

Preauthorization Requirements

Effective 01/01/2020

(Medicare)



EFFECTIVE DATE	APPROVED BY
01/01/2020	MPC (Medical Policy Committee)

Overview

This list contains notification/preauthorization review requirements for inpatient and outpatient services. Updates to this list will be communicated through provider newsletters.

Note: Some of the services listed below may be benefit exclusions for some of our ConnectiCare Plans. Please verify member eligibility and benefits.

To provide notification/request preauthorization, please submit your question via phone or fax:

Medical Operations

Phone: 1-800-562-6833

Fax: 1-860-674-5893; toll free 1-800-923-2882 fax forms are available at:

<https://www.connecticare.com/provider/commercial/onlineforms.aspx>

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Notification/prior authorization is not required for emergency or urgent care.

Preauthorization Category:	CPT Code:
Admissions require preauthorization: <ul style="list-style-type: none"> Hospital admissions that are elective or not the result of an emergency, including Behavioral Health Services. Rehabilitation facility admissions Skilled nursing facility admissions Sub-acute care admissions 	
ADVANCED RADIOLOGY <i>Preauthorization is required for advanced outpatient imaging procedures:</i> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine (including radiation therapy) and nuclear cardiology procedures <i>The ordering physician must seek preauthorization of these radiological procedures please contact NIA/Magellan at 1-877-607-2363 or at http://www1.radmd.com/radmd-home.aspx</i>	33206, 33207, 33208, 33212, 33213, 33221, 33224, 33225, 33230, 33231, 33240, 33249, 70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71250, 71260, 71270, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76380, 76390, 76497, 76498, 77046, 77047, 77048, 77049, 77084, 77422, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93320, 93321, 93325, 93350, 93351, 93352, 93452, 93453, 93454, 93455, 93456, 93457,

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	93458, 93459, 93460, 93461, 93462, 93463, 93464, 93565, 93566, 93567, 93568, C1821, G0235, G0252, G0297, S8037, S8037, S8092
AMBULANCE/MEDICAL TRANSPORTATION	All non-emergency transportation requires prior authorization.
ARTHROPLASTY/ARTHROSCOPY	23470, 23472, 24360, 24361, 24362, 24363, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27445, 27446, 27447, 27486, 27487, 29914, 29915, 29916
BONE GROWTH	20974, 20975, 20979
BREAST RECONSTRUCTION <i>Preauthorization is required for all diagnosis codes except for the following: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1</i>	11920, 11921, 11922, 19303, 19304, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396
CARTILAGE IMPLANTS	27412, 29866, 29867, 29868
CLINICAL TRIALS	Notification and Patient consent form required
COCHLEAR & OTHER AUDITORY IMPLANTS	69714, 69715, 69718, 69930
COSMETIC & RECONSTRUCTIVE SURGERY	11960, 11971, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15830, 15847, 17106, 17107, 17108, 17999, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21230, 21235, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21740, 21742, 21743, 28344, 30540, 30545, 30560, 30620, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67912, 67950, 67961, 67966
DURABLE MEDICAL EQUIPMENT, ORTHOTICS AND PROSTHETICS <ul style="list-style-type: none"> · Services for 90 days following an acute hospital admission would be handled by CareCentrix: Call 844-359-5388 · Services greater than 90 days would be handled by ConnectiCare: Call 1-800-508-6157 option 6. 	A7025, A7026, E0194, E0277, E0300, E0302, E0304, E0328, E0329, E0466, E0470, E0471, E0483, E0486, E0601, E0620, E0651, E0652, E0655, E0656, E0666, E0667, E0668, E0669, E0673, E0675, E0676, E0745, E0747, E0748, E0749, E0760, E0764, E0766, E0770, E0784, E0984, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E1012, E1016, E1018, E1028, E1236, E1238, E1399, E1802, E1805, E1825, E1830, E1840, E2300, E2310, E2311, E2313, E2321, E2370, E2373, E2374, E2377, E2378, E2402, E2502, E2504, E2506,

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	E2508, E2510, E2511, E2512, E2599, E2609, E2612, E2617, K0005, K0008, K0012, K0013, K0014, K0606, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0822, K0823, K0825, K0835, K0836, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, L0112, L0220, L0462, L0464, L0480, L0482, L0484, L0486, L0636, L0637, L0638, L0639, L0650, L0651, L0700, L0710, L0810, L0820, L0830, L0859, L1000, L1005, L1200, L1300, L1640, L1680, L1685, L1690, L1700, L1710, L1720, L1730, L1755, L1844, L1846, L2005, L2020, L2034, L2036, L2037, L2038, L2126, L2128, L2136, L2330, L2525, L2627, L2628, L3251, L3253, L3485, L3765, L3766, L3900, L3901, L3904, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4000, L4631, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5639, L5643, L5649, L5651, L5681, L5683, L5700, L5701, L5702, L5703, L5707, L5724, L5726, L5728, L5780, L5781, L5782, L5795, L5814, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856, L5857, L5858, L5859, L5930, L5960, L5961, L5966, L5968, L5973, L5979, L5980, L5981, L5987, L5988, L5990, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6624, L6638, L6646, L6648, L6693, L6696, L6697, L6707, L6709, L6712, L6713, L6714, L6715, L6721, L6722, L6880, L6881, L6882, L6883, L6884, L6885, L6900, L6905, L6910, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7499, L8035, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8049, L8609, L8614, L8619, L8627, L8628, L8631, L8659, L8679, L8681, L8682, L8683, L8689, L8690, L8691, L8693, S1040, V2629
<p>GENDER DYSPHORIA TREATMENT <i>Requires a PA for all sites of service if submitted with these diagnosis codes ONLY: F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890</i> Preauthorization is required for all Diagnosis codes with procedures 55970 and 55980</p>	14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15775, 15776, 20926, 21899, 53410, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54408, 54520, 54660, 54690, 55175, 55180, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57291, 57292, 57295, 57296, 57335, 57426, 58262, 58290, 58291, 58292, 58661, 58720, 58940, 64856, 64892, 64896
<p>GENETIC TESTING The ordering physician must seek preauthorization of genetic testing procedures</p>	81162, 81163, 81164, 81165, 81166, 81167, 81173, 81174, 81185, 81186, 81189, 81190, 81201, 81202, 81203, 81212, 81215, 81216, 81217, 81225, 81226, 81227, 81230, 81231, 81232, 81238, 81248, 81249, 81252, 81253, 81257, 81258,

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by calling 888-835-2042 or going online at https://www.evicore.com/	81259, 81269, 81277, 81283, 81286, 81289, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81302, 81303, 81304, 81306, 81307, 81308, 81313, 81317, 81318, 81319, 81321, 81322, 81323, 81325, 81326, 81327, 81328, 81335, 81336, 81337, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81518, 81519, 81520, 81521, 81522, 81525, 81528, 81535, 81536, 81538, 81539, 81540, 81541, 81542, 81545, 81551, 81552, 81595, 81596, 81599, 84999, 0001U, 0002M, 0003M, 0004M, 0005U, 0006M, 0007M, 0011M, 0012M, 0012U, 0013M, 0013U, 0014U, 0018U, 0019U, 0022U, 0026U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0036U, 0037U, 0045U, 0047U, 0048U, 0050U, 0053U, 0055U, 0056U, 0057U, 0060U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0081U, 0084U, 0086U, 0087U, 0088U, 0089U, 0090U, 0094U, 0096U, 0097U, 0098U, 0099U, 0100U, 0101U, 0102U, 0103U, 0104U, 0111U, 0113U, 0114U, 0118U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0139U, 0140U, 0141U, 0142U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U, 0151U, 0152U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, G9143, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3850, S3852, S3854, S3861, S3865, S3866
HEMOCARE Home Health Care <ul style="list-style-type: none"> Initial Contact: 1-800-508-6157 option 6 Additional services already in place- fax 860-678-5291 Please note* <ul style="list-style-type: none"> Services for 90 days following an acute hospital admission would be handled by CareCentrix: Call 1-844-359-5388 Services greater than 90 days would be handled by ConnectiCare: Call 1-800-508-6157 option 6. 	All services in the place of service of home require prior authorization including, but not limited to: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99510, 99511, 99512, 99600, 99601, 99602
HYSTERECTOMY	58150, 58152, 58180, 58260, 58263, 58267, 58270, 58275, 58280, 58293, 58294, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573

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<p>MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES</p> <p><i>Preauthorization is done through OptumHealth Behavioral Solutions (OHBS): Call 1-800-349-5365</i></p>	<p>All behavioral health services, including but not limited to:</p> <ul style="list-style-type: none"> · Applied Behavioral Analysis (ABA) for the treatment of Autism Spectrum Disorder (ASD) (if a covered benefit) · Extended outpatient behavioral health treatment visits beyond 45 – 50 minutes in duration with or without medication management · Outpatient Electro-Convulsive Treatment (ECT) · Outpatient behavioral health treatment provided in a member's home · Outpatient treatment of opioid dependence · Psychological and neuropsychological testing (see Psychological Testing and Neuropsychological Testing Policy for exceptions) · Psychological testing over 4 hours · Inpatient and outpatient services · Partial hospitalizations · Intensive outpatient services · Residential treatment facility programs · Vagus nerve stimulation for the treatment of depression
<p>NEUROPSYCHOLOGICAL TESTING</p> <p><i>Preauthorization is done through OptumHealth Behavioral Solutions (OHBS): Call 1-800-349-5365</i></p>	<p>96105</p>
<p>ORTHOGNATHIC SURGERY</p>	<p>21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21210, 21215, 21240, 21242, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21299</p>
<p>OUT-OF-PLAN SERVICES</p>	<p>All out-of-plan services (non-emergency)</p>
<p>POTENTIONALLY UNPROVEN SERVICES</p>	<p>28890, 36514, 61850, 61863, 61864, 61867, 61868, 61886, 64405, 64555, 64722, 64744, 66180, 95965, 95966</p>
<p>PULMONARY REHABILITATION</p>	<p>G0237, G0238, G0239, G0424</p>
<p>RADIATION ONCOLOGY</p> <p><i>NIA/Magellan provides UM for our Radiation Oncology Program. Please contact NIA by phone at 1-877-607-2363 or online at https://www1.radmd.com/radmd-home.aspx</i></p>	<p>77371, 77372, 77373, 77385, 77386, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77520, 77522, 77523, 77525, 77600, 77605, 77610, 77615, 77620, 77761, 77762, 77763, 77767, 77768, 77789, 77799, 77770, 77771, 77772, 77778, 0394T, 0395T, C2616, G0339, G6015, G0340, G6016, G6003, G6004, G6006, G6007, G6008, G6009, G6010, G6005, G6011, G6012, G6013, G6014</p>
<p>RHINOPLASTY</p>	<p>30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465</p>
<p>SINUPLASTY</p>	<p>31295, 31296, 31297, 31298</p>
<p>SLEEP APNEA PROCEDURES & SURGERIES</p>	<p>41512, 41530, 41599, 42145, 21685</p>
<p>SLEEP STUDIES</p>	<p>95782, 95783, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811, G0398, G0399, G0400</p>

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SPINAL SURGERY/MSK/PAIN MANAGEMENT <i>NIA/Magellan provides UM for our Musculoskeletal Program. please contact NIA at 1-877-607-2363 or at https://www1.radmd.com/radmd-home.aspx</i>	22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22526, 22527, 22532, 22533, 22548, 22551, 22552, 22554, 22556, 22558, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 22867, 22869, 27096, 27279, 27280, 62263, 62264, 62287, 62320, 62321, 62322, 62323, 62350, 62351, 62355, 62360, 62361, 62362, 62380, 63001, 63003, 63005, 63012, 63015, 63012, 63017, 63020, 63030, 63035, 63040, 63042, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 64479, 64483, 64490, 64492, 64493, 64494, 64633, 64635, 0095T, 0098T, 0164T, 0213T, 0215T, 0217T, 0219T, 0221T, 0228T, 0230T, 0274T, G0260, M0076 *Please note 22526, 66287, 0202T, 0219T, 0220T, 0222T, 0274T, 0275T, 0375T are not covered.
TRANSPLANT SERVICES	32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945, 38206, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38232, 38240, 38241, 38242, 38999, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48551, 48552, 48554, 50300, 50320, 50323, 50325, 50340, 50360, 50365, 50370, 50380, 50547
VAGUS NERVE STIMULATION	61885, 64568
VEIN PROCEDURES	36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37780
VENTRICULAR ASSIST DEVICES (VAD)	33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983

Revision history

DATE	REVISION
10/2019	• Policy Created