MNG) Effective 7/12/24 (refer to May provider update)</p> <p>Q4159, Q4191, Q4195, Q4196: Removed from Experimental and Investigational Services for One Care and SCO Plans only. Covered with prior authorization. Refer to MassHealth Guidelines for Medical Necessity Determination for Skin Substitutes. Effective 5/9/24</p>
Hospital Beds <i>Effective September 30, 2024</i>	SCO One Care MAPD HMO-DNSP (RI)	Separate sections for MAPD (refers to applicable LCD) and SCO/One Care products. Added clinical coverage criteria for pediatric bed. “Insufficient documentation to establish medical necessity for using a hospital bed for the treatment of a member’s illness or injury” added to limitations section.
Mattress – HCPC Coded Pressure Reducing Support Surfaces	SCO One Care MAPD HMO-DNSP (RI)	Title change from Mattress – HCPC Coded Pressure Reducing Support Surfaces. Guidelines for MAPD products in references only, and LCDs/Policy Articles cited in DECISION GUIDELINES. Coding now includes only PA codes.

Skilled Nursing Facility (SNF) Services Under Medicare Part A	SCO One Care MAPD HMO-DNSP (RI)	No significant changes. Editorial revisions only.
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The following service now requires prior authorization:

Service	Products Impacted	Summary
Injection procedure for sacroiliac joint: 27096, G0260 <i>Effective September 30, 2024</i>	SCO One Care MAPD HMO-DNSP (RI)	Covered with prior authorization. Refer to LCD L39455: Sacroiliac Joint Injections and Procedures

The following services no longer require prior authorization:

CPT/HCPCS Code	Products Impacted	Description
Effective 3/14/24 Services related to cardiac rehabilitation: 93701 93702 93720 93724 93740 93745 93750 93770 93784 93786 93788 93790 93792 93793	SCO One Care MAPD HMO-DNSP (RI)	Services related to Cardiac Rehabilitation have been removed from PA
Effective 4/11/24 3D rendering with interpretation and reporting of CT, MRI US or other tomographic modality with image postprocessing CPT: 76376, 76377	SCO One Care MAPD HMO- DSNP (RI)	Certain radiology services no longer require prior authorization
Effective 4/11/24 76000, 49424, 76641, 76642, 36215, 37246, 37247, 36901,	SCO One Care MAPD	Certain MRI services no longer require prior authorization

36902, 36903, 36904, 36905, 36906, +36907, +36908, +36909, 37187, 75710, +37252, +37253, C7513, C7514, C7515, C7503, 96409, 96367, 96411, 96368, 96417, 96374, 96360, 96361, 32551, 32554, 32555, 32556, 32557	HMO-DNSP (RI)	
Effective 4/11/24 Sleep study; Attended and Home 95800 95801 95803 95805 95806 95807 95808 95810 95811 G0398 G0399 G0400	SCO One Care MAPD HMO-DSPN (RI)	Sleep study, ttended and Home, no longer requires prior authorization
Effective 4/11/24 Supervised Exercise Therapy CPT 93668	SCO One Care MAPD HMO-DNSP (RI)	Supervised Exercise Therapy no longer requires prior authorization
Effective 4/11/24 PET AND SPECT: 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492; 78803, 78494, 0742T, 78469, 78451, 78452, 78453, 78071, 78072 (NOTE: 0332T will remain EIS)	SCO One Care MAPD HMO-DNSP (RI)	PET and SPECT imaging no longer requires prior authorization
Effective 5/9/24 Pulmonary Rehabilitation: CPT 94626	SCO One Care MAPD HMO-DNSP (RI)	Pulmonary Rehabilitation no longer requires prior authorization
Effective 5/9/24 Planar myocardial perfusion CPT 78453, 78454	SCO One Care MAPD	Planar myocardial perfusion no longer requires prior authorization

	HMO-DNSP (RI)	
<p>Effective 5/9/24</p> <p>32552: Removal of indwelling tunneled pleural catheter with cuff</p> <p>32553: Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple</p> <p>Effective 6/13/24</p> <p>88305: Level IV - Surgical pathology, gross and microscopic examination</p>	<p>SCO</p> <p>One Care</p> <p>MAPD</p> <p>HMO-DNSP (RI)</p>	<p>CPT 32552, 32553 and 88305 are covered without prior authorization</p>
<p>Effective 5/9/24</p> <p>Prefabricated Orthotics:</p> <p>L0112, L0113, L0120, L0130, L040, L0150, L0160, L0172, L0174, L0180, L0190, L0200, L0450, L0454, L0455, L0456, L0457, L0458, L0460, L0462, L0464, L0466, L0467, L0468, L0469, L070, L0472, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0626, L0627, L0628, L0630, L0631, L0633, L0635, L0637, L0639, L0641, L0642, L0643, L0648, L0649, L0650, L0651, L0700, L0710, L0810, L0820, L0830, L0859, L0861, L0978, L0980, L0982, L0984, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1600, L1610, L1620, L1650, L1652, L1660, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1836, L1843, L1845, L1847,</p>	<p>SCO</p> <p>One Care</p> <p>MAPD</p> <p>HMO-DNSP (RI)</p>	<p>Prefabricated orthotics no longer require prior authorization</p>

L1848, L1850, L1851, L1852, L1902, L1906, L1910, L1930, L1932, L1951, L1971, L2035, L2106, L2628, L3208, L3209, L3211, L3212, L3213, L3214, L3650, L3660, L3670, L3675, L3677, L3678, L3710, L3760, L3761, L3762, L3809, L3908, L3912, L3915, L3916, L3917, L3918, L3923, L3924, L3925, L3927, L3929, L3930, L3931, L3960, L3962, L3980, L3981, L3982, L3984, L3985, L4350, L4360, L4361, L4370, L4386, L4387, L4396, L4397, L4398		
Effective 6/13/24 External breast prostheses: L8000, L8001, L8002, L8015, L8020, L8030, L8031, L8032, L8033, L8035, L8039	SCO One Care MAPD HMO-DNSP (RI)	External breast prostheses no longer require prior authorization
Effective 6/13/24 Humidifier, heated, used with positive airway pressure device E0562	SCO One Care MAPD HMO-DNSP (RI)	Humidifier, heated, used with positive airway pressure device no longer requires prior authorization