



CarePartners of Connecticut Prior Authorization and Inpatient Notification List

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Informational Note:

- Plan providers are responsible to obtain prior authorization for durable medical equipment (DME).
- Inpatient acute and skilled nursing facility (SNF) admissions require inpatient notification by the facility through the Precertification Operations Department.
- This list does not include drugs that require prior authorization as part of the CarePartners of Connecticut Pharmacy Management Program. Please refer to the [Provider resource center](#)
- Services for transplants must be rendered at a contracted CarePartners of Connecticut Medicare-approved facility. For additional information, refer to the [CarePartners of Connecticut Medicare Approved Facilities List](#).

The following tables list services and items that require prior authorization or inpatient notification from the Precertification Operations Department via fax at the numbers indicated below.

- TABLE 1** includes services that require inpatient notification via fax at **857.304.6410**.
- TABLE 2** includes certain procedures that require prior authorization via fax at **857.304.6463**.
- TABLE 3** includes DME and prosthetic items that require prior authorization via fax at **857.304.6463**. Refer to the [Medicare Coverage Database](#) to access Medicare guidelines and clinical criteria that may be used in coverage decision making. A referral from the Member's primary care provider is not required for these services. Refer to the [CarePartners of Connecticut Provider Manual](#) for additional guidelines.

Member eligibility and benefit coverage can be verified [electronically](#) on the secure Provider website (available 1/1/19) or by contacting Provider Services at 888.341.1508

If you have questions about a specific procedure, service or item not found on the list, please contact Provider Services.

TABLE 1 – Inpatient Notification

Subject	Codes	Medicare Reference
Acute inpatient (includes acute rehabilitation care)	Acute rehab revenue codes : LTAC Level – 120 Rehab Level 1–128 Rehab Level 2–129	Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services
Skilled nursing facility (SNF)	SNF revenue codes: Level 1A –190 Level 1B – 191 Level 2 –192	Medicare Benefit Policy Manual, Chapter 8 – Coverage of Extended Care (SNF) Services

TABLE 2 – Certain Procedures Requiring Prior Authorization

Subject	CPT/HCPCS Codes	Medicare Reference
Dorsal Column Neurostimulation	63650, 63655, 63663, 63685, 95972	NCD 160.7 National Coverage Determination for Electrical Nerve Stimulators
FoundationOne CDX	0037U	NCD 90.2 National Coverage Determination for Next Generation Sequencing
Hyperbaric Oxygen Therapy	G0277, 99183	NCD 20.29 National Coverage Determination for Hyperbaric Oxygen Therapy

Subject	CPT/HCPS Codes	Medicare Reference
Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea	64568, 0466T, 0467T and 0468T	LCD for Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387)
ThyroSeq	0026U	LCD L35396 Local Coverage Determination Biomarkers for Oncology

TABLE 3 — DME Prior Authorization List

Subject	HCPCS Codes	Medicare Reference
Glucose Monitors	E2102, A4238, E2103, A4239	CMS Noridian LCD for Glucose Monitors (L33822) and Article (A52464)
Functional neuromuscular stimulators	E0764, E0770	CMS NCD for Neuromuscular Electrical Stimulation (NMES) (160.12)
Oral airway appliances for obstructive sleep apnea (OSA)	E0485, E0486	CMS Noridian LCD for Oral Appliances for Obstructive Sleep Apnea (L33611) and Article (A52512)
Pneumatic compression device with calibrated gradient pressure	E0652	CMS NCD for Pneumatic Compression Devices (280.6) CMS Noridian LCD for Pneumatic Compression Devices (L33829) and Article (A52488)
Power mobility devices and accessories Note: Batteries do not require prior authorization and are covered according to Medicare guidelines.	<u>Power Wheelchairs</u> K0010-K0014, K0813-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, K0890-K0891, K0898, E0983, E0984, E0986, E1002-E1010, E1012, E1239, E2310-E2313, E2321-E2331, E2340-E2343, E2351, E2368-E2370, E2373-E2377 <u>Power Operated Vehicles</u> E1230, K0800-K0802, K0806-K0808, K0812, K0899	CMS NCD for Mobility Assistive Equipment (MAE) (280.3) CMS Noridian LCD for Power Mobility Devices (L33789) and Article (A52498) CMS Noridian LCD for Wheelchair Options/Accessories (L33792) and Article (A52504)

Subject	HCPCS Codes	Medicare Reference
Speech generating devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	NCD for Speech Generating Devices (50.1) CMS Noridian LCD for Speech Generating Devices (L33739)
Osteogenesis stimulators	E0748, E0749	NCD for Osteogenic Stimulators (150.2) CMS Noridian LCD for Osteogenesis Stimulators (L33796) and Article (A52469)
Ultraviolet light therapy systems	E0691-E0694	CMS NCD DME: (280.1)
Unlisted procedure codes	A9999, E0676, E1399, K0009, K0108, L0999, L1499, L2999, L3649, L3999, L7499, L5999, L8039, L8048, L8499, L8699, L9900	
Upper limb prostheses	L6000-L7405	Medicare Benefit Policy Manual, Chapter 15-Covered Medical and Other Health Services Social Security Act §1862(a)(1)(A)

DOCUMENT HISTORY

September 12, 2018: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC), for effective date of January 1, 2019.

Subsequent endorsement date(s) and changes made:

- January 1, 2019: AMA CPT® coding update, effective January 1, 2019, the following CPT codes added to Table 2: 0537T, 0538T, 0539T, 0540T; the following HCPCS code added to Table 2: Q2042; the following HCPCS code removed from Table 2 (code deleted): Q2040.
- July 9, 2019: Document reviewed, no changes
- September 15, 2020: Reviewed by IMPAC. PA of FoundationOne, Hyperbaric Oxygen Therapy, Doral Column Neurostimulation and ThyroSeq effective 1/1/21.
- December 16, 2020: Reviewed by IMPAC. Removal of CMS NGS LCD for Drugs and Biologicals, Coverage of for Label and Off-Label (L33394) from Modified T-Cell Therapies Section.
- April 1, 2021: Coding update to Table 1, Modified T-Cell Therapies, Per AMA CPT®, effective April 1, 2021 the following code(s) added: Q2053
- July 21, 2021: Reviewed by IMPAC. Removal of link to Modified T-Cell Therapies MNG. Added link to National Coverage Determination (NCD) for Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24), effective July 23, 2021. Addition of codes C9076 and J9999.
- October 20, 2021: Reviewed by IMPAC. Addition of HGNS for OSA to Table 2, effective January 1, 2022.
- March 16, 2022: Reviewed by MPAC. Removal of SNF Part B language on Table 1, Skilled Nursing Facility.
- June 30, 2022, AMA CPT® coding update. Quarterly Code update removal of C9076, replaced by Q2054, addition of C9098 to be effective July 1, 2022.
- July 20, 2022, Reviewed by MPAC. Addition of codes E2102 and A4238 to Glucose Monitors on Table 3.
- August 22, 2022, Reviewed and approved by MPAC. Removal of Modified T-Cell Therapies in Section 2.
- January 1, 2023-AMA CPT and HCPCS quarterly coding update. Removal of end dated codes K0553 and K0554, replaced with new codes E2103 and A4239 to be effective January 1, 2023.
- August 30, 2023: Revision to Informational Notes-Addition of link to Provider Resource Center for Pharmacy Management Program