

ConnectiCare, Inc. & Affiliates

I. Pre-authorization Requirements

The following two pages include a complete listing of services and procedures that require pre-authorization under our ConnectiCare of New York, Inc. products.

Note: The listing of services and procedures that require pre-authorization is subject to change. ConnectiCare will notify you, in advance, of such changes.

Services & Procedures Requiring Pre-authorization

Admissions:

- Behavioral health admissions, please call 1-800-349-5365 (for some self-funded plans this may vary)
- Hospital admissions (elective/non-emergency)
- Rehabilitation admissions
- Skilled nursing facility admissions
- Sub-acute admissions

Ambulance:

- Land or air ambulance/medical transport that is not due to an emergency

Behavioral Health Services:

- Behavioral health services, including neuropsychological testing, must be authorized through the Behavioral Health Program at 1-800-349-5365 (for some self-funded plans this may vary)

Durable Medical Equipment:

- Customized wheelchairs - multiple codes
- Insulin pumps - E7081, E0784
- Osteogenic stimulators (spinal, non-spinal and ultrasound) - E0748, E0749, E0760
- Wound vacs - E2402

Elective Services or Procedures:

- Cancer clinical trials
- Cardiac monitoring with Mobile Cardiac Outpatient Telemetry
- Chondrocyte implantation, osteochondral allograft (knee graft procedure) – CPT 27412, 27415, 29866, 29867, 29868
- Corneal Pachymetry, Repeat Testing only (testing beyond the once/lifetime benefit)
- Craniofacial treatment
- Dental anesthesia/procedures
- Gastric bypass surgery/bariatric surgery, if covered – CPT 43644, 43645, 43770-43774, 43842, 43843, 43845, 43846, 43847, 43848, 43886-43888
- Genetic Testing, except for routine chromosomal analysis, DNA testing for cystic fibrosis, and fluorescent in situ hybridization for the diagnosis of lymphoma or leukemia
- Infertility Services - Multiple CPT codes
- Mammoplasty - CPT 19316, 19318, 19324-25, 19140
- Obstructive sleep apnea surgery (e.g., UPPP, hyoid myotomy and suspension, mandibular osteotomy, mandibular-maxillary osteotomy, advancement, and tracheostomy) – CPT 21198, 21199, 21685, 42145 (31600 only if to treat OSA)
- Oncotype DX breast cancer test
- Orthognathic surgery (if covered) - CPT 21141-21296
- Radiopharmaceuticals

Emergency services are not subject to pre-authorization.

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- Reconstructive surgery
- Septoplasty, except when requested by an ear, nose and throat specialist - CPT 30420, 30520, 30620
- Stereotactic radiosurgery (e.g., gamma knife, cyber knife) - CPT 61793
- TMJ surgery (if covered) - CPT 21010, 21050-21070, 21240-21243
- Transplant services, except corneal (10 days prior to services being rendered)
- Varicose vein surgery

Home Health Care:

- Home-based health care services - to request a continuation of authorization for home health care or IV therapy complete the online form for Continuation of Authorization for IV Therapy.

Injectable Drugs & Nutritional Supplements:

- Injections of Botulinum Toxin, Enbrel, Herceptin, IVIG, Prolastin, Remicade, Hyaluronic Acid, and Synagis
- Nutritional supplements and food products, including modified food products for inherited metabolic diseases and specialized formulas

Out-of-Plan Services:

- All out-of-plan services (non-emergency), excluding Point-of-Service plans

Outpatient Rehabilitative Services:

- Delayed milestones - 783.42
- Developmental delays - 315 - 315.9
- Lack of coordination - 781.3
- Lispings - 307.9
- Stammering and stuttering - 307.0
- Temporomandibular joint disorder (TMJ) - 524.6
- TMJ disorders NOS - 524.60
- Other specific TMJ disorders - 524.69

For members covered under ConnectiCare, Inc. fax to (860) 674-5893 or 1-800-923-2882.

Radiological Services (except for inpatient or emergency services, or when such radiological services are done in conjunction with a biopsy or other surgical procedure):

- Bone Mineral Density exams ordered more frequently than every 23 months
- CT scans (all diagnostic exams)
- MRI/MRA (all examinations)
- Nuclear Cardiology
- PET scans
- Stress Echocardiograms (CPT code 93350)
- Virtual colonoscopy for diagnostic purposes only, as determined by medical necessity criteria (CPT code 0067T)

The ordering physician must seek pre-authorization of these radiological procedures by calling 1-877-607-2363.

Note: Services, supplies or drugs that are considered to be experimental or investigational will not be considered a covered benefit.

Individual Plans: Services & Procedures Requiring Pre-authorization

Admissions:

- Behavioral health admissions, please call 1-800-349-5365
- Hospital admissions (elective/non-emergency)
- Rehabilitation admissions
- Skilled nursing facility admissions
- Sub-acute admissions

DME (listed HCPCS codes only):

- Ultraviolet cabinet - E0690
- Osteogenic stimulator not spinal - E0747 - E0749
- Osteogenic ultrasound stimulator - E0760
- External ambulatory infusion pump insulin - E0784
- Wheelchair special size/construction - E1220
- Power operated vehicle - E1230
- Ultra-light weight chair - K0005

Elective Services or Procedures:

- Gamma knife (stereotactic radiosurgery) - CPT 61793
- Mammoplasty - CPT 19316, 19318, 19324-25
- Orthognathic surgery (if covered) - CPT 21141-21206
- Reconstructive surgery - Multiple CPT codes
- Septoplasty - CPT 30420, 30520, 30620
- TMJ surgery(if covered) - CPT 21010, 21050-21070, 21240-21243
- Transplants services, except corneal (pre-authorization required ten (10) days prior to services) - Multiple CPT codes
- Obstructive sleep apnea surgery (e.g., UPPP, hyoid myotomy and suspension, mandibular osteotomy, mandibular-maxillary osteotomy, advancement, and tracheostomy) – CPT 21198, 21199, 21685, 42145 (31600 only if to treat OSA)

Home Health Care:

- Home-based health care services - to request a continuation of authorization for home health care or IV therapy