

Services Requiring Prior Authorization Effective July 17, 2011

The table below outlines the services that require prior authorization for CommunityConnect HealthPlanSM 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 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	Yes, for all facility-based services, which include inpatient, partial hospital (PHP) and intensive outpatient services (IOP). PA is also required for all outpatient office visits. Contact 1-877-471-6656 for referrals and authorization.
Biofeedback	Yes.
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.

Service/Request						Is Prior Authorization (PA) required for in-network providers?
Durable Medical Equipment (DME) and Supplies (DMS)						<p>Providers are required to get prior authorization for the following:</p> <ul style="list-style-type: none"> • Adjustable Cranial Orthosis for Synostotic and Non-Synostotic Indications • Altered Auditory Feedback (AAF) Devices for the Treatment of Stuttering • Augmentative and Alternative Communication (AAC) Devices/Speech Generating Devices (SGD) • Automated External Defibrillators for Home Use • Continuous Local Delivery of Analgesia to Operative Sites using an Elastomeric Infusion Pump during the Post-Operative Period • Continuous Passive Motion Devices • Electrical Bone Growth Stimulation • Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices • External (Portable) Continuous Insulin Infusion Pump • Functional Electrical Stimulation (FES); Threshold Electrical Stimulation (TES) • Glucose Monitoring and Related Supplies • Implantable Cardioverter-Defibrillator (ICD) • Implantable Infusion Pumps • Implantable Middle Ear Hearing Aids • Implanted Devices for Spinal Stenosis • Implanted Spinal Cord Stimulators (SCS) • Microprocessor Controlled Lower Limb Prosthesis • Myoelectric Upper Extremity Prosthetic Devices • Oscillatory Devices for Airway Clearance including High Frequency Chest Compression (Vest™ Airway Clearance System) and Intrapulmonary Percussive Ventilation (IPV) • Patient-Operated Spinal Unloading Devices • Standing Frames • Stretching Devices for the Treatment of Joint Stiffness and Contracture • TempTouch® Dermal Thermometer • Transtympanic Micropressure for the Treatment of Ménière's Disease • Ultrasound Bone Growth Stimulation • Vacuum Assisted Wound Therapy in the Outpatient Setting • Manual Wheelchairs-Ultra Lightweight • Wheeled Mobility Devices: Wheelchairs-Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs) <p>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.</p>
A4290	E0748	E2500	K0839	L5857		
A4306	E0749	E2502	K0840	L5858		
A4575	E0760	E2504	K0841	L5973		
A4638	E0761	E2506	K0842	L5999		
A4639	E0762	E2508	K0843	L6025		
A6550	E0764	E2510	K0848	L6611		
A7025	E0769	E2512	K0849	L6677		
A9274	E0770	E2599	K0850	L6881		
A9276	E0782	K0005	K0851	L6925		
A9277	E0783	K0010	K0852	L6935		
A9278	E0784	K0011	K0853	L6945		
A9279	E0935	K0012	K0854	L6955		
A9284	E0936	K0014	K0855	L6965		
A9507	E1002	K0117	K0856	L6975		
A9542	E1003	K0415	K0857	L7007		
A9543	E1004	K0455	K0858	L7008		
A9544	E1005	K0547	K0859	L7009		
A9545	E1006	K0606	K0860	L7045		
A9580	E1007	K0800	K0861	L7180		
E0217	E1008	K0801	K0862	L7181		
E0218	E1229	K0802	K0863	L7190		
E0221	E1230	K0806	K0864	L7191		
E0236	E1239	K0807	K0868	L7499		
E0445	E1399	K0808	K0869	L8039		
E0481	E1800	K0812	K0870	L8499		
E0483	E1801	K0813	K0871	L8600		
E0485	E1802	K0814	K0877	L8603		
E0486	E1805	K0815	K0878	L8614		
E0487	E1806	K0816	K0879	L8619		
E0617	E1810	K0820	K0880	L8627		
E0620	E1811	K0821	K0884	L8628		
E0625	E1812	K0822	K0885	L8629		
E0637	E1815	K0823	K0886	L8680		
E0638	E1816	K0824	K0890	L8681		
E0641	E1818	K0825	K0891	L8682		
E0642	E1820	K0826	K0898	L8683		
E0676	E1821	K0827	K0899	L8684		
E0691	E1825	K0828	L0112	L8685		
E0692	E1830	K0829	L0113	L8686		
E0693	E1840	K0830	L0999	L8687		
E0694	E1841	K0831	L1499	L8688		
E0740	E1902	K0835	L2999	L8690		
E0745	E2120	K0836	L3649	L8691		
E0746	E2399	K0837	L3999	L8692		
E0747	E2402	K0838	L5856	L8699		

Service/Request	Is Prior Authorization (PA) required for in-network providers?
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.
Infusion/Injectable Medications/Specialty Drugs not covered under state-covered pharmacy benefit.	Yes. Home infusion therapy may require prior authorization. Please contact the Utilization Management department at 1-877-471-6656 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 stays (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. <p>All newborn deliveries require notification. Complete and send the Newborn Enrollment Notification Report form within three days of delivery.</p>
Laboratory Services	Providers are to utilize an in-network hospital / laboratory for all laboratory needs. Out-of-network lab services and tests that are potentially investigational require PA.
Pharmacy	Benefits and authorizations are provided by the state of Wisconsin ForwardHealth. Contact them directly at 1-800-947-9627 .
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. 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

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Surgeries/Procedures (Inpatient and Outpatient)	<p>All elective inpatient procedures and some outpatient procedures require PA. Surgeries/procedures that are potentially cosmetic and/or investigational require PA. Outpatient procedures include:</p> <ul style="list-style-type: none"> • Ablative Techniques as a Treatment for Barrett's Esophagus • Adoptive Immunotherapy and Cellular Therapy • Allergy Testing • Anterior Segment Optical Coherence Tomography • Antineoplaston Therapy • Artificial Anal Sphincter for the Treatment of Severe Fecal Incontinence • Artificial Intervertebral Discs • Artificial Retinal Devices • Autologous, Allogeneic, Xenographic, Synthetic and Composite Products for Wound Healing and Soft Tissue Grafting • Automated Nerve Conduction Testing • Axial Lumbar Interbody Fusion • Balloon Sinuplasty • Behavioral Health Treatments for Pervasive Developmental Disorders • Bicompartamental Knee Arthroplasty • Biofeedback for Constipation or Fecal Incontinence • Biofeedback for Muscle Re-education and Chronic Pain • Biofeedback Therapy and Neurofeedback • Biomagnetic Therapy • Blepharoplasty, Blepharoptosis Repair, and Brow Lift • Bone-Anchored Hearing Aids • Breast Ductal Examination and Fluid Cytology Analysis • Breast Procedures; including Reconstructive Surgery, Implants and Other Breast Procedures • Bronchial Thermoplasty • Canaloplasty • Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure • Carotid Intimal Medial Thickness Measurement • Carotid, Vertebral and Intracranial Artery Angioplasty with or without Stent Placement • Coblation® Therapies for Musculoskeletal Conditions • Cochlear Implants and Auditory Brainstem Implants • Cognitive Rehabilitation • Computer Analysis of Electrocardiography (ECG) • Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures • /Heating Devices • Cosmetic and Reconstructive Services of the Head and Neck • Cosmetic and Reconstructive Services of the Trunk and Groin

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Surgeries/Procedures <i>(continued)</i>	<ul style="list-style-type: none"> • Cosmetic and Reconstructive Services: Skin Related • Cryoablation for Plantar Fasciitis and Plantar Fibroma • Cryopreservation of Oocytes or Ovarian Tissue • Cryosurgical Ablation of Solid Tumors Outside the Liver • Deep Brain Stimulation • Diagnosis of Sleep Disorders • Electrical Stimulation and Electromagnetic Therapy for Wound Healing • Electrocardiographic (ECG) Body Surface Mapping • Electroencephalography (EEG) Testing: Ambulatory / Video • Electromagnetic Navigational Bronchoscopy • Electrothermal Shrinkage of Joint Capsules, Ligaments, and Tendons • Endobronchial Valve Devices • Endothelial Keratoplasty • Endovascular/Endoluminal Repair of Aortic Aneurysms • Enhanced External Counterpulsation (EECP) - Outpatient • Epiduroscopy • Extracorporeal Shock Wave Therapy for Orthopedic Conditions • Facet Joint Allograft Implants for Facet Disease • Fetal Surgery for Prenatally Diagnosed Malformations • Functional Endoscopic Sinus Surgery (FESS) • Gastric Electrical Stimulation • Hepatic Activation Therapy • High Intensity Focused Ultrasound (HIFU) for the Treatment of Prostate Cancer • High Resolution Anoscopy Screening Hip Resurfacing • Hippotherapy • Hyperbaric Oxygen Therapy (Systemic/Topical) • Hyperoxemic Reperfusion Therapy • Hyperthermia for Cancer Therapy • Idiopathic Environmental Illness (IEI) • Imaging Techniques for Screening and Identification of Cervical Cancer • In Vivo Analysis of Colorectal Polyps • Inhaled Nitric Oxide for the Treatment of Respiratory Failure • Intervertebral Stabilization Devices • Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET]) • Intraocular Anterior Segment Aqueous Drainage Devices • Keratoprosthesis • Laparoscopic and Percutaneous MRI-Image Guided Techniques for Myolysis as a Treatment of Uterine Fibroids • Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Surgeries/Procedures <i>(continued)</i>	<ul style="list-style-type: none"> • Low-Frequency Ultrasound Therapy for Wound Management • Lung Volume Reduction Surgery • Lysis of Epidural Adhesions • Mandibular/Maxillary (Orthognathic) Surgery • Manipulation Under Anesthesia of the Spine and Joints other than the Knee • Mastectomy for Gynecomastia • Maze Procedure • Mechanical Embolectomy for Treatment of Acute Stroke • Mechanized Spinal Distraction Therapy for Low Back Pain • Melanoma Vaccines • Microvolt T-Wave Alternans • MRI Guided High Intensity Focused Ultrasound Ablation of Uterine Fibroids • Nasal Surgery for the Treatment of Obstructive Sleep Apnea • Nasal Valve Suspension • Nerve Graft after Prostatectomy • Neural Therapy • Non-Invasive Measurement of Left Ventricular End Diastolic Pressure (LVEDP) in the Outpatient Setting • Occipital Nerve Stimulation • Open Treatment of Rib Fractures Requiring Internal Fixation • Ophthalmologic Techniques for Evaluating Glaucoma • Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome • Panniculectomy and Abdominoplasty • Partial Left Ventriculectomy • Penile Prosthesis Implantation • Percutaneous and Endoscopic Spinal Surgery • Percutaneous Neurolysis for Chronic Back Pain • Percutaneous Spinal Procedures (Vertebroplasty, Kyphoplasty and Sacroplasty) • Photocoagulation of Macular Drusen • Presbyopia and Astigmatism-Correcting Intraocular Lenses • Prolotherapy for Joint and Ligamentous Conditions • Prostate Saturation Biopsy • Quantitative Muscle Testing Devices • Quantitative Sensory Testing • Radiofrequency Ablation to Treat Tumors Outside the Liver • Radiofrequency and Pulsed Radiofrequency Neurolysis for Trigeminal Neuralgia (TGN) • Real-Time Remote Heart Monitors • Recombinant Human Bone Morphogenetic Protein • Reduction Mammoplasty • Refractive Surgery

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Surgeries/Procedures <i>(continued)</i>	<ul style="list-style-type: none"> • Sacral Nerve Stimulation as a Treatment of Neurogenic Ladder Secondary to Spinal Cord Injury • Rhinophototherapy • Sensory Stimulation for Brain-Injured Patients in Coma or Vegetative State • Septoplasty • Skin Contact Monochromatic Infrared Energy Therapy (MIRE) • Spine surgery • Stereotactic Radiofrequency Pallidotomy • Stereotactic Radiosurgery (SRS) and Stereotactic Body Radiotherapy (SBRT) • Subtalar Arthroereisis • Suprachoroidal Injection of a Pharmacologic Agent • Surgery for Clinically Severe Obesity • Treatments for Benign Prostatic Hyperplasia (BPH) and Other Genitourinary Conditions • Surgical Treatment of Femoroacetabular Impingement Syndrome • Surgical Treatment of Migraine Headaches • Techniques for the Measurement of Body Composition • Technologies for the Evaluation of Skin Lesions • Procedures Related to Temporomandibular Disorders • Total Ankle Replacement • Transanal Endoscopic Microsurgical (TEM) Excision of Rectal Lesions • Transanal Radiofrequency Treatment of Fecal Incontinence • Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation • Transcatheter Closure of Cardiac Defects • Transcatheter Heart Valves • Transcatheter Uterine Artery Embolization • Transciliary Fistulization for the Treatment of Glaucoma • Transendoscopic Therapy for Gastroesophageal Reflux Disease • Transmyocardial Revascularization • Treatment for Obstructive Sleep Apnea in Adults • Treatment of Hyperhidrosis • Treatment of Osteochondral Defects of the Knee and Ankle • Treatment of Varicose Veins (Lower Extremities) • Treatments for Urinary Incontinence and Urinary Retention • Ultraviolet Light, Including Laser Therapy, for the Treatment of Skin Disorders • Unicondylar Interpositional Spacer • Vagus Nerve Stimulation • Vertebral Body Stapling for the Treatment of Scoliosis • Wearable Cardioverter Defibrillators

Service/Request	Is Prior Authorization (PA) required for in-network providers?
Surgeries/Procedures <i>(continued)</i>	<ul style="list-style-type: none"> • Wireless Capsule for the Evaluation of Suspected Gastric and Intestinal Motility Disorders <p>Surgeries/procedures that are for cosmetic purposes or considered investigational are not covered services. 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 .
Vision Services	Contact MARCH Vision Care, Inc. at 1-888-493-4070 for vision benefits and confirm PA requirements.

The services below DO NOT require prior authorization 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
- 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