

Services Requiring Prior Authorization

The table below outlines the services that require prior authorization for CommunityConnect HealthPlan members. We will update this list as needed. We may abbreviate “prior authorization” as “PA” throughout this document.

Providers are responsible for verifying eligibility and benefits before providing services to CommunityConnect members. Except for an emergency, failure to obtain PA for the services listed below may result in a denial for reimbursement.

To request PA, report a medical admission, or ask questions regarding PA, please contact the CommunityConnect’s Utilization Management department at **1-877-471-6656** or **1-877-471-6658** (fax).

To access our medical policies and clinical Utilization Management guidelines, please visit **www.CommunityConnectHealthPlan.com**.

- Referral to out-of-network provider and/or facility requires prior authorization for **all** services.
- Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered.

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Air Ambulance	Yes. However, emergency air ambulance does not require PA
Behavioral Health	PA for all facility based services, which include inpatient, partial hospital (PHP) and intensive outpatient services (IOP). PA is required for all outpatient office visits. Contact 1-877-471-6656 for referrals and authorization.
Biofeedback	Yes.
Circumcision	CommunityConnect covers routine circumcision without authorization for up to 12 months of age. Medical necessity review is required after 12 months of age.
Dental Services	In-patient facility and anesthesia services require PA from CommunityConnect. Please contact Southeast Dental Associates at 1-877-389-9870 regarding prior authorization of dental services.

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Durable Medical Equipment (DME) and Supplies (DMS) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>C1721</td><td>E1840</td><td>K0821</td><td>K0859</td><td>L6881</td></tr> <tr><td>C1722</td><td>E2402</td><td>K0822</td><td>K0860</td><td>L6925</td></tr> <tr><td>C1767</td><td>E2500</td><td>K0823</td><td>K0861</td><td>L6935</td></tr> <tr><td>C1777</td><td>E2502</td><td>K0824</td><td>K0862</td><td>L6945</td></tr> <tr><td>C1778</td><td>E2504</td><td>K0825</td><td>K0863</td><td>L6955</td></tr> <tr><td>C1789</td><td>E2506</td><td>K0826</td><td>K0864</td><td>L6965</td></tr> <tr><td>C1813</td><td>E2508</td><td>K0827</td><td>K0868</td><td>L6975</td></tr> <tr><td>C1874</td><td>E2510</td><td>K0828</td><td>K0869</td><td>L7007</td></tr> <tr><td>C1882</td><td>E2512</td><td>K0829</td><td>K0870</td><td>L7009</td></tr> <tr><td>C1895</td><td>E2609</td><td>K0830</td><td>K0871</td><td>L7045</td></tr> <tr><td>C1896</td><td>E2615</td><td>K0831</td><td>K0877</td><td>L7180</td></tr> <tr><td>C2622</td><td>E2617</td><td>K0835</td><td>K0878</td><td>L7190</td></tr> <tr><td>E0481</td><td>K0005</td><td>K0836</td><td>K0879</td><td>L7191</td></tr> <tr><td>E0483</td><td>K0009</td><td>K0837</td><td>K0880</td><td>L8603</td></tr> <tr><td>E0638</td><td>K0010</td><td>K0838</td><td>K0884</td><td>L8606</td></tr> <tr><td>E0746</td><td>K0011</td><td>K0839</td><td>K0885</td><td>L8614</td></tr> <tr><td>E0747</td><td>K0012</td><td>K0840</td><td>K0886</td><td>L8615</td></tr> <tr><td>E0748</td><td>K0014</td><td>K0841</td><td>K0890</td><td>L8616</td></tr> <tr><td>E0760</td><td>K0606</td><td>K0842</td><td>K0891</td><td>L8617</td></tr> <tr><td>E0770</td><td>K0800</td><td>K0843</td><td>K0898</td><td>L8618</td></tr> <tr><td>E0784</td><td>K0801</td><td>K0848</td><td>K0899</td><td>L8619</td></tr> <tr><td>E1002</td><td>K0802</td><td>K0849</td><td>L0112</td><td>L8680</td></tr> <tr><td>E1003</td><td>K0806</td><td>K0850</td><td>L0113</td><td>L8685</td></tr> <tr><td>E1004</td><td>K0807</td><td>K0851</td><td>L1005</td><td>L8686</td></tr> <tr><td>E1005</td><td>K0808</td><td>K0852</td><td>L1907</td><td>L8687</td></tr> <tr><td>E1801</td><td>K0812</td><td>K0853</td><td>L2005</td><td>L8688</td></tr> <tr><td>E1806</td><td>K0813</td><td>K0854</td><td>L2280</td><td>L8690</td></tr> <tr><td>E1811</td><td>K0814</td><td>K0855</td><td>L2624</td><td>L8699</td></tr> <tr><td>E1815</td><td>K0815</td><td>K0856</td><td>L6025</td><td>S1040</td></tr> <tr><td>E1816</td><td>K0816</td><td>K0857</td><td>L6611</td><td></td></tr> <tr><td>E1818</td><td>K0820</td><td>K0858</td><td>L6677</td><td></td></tr> </table>	C1721	E1840	K0821	K0859	L6881	C1722	E2402	K0822	K0860	L6925	C1767	E2500	K0823	K0861	L6935	C1777	E2502	K0824	K0862	L6945	C1778	E2504	K0825	K0863	L6955	C1789	E2506	K0826	K0864	L6965	C1813	E2508	K0827	K0868	L6975	C1874	E2510	K0828	K0869	L7007	C1882	E2512	K0829	K0870	L7009	C1895	E2609	K0830	K0871	L7045	C1896	E2615	K0831	K0877	L7180	C2622	E2617	K0835	K0878	L7190	E0481	K0005	K0836	K0879	L7191	E0483	K0009	K0837	K0880	L8603	E0638	K0010	K0838	K0884	L8606	E0746	K0011	K0839	K0885	L8614	E0747	K0012	K0840	K0886	L8615	E0748	K0014	K0841	K0890	L8616	E0760	K0606	K0842	K0891	L8617	E0770	K0800	K0843	K0898	L8618	E0784	K0801	K0848	K0899	L8619	E1002	K0802	K0849	L0112	L8680	E1003	K0806	K0850	L0113	L8685	E1004	K0807	K0851	L1005	L8686	E1005	K0808	K0852	L1907	L8687	E1801	K0812	K0853	L2005	L8688	E1806	K0813	K0854	L2280	L8690	E1811	K0814	K0855	L2624	L8699	E1815	K0815	K0856	L6025	S1040	E1816	K0816	K0857	L6611		E1818	K0820	K0858	L6677		Certain DME and DMS require prior authorization, including the following: <ul style="list-style-type: none"> • Bone anchored hearing aids • Cochlear and auditory brain stem implants • Cranial cervical orthosis • External ambulatory infusion pumps • Implantable infusion pumps • Implanted neurostimulators • Implanted spinal cord stimulators • Knee ankle foot orthosis • Lower and upper extremity prosthesis devices • Manual wheelchair, custom or with special accessories • Negative pressure wound therapy • Nerve conduction devices • Oscillatory devices for airway clearance • Power operated vehicle/ power wheelchairs and accessories • Speech generating devices • Standing frame system • Stretching devices for joint stiffness and contracture • Ultra lightweight wheelchair • For DME and DMS not listed above or any other questions regarding DME and DMS, please contact the Utilization Management department at 1-877-471-6656.
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Genetic Testing	Yes. Routine amniocentesis and prenatal testing do not require PA.																																																																																																																																																											
HealthCheck "Other Services"	Yes. Other services defined as medically necessary. PA required for both Standard and Benchmark Plan members.																																																																																																																																																											
Home Health Care Services	Yes. Please contact the Utilization Management department at 1-877-471-6656 to verify requirement.																																																																																																																																																											
Hyperbaric Oxygen Therapy	Yes. Coverage is limited to the following E&M code: 99183. No coverage for use of equipment.																																																																																																																																																											

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Infusion/Injection Therapy, not covered under state-covered pharmacy benefit.	Home infusion therapy may require prior authorization. Please contact the Utilization Management department at 1-800-471-6656 to verify requirement.
Inpatient Services	<p>Yes. The following inpatient services require PA:</p> <ul style="list-style-type: none"> • Elective admissions • Emergency admissions (CommunityConnect requires plan notification within 24 hours) • OB related medical stay(OB complications, excludes childbirth) • Newborn stays beyond mother • Inpatient skilled nursing facility (SNF) • Long term acute care facility (LTAC) • Rehabilitation facility admissions <p>Please follow the procedures for inpatient services:</p> <ul style="list-style-type: none"> • Notify CommunityConnect of emergent admissions within 24 hours or the next business day of inpatient admission. • Routine vaginal or cesarean section deliveries do not require medical necessity review; however, both delivery types require notification. • All newborn deliveries require notification. Complete and send Newborn Enrollment Notification Report form within three days of delivery.
Pharmacy	Benefits and authorizations are provided by the state of Wisconsin ForwardHealth. Contact them directly at 1-800-362-3002 .
Physician Services—Referrals to Specialists	PA is required when referring member to an out-of-network specialist.

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Radiology Services	<p>PA is required for all PET/SPECT scans, CT, CTA, MRI and MRA.</p> <p>PA also is required for the following:</p> <ul style="list-style-type: none"> • MR spectroscopy • QCT bone densitometry • Myocardial perfusion imaging • Infarct imaging • Cardiac blood pool Imaging • PET/CT fusion • Screening CT colonoscopy • Functional MRI brain • CT heart for structure and morph • CTA heart Incl structure and morph • Echocardiogram • Magnetoencephalography (MEG) • Add-on procedures • Radiology services that are potentially investigational
Surgeries/Procedures	<p>All elective inpatient procedures and some outpatient procedures require PA.</p> <p>Surgeries/procedures that are potentially cosmetic and or investigational require PA.</p> <p>Outpatient procedures include:</p> <ul style="list-style-type: none"> • Abdominoplasty • Arthrodesis • Arthrotomy • Artificial intervertebral discs • Autologous, allogeneic, xenographic, synthetic and composite products • Blepharoplasty • Breast implants • Breast prosthesis • Breast reconstruction • Cardiac resynchronization therapy (CRT) • Destruction of lesions • DNA analysis • Electromyography • Endometrial ablation • Endovascular Repair

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Surgeries/Procedures <i>(continued)</i>	<ul style="list-style-type: none"> • Endovenous ablation therapy • Ethmoidectomy • Extracapsular lens removal • Facet injections • Facial reconstruction • Gene expression stimulation • Genioplasty • Hepatectomy • Hippotherapy • Implantable cardioverter-defibrillator • Injection of dermal fillers • Keloid treatments • Laminectomy • Laser and surgical treatments for acne • Laser treatments for skin disease • Lithotripsy • Lysis of epidural adhesions • Mammoplasty • Mastopexy • Nasal endoscopy • Nerve destruction by neurolytic agent • Occipital nerve stimulation • Orchiectomy • Orchiopexy • Orthognathic surgery • Osteogenesis stimulator • Otoplasty • Panniculectomy • Percutaneous vertebroplasty • Percutaneous neurolysis • Permanent pacemaker insertion • Plethysmography • Prolotherapy • Radiofrequency ablation of tumors • Reconstruction of the trunk and joint • Refractive surgery including correcting intraocular lenses • Rhinoplasty

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Surgeries/Procedures <i>(continued)</i>	<ul style="list-style-type: none"> • Rhytidectomy • Scar revision • Septoplasty • Sling operation for stress incontinence • Stereotactic radiosurgery • Strabismus surgery • Surgeries for morbid obesity/ gastric restrictive procedures • Temporomandibular Joint Procedures (TMJ) • Transmyocardial revascularization • Treatments for hyperhidrosis • Treatments for obstructive sleep apnea • Treatments for osteochondral defects of knee and ankle • Treatments for urinary incontinence and retention • Treatments for varicose veins • Tumor/ tissue ablation • Umbilical hernia repair under age 5 • Unlisted procedures • Uterine artery embolization • Vaginal hysterectomy • T and G codes – investigational procedures <p>Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered services.</p> <p>Please contact the Utilization Management department at 1-877-471-6656 for questions regarding PA needs.</p>
Therapy Services	Physical therapy, occupational therapy, and speech therapy requires PA from birth to three years of age.
Transplant Services	Yes. All transplant services require PA.
Transportation Services	Yes. For authorization of nonemergency transportation from provider-to-provider, contact Utilization Management at 1-877-471-6656 .

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Vision Services	Contact MARCH Vision Care, Inc. at 1-888-493-4070 for vision benefits and confirm PA requirements.

Services That Do Not Require Prior Authorization for In-Network Providers

Please note: the services listed below DO NOT require prior authorization (PA) for in-network providers:

- Dialysis
- Emergency Services -- Notify CommunityConnect of admissions within 24 hours or the next business day of inpatient admission.
- Family Planning / Well Woman Check Up - Member may self-refer to any Medicaid provider for the following services:
 - Pelvic and breast examinations
 - Lab work
 - Birth Control
 - Genetic counseling
 - FDA approved devices and supplies related to family planning (i.e., IUD)
 - HIV / STI screening
- Laboratory Services – Providers are to utilize an in-network hospital / laboratory for all laboratory needs.
- Obstetrical Care - No authorization required for in-network physician visits, and routine testing. Pregnancy and newborn deliveries require notification. Please use the **Notification of Pregnancy** form and the **Newborn Enrollment Notification Report**, as appropriate.
- Transportation Services – Contact Medical Transportation Management at **1-888-409-6878** to arrange for nonemergent transportation services from member pick-up to provider destination and return. Authorization for in-network transportation of this type is part of the appointment process. We encourage providers and members to call at least three days in advance to make transportation arrangements. Nonemergent **provider-to-provider transportation** falls under CommunityConnect’s UM responsibility – see above.
- Physician Referrals - No prior authorization is required if referring member to an in-network specialist for consultation or a nonsurgical course of treatment.
- Standard x-rays and ultrasounds.