



PRIOR AUTHORIZATION REQUIREMENT

For PACE (Program of All-inclusive Care for the Elderly), Family Care Partnership and Family Care Program

Text in Red Revisions for 1/1/2024

Prior Authorization (PA): The following PA requirements, unless indicated, for services, procedures or durable medical equipment /supplies (DME/DMS) are applicable under each specific Community Care, Inc. (CCI) program. All services, whether PA is required or not are subject to CCI member eligibility, benefit coverage and medical necessity. Please note the additional PA requirements in the benefit note section of the individual section. When an authorization is needed, it will come from CCI's Interdisciplinary Team Staff (**IDT Staff**) assigned to that member or from the Utilization Management Department when only indicated. The presence of a code does not guarantee coverage. Prior authorization is not a guarantee of payment for services. CCI will not retro-authorize any service rendered prior to the determination of prior authorization. Benefits are available as long as the Member is eligible at the time service is provided.

This general prior authorization list is not a comprehensive benefit list, therefore if there are any questions please contact us below.

Authorization: Some acute/inpatient services require authorization for payment. However, the authorization may occur after the admission has occurred.

Notification: Some services may require notification for payment but no authorization is need.

Out-of-Network: All non-network providers require prior authorization. All referrals for second and third opinions as well as out-of-state providers require prior authorization.

Coordination of Benefits (COB): Coordination of Benefits (COB) will apply for all programs. Review your contract to determine the maximum amount of payment you will receive. In regards to Family Care, Community Care, Inc. will no longer require prior authorization for services where Medicare or other non-Medicaid insurance providers are the primary insurer and Family Care is responsible only for deductibles, coinsurance or cost shares (DHS 107.02). This includes most DME, therapy, mental health services, and Medicare SNF Part A stays where Family Care acts as the beneficiary's Medicaid replacement plan. NOTE: If Medicare or other primary insurance does not cover a service and you are seeking primary coverage from CCI, all prior authorization requirements apply.

Please note: Under no circumstances are you able to seek payment from the member or the member's family for the cost of services exceeding the total amount(s) authorized by Community Care, Inc.

Provider Hotline

Toll Free: 1-866-937-2783 Milwaukee: 1-414-902-2375

Monday - Friday

8:00 AM to 4:30 PM (Central Time)

Contact our Claims Department regarding eligibility under option number 1

Contact our Provider Management Department under option number 2

Contact Care Team first (Option number 3), then by regional office phone number (provider handbook)

Leave a detailed message and your call will be returned within two (2) business days

Below is a list of covered and non-covered services and whether prior authorization is required for all in-network providers. Please see "Benefit Notes" for additional information regarding coverage or authorization.

Prior Authorization and Authorization Requirements Table of Contents:

[Inpatient Services](#)

[Outpatient Services](#)

[Home and Community Based Waiver and Long-Term Care Services](#)

Control and Click on the link above will take you directly to that section in this document and clicking on the hyperlinks will take you to prior authorization additional notes or forms.

INPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Acute Rehabilitation Facility	Yes†	Yes†	Not covered	† PACE and Partnership: Notification, Post-Acute Facility PA and Continued Stay forms are required from the Utilization Management Department.
Bariatric Surgery	Yes†	Yes†	Not covered	† PACE and Partnership: Notification, Bariatric and Transplant Surgery PA required from the Utilization Management Department. Note , Bariatric Pre-Surgery Notification and PA required from CCI's Interdisciplinary Team Staff (IDT Staff).
Hospice Facility	See Comments†	No-Dual # Yes-Medicaid Only #	Not covered*	<p>†PACE: End-of-life services provided through PACE IDT Staff. A member who elects their Medicare hospice benefit must <u>dis-enroll</u> entirely from the PACE program. They will lose their Medicaid coverage with CCI immediately meaning any of the long-term care services such as their residential living situation will end at the time of the hospice election.</p> <p>#Partnership/Dual: A dually eligible member who elects their Medicare hospice benefit may continue to be enrolled in Partnership however all Medicare covered services are provided by the hospice agency or Medicare Part B when not related to the terminal diagnosis. CCI is only responsible for the Medicaid portion of the Part B service (co-pay) or any service not covered under Medicare such as residential services.</p> <p>#Medicaid only Partnership: A member has the option to elect their Medicaid hospice benefit which CCI is responsible for coordinating with and payment to the Medicaid hospice agency. Notification, Hospice PA Medicaid Only Form required from the Utilization Management Department.</p> <p>*Family Care: A dual eligible member can elect their Medicare hospice benefit and a Medicaid only member can elect their Medicaid hospice without affecting their long-term care services under the Family Care program.</p>

INPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Hospital - Inpatient	Yes†	Yes†	Not covered	† PACE and Partnership: Notification and authorization required from the Utilization Management Department.
Long-term Acute Care Hospital (LTCH)	Yes†	Yes†	Not covered	† PACE and Partnership: Notification, Post-Acute Facility PA and Continued Stay forms are required from the Utilization Management Department.
Mental Health & Substance Use Disorder (SUD) Facility Inpatient	Yes†	Yes†	Not covered	† PACE and Partnership: Notification and PA required from CCI's Interdisciplinary Team Staff (IDT Staff).
Mental Health & Residential SUD Treatment	Yes†	Not covered†	Not covered†	† PACE: The RSUD service remains a part of the PACE program and PA is required from the IDT Staff. † Partnership and Family Care: Effective 2/1/2021 This RSUD benefit is a Medicaid Carve-Out. The reimbursement for HCPC H0018 s/b submitted to State Medicaid and will be paid under the member's Medicaid ForwardHealth card on a fee-for-service basis. Please follow requirements in the ForwardHealth December No. 2020-42 brochure https://www.forwardhealth.wi.gov/kw/pdf/2020-42.pdf
Non-Emergent Surgeries and Procedures	Yes†	Yes†	Not covered	† PACE and Partnership: Notification and PA required from CCI's Interdisciplinary Team Staff (IDT Staff). Note , Bariatric and Transplant Surgeries and procedures need PA from the Utilization Management Department.
Observation Stay in the Hospital	Yes†	Yes†	Not covered	† PACE and Partnership: Notification and authorization required from the Utilization Management Department.
Psychiatry Services Inpatient	Yes†	Yes†	Not covered	† PACE and Partnership: Notification and authorization required from the Utilization Management Department.

INPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Skilled Nursing Facility – Sub-Acute Medicare Stays	Yes†	Yes†	No* (see Home and Community Based Waiver and Long-Term Care Services section below)	<p>†PACE and Partnership: Notification, Post-Acute Facility PA and Continued Stay forms are required from the Utilization Management Department for Part A authorization beginning October 1, 2019. All other outpatient services and POS 31/32 will require an authorization from the IDT Staff of the member not Utilization Management Department.</p> <p>*Family Care: “PA is ONLY required when Family Care is the primary insurance. When Medicare or other insurance is primary, an authorization is not needed.”</p>
Transplant Surgery	Yes†	Yes†	Not Covered	<p>†PACE and Partnership: Notification, Transplant Surgery PA required from the Utilization Management Department.</p>

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Acupuncture	Yes	Yes	Not Covered *	*Family Care: Only authorized as an in-lieu of service.
Allergy-Immunology	Yes	Yes	Not Covered	
Ambulance – Emergency Transport	No	No	Not Covered	
Ambulance – Non-Emergency	Yes	Yes	Yes	
Audiology	Yes	Yes	Not Covered	
Bariatric Services - (pre-surgery)	Yes†	Yes†	Not covered	†PACE and Partnership: Notification and PA required from CCI's Interdisciplinary Team Staff (IDT Staff).
Botulinum Toxin Treatments (cosmetic not covered)	Yes†	Yes†	Not Covered	†PACE and Partnership: Medical necessity only for Physician Administered Medications PA Drugs HCPC codes (only the following); J0585 – Onabotulinumtoxin A (Botox), J0586 – AbobotulinumtoxinA (Dysport), J0587 – RimabotulinumtoxinB (Myobloc) and J0588 – IncobotulinumtoxinA (Xeomin). Is required from the Utilization Management Department. †Partnership T19 ONLY: Partnership Medicaid only members should have their drugs paid for by Medicaid. The Medicaid drug benefit has been carved out of the state benefit. These members have a new formulary and may have a copay for medications. See Drug Carve-out Section
Cardiac Rehabilitation	No†	No†	Yes*	†PACE and Partnership: No authorization is required for the initial 36 sessions in one year. A PA is required from the IDT Staff beyond this initial treatment. *Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.”

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Chiropractic Services	Yes	Yes	Not Covered*	*Family Care: Only authorized as an in-lieu of service.
Continuous Glucose Monitoring System (CGMS)	Yes	Yes	Yes*	*Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.”
Cosmetic Procedures	Not Covered	Not Covered	Not Covered	
Dental - Annual Exam, Fluoride, X-ray, and Bi-Annual Cleanings	No†	No†	Not Covered	†PACE and Partnership: PACE and Partnership: No authorization needed for <u>Bi-Annual Cleanings</u> ; D1110, <u>Bi-Annual Fluoride</u> ; D1206 and D1208, <u>Bi-Annual Exams</u> ; D0120, D0140, (D0150 new patient once every 3 years) or <u>Bi-Annual X-Rays</u> ; D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274, D0277, D0330 and (D0210 once every 3 years).
Dental - All other procedures	Yes	Yes	Not Covered	
Dermatology	Yes	Yes	Not Covered	
Diabetes Services - Diabetic shoes and foot orthotics	No†	No†	Yes*	†PACE and Partnership: Community Care follows Medicare guidelines for coverage. PA required after initial set of therapeutic custom-molded or depth shoes and attached orthotics and 3 sets of inserts per calendar year along with Diabetic Diagnosis. Diabetic Shoes; A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510 & (A9270 misc. for repair) Inserts; A5512, A5513, A5514 & K0903. *Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.”

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Dialysis (ESRD)	No	No	Not Covered	
Dietary Counseling - Medical Nutritional Therapy	No†	No†	Not Covered	† PACE and Partnership: No authorization required if following Medicare preventative benefit, all other services outside of this benefit and provided by a registered dietitian or nutrition professional will require an authorization.
Durable Medical Equipment (DME)	Yes	Yes	Yes*	* Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.” Prosthetic’s and hearing aids are not included. There are some items only authorized if it is an in-lieu of Service.
Disposal Medical Supplies (DMS)	Yes	Yes	Yes*	* Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.” There are some items only authorized if it is an in-lieu of Service.
Drug Carve-Out	No	Yes†	Not Covered	† Partnership T19 ONLY: Partnership Medicaid only members should have their drugs paid for by the State Medicaid program. The IDT Staff will not provide a PA for these drugs administered in an outpatient setting. The Medicaid drug benefit is “carved-out” of the T19 only Partnership benefit. These members have a new formulary and may have a copay for medications. https://www.forwardhealth.wi.gov/WIPortal/content/Provider/Medicaid/physician/physician_administered_drugs.htm.spage

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Emergency Care	No†	No†	Not Covered	† PACE and Partnership: Notification to IDT Staff is necessary.
Enteral and Nutritional Supplies	Yes	Yes	Yes*	* Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.” In all settings except for inpatient hospital.
Experimental Procedures	Not Covered	Not Covered	Not Covered	
Glucometers - Test Strips and Lancets	Yes	Yes	Yes*	* Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.”
Hearing Aids - Replacements/Accessories/Batteries	Yes	Yes	Not Covered	
Home Health	Yes†	Yes†	Yes*	† PACE and Partnership: Provider should contact Community Care as soon as treatment begins to coordinate care with the IDT Staff. * Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.”

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Home Health Private Duty Nursing	Yes	Yes	Yes	
Hospice/End-of-Life Services	See Comments†	No-Dual# Yes-Medicaid Only#	Not covered*	<p>†PACE: End-of-life services are provided through the PACE IDT Staff. A member who elects their Medicare hospice benefit must dis-enroll entirely from the PACE program. They will lose their Medicaid coverage with CCI immediately meaning any of the long-term care services such as their residential living situation will end at the time of the hospice election.</p> <p>#Partnership/Dual: A dually eligible member who elects their Medicare hospice benefit may continue to be enrolled in Partnership however all Medicare covered services are provided by the hospice agency or Medicare Part B when not related to the terminal diagnosis. CCI is only responsible for the Medicaid portion of the Part B services (co-pay) or any services not covered under Medicare such as residential service.</p> <p>#Medicaid only Partnership: Have the option to elect their Medicaid hospice benefit which CCI is responsible for coordination with and payment to the Medicaid hospice agency. Notification, Hospice PA Form Medicaid ONLY is required from the Utilization Management Department.</p> <p>*Family Care: Dual eligible members can elect their Medicare hospice benefit without affecting their long-term care services under the Family Care program.</p>

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Immunizations	No†	No†	Not Covered	† PACE and Partnership: Immunizations recommended by Medicare/Medicaid and the USPHS task force do NOT require prior authorization. B Immunizations - Recommended by Medicare/Medicaid and the USPHS task force; Influenza (flu) shots, Tetanus/Diphtheria (TD), Tuberculosis (PPD) Screening, Hepatitis A and B, Measles, Mumps & Rubella, Varicella and Pneumococcal (pneumonia).
Incontinence Products	Yes	Yes	Yes	
Laboratory	No†	No†	Not Covered	† PACE and Partnership: PA required from the Utilization Management Department for Genetic Testing and Molecular Pathology for the following codes; 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81200, 81201, 81202, 81203, 81204, 81205, 81206, 81207, 81208, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81238, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81278, 81279, 81280, 81281, 81282, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81340, 81341, 81342, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81419, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81445 cont.

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Laboratory cont.				Continued; 81448, 81449, 81450, 81451, 81455, 81456, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81506, 81507, 81508, 81509, 81510, 81511, 81512, 81513, 81514, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81528, 81529, 81535, 81536, 81538, 81539, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81595, 81596, 81599, 88120, G0452, 0004M, 0006M, 0007M, 0011M, 0012M, 0013M, 0016M, 0001U, 0005U, 0007U, 0008U, 0009U, 0010U, 0016U, 0017U, 0018U, 0019U, 0022U, 0023U, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0036U, 0037U, 0040U, 0045U, 0047U, 0048U, 0049U, 0050U, 0053U, 0055U, 0060U, 0068U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0084U, 0086U, 0087U, 0089U, 0090U, 0094U, 0096U, 0101U, 0102U, 0103U, 0105U, 0109U, 0111U, 0112U, 0113U, 0114U, 0118U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0140U, 0141U, 0142U, 0152U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 9183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0203U, 0204U, 0205U, 0209U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0219U, 0221U, 0222U, 0227U, 0229U, 0230U, 0231U, 0232U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0246U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0282U, 0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U, 0300U, 0301U, 0302U, 0313U, 0314U, 0315U, 0332U, 0333U, 0335U, 0336U, 0340U and 0341U.
Medications Over-the-Counter	No†	No†	Yes*	<p>†PACE and Partnership: For additional information: https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/Medicaid/pharmacy/data_tables/archives.htm.spage</p> <p>*Family Care: PA from IDT Staff.</p>

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Mental Health & Substance Use Disorder (SUD): Outpatient Neuropsychological and Psychological testing	Yes†	Yes†	Yes*	<p>†PACE and Partnership: The provider should contact Community Care as soon as treatment begins to coordinate care and a <u>PA</u> required from the IDT Staff. The codes that would require a PA; 90845, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90882, 90901, 90911, 96118 and 96101.</p> <p>*Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.”</p>
Mental Health & SUD: Psychotherapy – outpatient visits including home visits	No†	No†	Yes*	<p>†PACE and Partnership: The provider should contact Community Care (IDT Staff) as soon as treatment begins to coordinate care.</p> <p>*Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.”</p>
Mental Health & SUD: Programs including day treatment, partial hospitalization, and intensive outpatient programs	Yes†	Yes†	Yes*	<p>†PACE and Partnership: The provider should contact Community Care as soon as treatment begins to coordinate care and a <u>PA</u> required from the IDT Staff.</p> <p>*Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.” Except those, provided by a physician or in an inpatient basis.</p>
Mental Health & SUD: Community support program	Yes†	Yes†	Yes*	<p>†PACE and Partnership: The provider should contact Community Care as soon as treatment begins to coordinate care and a <u>PA</u> required from the IDT Staff.</p> <p>*Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.” Except those, provided by a physician or in an inpatient basis.</p>

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Mental Health & Residential SUD Treatment	Yes†	Not covered†	Not covered†	<p>†PACE: The RSUD service remains a part of the PACE program and PA is required from the IDT Staff.</p> <p>†Partnership and Family Care: Effective 2/1/2021 This RSUD benefit is a Medicaid Carve-Out. The reimbursement for HCPC H0018 s/b submitted to State Medicaid and will be paid under the member's Medicaid ForwardHealth card on a fee-for-service basis. Please follow requirements in the ForwardHealth December No. 2020-42 brochure https://www.forwardhealth.wi.gov/kw/pdf/2020-42.pdf</p>
Occupational Therapy	Yes	Yes	Yes*	<p>*Family Care: For items Medicare or other insurance may cover "PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed." In all settings except for inpatient hospital.</p>
Oncology	No†	No†	Not Covered	<p>†PACE and Partnership: See section below under <u>Physician Administered Medications</u> list of drugs that DO require <u>PA</u> from the Utilization Management Department.</p>
Orthotics NOTE: See Diabetes Services: diabetic shoes, foot orthotics	Yes	Yes	Yes*	<p>*Family Care: For items Medicare or other insurance may cover "PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed."</p>
Oxygen and Supplies	Yes	Yes	Yes*	<p>*Family Care: For items Medicare or other insurance may cover "PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed."</p>
Pain Management - Out-Patient Physician Services	Yes	Yes	Not Covered	

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Physician Administered Medications	Yes†	Yes†	Not Covered	<p>†PACE and Partnership: All physician administered medications require prior authorization from the IDT Staff <u>except for only the following codes</u> which require authorization at the Utilization Management Department level and should use this PA form; J0896-luspatercept, J1561-immune globulin, J1745-infliximab, J2350-ocrelizumab, J9022-atezolizumab, J9173-durvalumab, J9228-ipilimumab, J9271-pembrolizumab, J9299-nivolumab, J9305-pemetrexed, J9306-pertuzumab, J9312-rituximab, J9355-trastuzumab.</p> <p>†Partnership T19 ONLY: Partnership Medicaid only members should have their drugs paid for by Medicaid. The Medicaid drug benefit has been carved out of the state benefit. These members have a new formulary and may have a copay for medications. See Drug Carve-out Section</p>
Physical Therapy	Yes	Yes	Yes*	<p>*Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.” In all settings except for inpatient hospital.</p>
Primary Care, Cardiologists, Psychiatrists, Assisted Living and Nursing Home Attendee Services	No†	No†	Not Covered	<p>Primary Care Physicians, Cardiologists and Psychiatrists services DO NOT require prior authorization.</p> <p>All other specialists DO require a PA such as; Acupuncture, Allergy-Immunology, Audiology, Chiropractic, Dermatology, Gastroenterology, Ophthalmology, Optometry, Otolaryngology, Orthopedic, Physical Medicine & Rehabilitation (PM&R), Psychiatry, Reconstructive/Plastic Surgeon and Pain Specialist will require PA from IDT Staff.</p> <p>†PACE and Partnership: Evaluation and Management (E&M) CPT codes and other simple office procedures that take place in a physician’s office POS 11, 19, or 22 DO NOT require PA EXCEPT if provided by a <u>specialist</u> as listed above. Primary care visits in an assisted living facility/nursing home/skilled nursing facility POS 13, 31 and 32 do not require a PA. Procedures done in all other POS (except for POS 11, 19 or 22) DO require a PA. All out-of-network providers DO require prior authorization.</p>

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Physical Medicine & Rehabilitation (Physiatrist)	Yes	Yes	Not Covered	
Plastic Surgery	Yes†	Yes†	Not Covered	† PACE and Partnership: Excludes cosmetic surgery.
Podiatry - Routine Foot & Nail Care	No†	No†	Not Covered	† PACE and Partnership: Community Care follows Medicare guidelines for coverage. Anything other than that would need IDT Staff prior authorization. No authorization is required for routine foot and nail care when using Medicare eligibility (ICD-10-CM codes that support medical necessity (group 1, 2, & 4 codes)) up to six procedures per year, after the sixth a PA is required. ONLY these CPT codes; 11055, 11056, 11057, 11719, 11720, 11721 and HCPC G0127.
Podiatry - Other	Yes	Yes	Not Covered	
Prescription Medications	Yes†	Yes†	Not Covered	† PACE and Partnership: Community Care requires a prior authorization PA for the listed drugs. For additional information see formulary list information - PACE http://communitycareinc.org/home/what-we-do/pace/formulary Partnership http://communitycareinc.org/home/what-we-do/partnership/formulary
Preventative Health	No†	No†	Not Covered	† PACE and Partnership: This includes annual mammograms and other annual tests see additional information at https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html .
Prosthetics	Yes	Yes	Not Covered	

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Psychiatry	No†	No†	Not Covered	† PACE and Partnership: Evaluation and Management (E&M) CPT codes, office visits, medication management for any Place-of-service Do NOT require an authorization.
Pulmonary Rehabilitation	No†	No†	Yes*	† PACE and Partnership: No authorization is required for the initial 36 sessions in one year. A PA is required from the IDT Staff beyond this initial treatment. * Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.”
Radiology	No†	No†	Not Covered	† PACE and Partnership: PA required from the <u>Utilization Management Department</u> for ONLY the PA following codes SPECT/PET Imaging; Updated codes SPECT- 78071, 78072, 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78835 and PET- 78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815 and 78816.
Sleep Study	Yes	Yes	Not Covered	
Speech Therapy	Yes	Yes	Yes*	* Family Care: For items Medicare or other insurance may cover “PA is ONLY required when Family Care is the primary insurance. If Medicare or other insurance is primary an authorization is not needed.” In all settings except for inpatient hospital.

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Supportive Home Care	Yes	Yes	Yes	
Surgery – Procedure in the Office	No†	No†	Not Covered	† PACE and Partnership: No PA required if simple procedure done in the office setting.
Surgery-Procedure other than Office	Yes	Yes	Not Covered	† PACE and Partnership: Notification and PA required from CCI's Interdisciplinary Team Staff (IDT Staff).
Telehealth Services	No†	No†	No*	<p>†PACE and Partnership: Effective March 6, 2020 COVID-19 Health Emergency all telehealth codes established by Medicare and Medicaid will not require authorization. Effective 7/1/21 the billing criteria requirements for Telehealth services will require the use of the following modifiers; 95, GT, 93, FQ, FR, G0 and GQ along with the procedure code/service to help ensure clarity of services provided in the telehealth format with POS; 02, 10 or 11. Telehealth Services - https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet And https://www.forwardhealth.wi.gov/WIPortal/content/html/news/telehealth_resources.html.spage</p> <p>*Family Care: For specific types of services, see the benefit package.</p>
Transplant Services - (pre-surgery)	Yes†	Yes†	Not Covered	† PACE and Partnership: Notification and PA required from the IDT Staff.

OUTPATIENT SERVICES

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS NEEDED?

Service	PACE	Family Care Partnership	Family Care	Benefit Notes
Urgent Care – Not in an Emergency Room Setting	No†	No†	Not Covered	†PACE and Partnership: Notification Required.
Vision Services - Optometry and Ophthalmology	Yes	Yes	Not Covered	
Wound Care Treatment Note: excluding supplies see DMS	Yes†	Yes†	Yes*	†PACE and Partnership: A PA is required in all settings except for services within a NH or SNF excluding VAC in these settings. CPT codes; 11042-11047, 97597, 97598, 97605 – 97607 and 97610 AND a diagnosis of treating wound or ulcer. *Family Care: For services see benefit package.

HOME AND COMMUNITY BASED WAIVER AND LONG-TERM CARE SERVICES NEEDED?

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS

Service	PACE	Family Care Partnership	Family Care: Nursing Home Level of Care	Family Care: Non-Nursing Home Level of Care	Benefit Notes
Adaptive Aids	Yes	Yes	Yes	Not Covered	
Adult Day Care	Yes	Yes	Yes	Not Covered	
Alcohol and Other Drug Abuse (AODA) Day Treatment Services	Yes	Yes	Yes*	Yes*	* Family Care: In all settings, excluding hospital-based or physician provided.
Alcohol and Other Drug Abuse (AODA) Services	Yes	Yes	Yes*	Yes*	* Family Care: In all settings, excluding hospital-based or physician provided.
Assistive Technology/Communication Aids	Yes	Yes	Yes	Not Covered	
Community Support Program	Yes	Yes	Yes*	Yes*	* Family Care: Excluding physician provided.
Consultative Clinical and Therapeutic Services for Caregivers	Yes	Yes	Yes	Not Covered	
Consumer Education and Training	Yes	Yes	Yes	Not Covered	
Counseling and Therapeutic Services	Yes	Yes	Yes	Not Covered	
Daily Living Skills Training	Yes	Yes	Yes	Not Covered	
Day Services	Yes	Yes	Yes	Not Covered	

**HOME AND COMMUNITY BASED WAIVER
AND LONG-TERM CARE SERVICES
NEEDED?**

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS

Service	PACE	Family Care Partnership	Family Care: Nursing Home Level of Care	Family Care: Non-Nursing Home Level of Care	Benefit Notes
Durable Medical Equipment and Medical Supplies	Yes	Yes	Yes*	Yes*	*Family Care: Excluding hearing aids, prosthetics, and family planning supplies. An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Financial Management Services	Yes	Yes	Yes	Not Covered	
Home Delivered Meals	Yes	Yes	Yes	Not Covered	
Home Health	Yes	Yes	Yes*	Yes*	*Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Home Modifications	Yes	Yes	Yes	Not Covered	
Housing Counseling	Yes	Yes	Yes	Not Covered	
Mental Health Day Treatment Services	Yes	Yes	Yes*	Yes*	*Family Care: In all settings

**HOME AND COMMUNITY BASED WAIVER
AND LONG-TERM CARE SERVICES
NEEDED?**

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS

Service	PACE	Family Care Partnership	Family Care: Nursing Home Level of Care	Family Care: Non-Nursing Home Level of Care	Benefit Notes
Mental Health Services	Yes	Yes	Yes*	Yes*	* Family Care: Except inpatient or physician provided. An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Nursing (including respiratory care, intermittent and private duty nursing)	Yes	Yes	Yes	Yes*	* Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.

**HOME AND COMMUNITY BASED WAIVER
AND LONG-TERM CARE SERVICES
NEEDED?**

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS

Service	PACE	Family Care Partnership	Family Care: Nursing Home Level of Care	Family Care: Non-Nursing Home Level of Care	Benefit Notes
<p>Nursing Home, including intermediate care facility for individuals with intellectual disabilities (ICF-IID) and institute for mental disease (IMD)</p>	Yes†	Yes†	Yes*	Not Covered*	<p>†PACE and Partnership: IMD is not covered in all member situations - see IDT Staff to determine if covered.</p> <p>*Family Care: IMD not covered for residents between ages 22-64.</p> <p>*Family Care: If Non-NH LOC member requires nursing home admission, contact your care team to determine if level of care has changed.</p>
<p>Occupational Therapy</p>	Yes	Yes	Yes*	Yes*	<p>*Family Care: In all settings except inpatient hospital)</p> <p>*Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.</p>

**HOME AND COMMUNITY BASED WAIVER
AND LONG-TERM CARE SERVICES
NEEDED?**

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS

Service	PACE	Family Care Partnership	Family Care: Nursing Home Level of Care	Family Care: Non-Nursing Home Level of Care	Benefit Notes
Personal Care	Yes	Yes	Yes*	Yes*	* Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Personal Emergency Response System	Yes	Yes	Yes	Not Covered	
Physical Therapy	Yes	Yes	Yes*	Yes*	* Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.

HOME AND COMMUNITY BASED WAIVER AND LONG-TERM CARE SERVICES NEEDED?

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS

Service	PACE	Family Care Partnership	Family Care: Nursing Home Level of Care	Family Care: Non-Nursing Home Level of Care	Benefit Notes
Prevocational Services	Yes	Yes	Yes	Not Covered	
Relocation Services	Yes	Yes	Yes	Not Covered	
Residential Care: <ul style="list-style-type: none"> • Adult Family Homes of 1-2 beds, • Adult Family Homes of 3-4 beds, • Community-Based Residential Facility (CBRF) • Residential Care Apartment Complex (RCAC) 	Yes	Yes	Yes	Not Covered	
Respite Care	Yes	Yes	Yes	Not Covered	
Self-Directed Personal Care	Yes	Yes	Yes	Not Covered	
Skilled Nursing	Yes	Yes	Yes	Not Covered	*Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.

**HOME AND COMMUNITY BASED WAIVER
AND LONG-TERM CARE SERVICES
NEEDED?**

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS

Service	PACE	Family Care Partnership	Family Care: Nursing Home Level of Care	Family Care: Non-Nursing Home Level of Care	Benefit Notes
Specialized Medical Equipment and Supplies	Yes	Yes	Yes*	Not Covered	*Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Speech and Language Pathology Services	Yes	Yes	Yes*	Yes*	*Family Care: In all settings excluding hospital inpatient. An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Support Broker	Yes	Yes	Yes	Not Covered	
Supported Employment Services – Individual Employment Support and Small Group Employment Support	Yes	Yes	Yes	Not Covered	

HOME AND COMMUNITY BASED WAIVER AND LONG-TERM CARE SERVICES NEEDED?

PRIOR AUTHORIZATIONS AND AUTHORIZATIONS

Service	PACE	Family Care Partnership	Family Care: Nursing Home Level of Care	Family Care: Non-Nursing Home Level of Care	Benefit Notes
Supportive Home Care (SHC)	Yes	Yes	Yes*	Not Covered	*Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Training Services for Unpaid Caregivers	Yes	Yes	Yes	Not Covered	
Transportation to receive non-emergency medical care (excludes ambulance)	Yes	Yes	Yes*	Yes*	*Family Care: An authorization is NOT required for Family Care secondary coverage when Medicare or other commercial insurance is providing primary coverage. Authorization IS required when Family Care will be primary insurance.
Transportation (Specialized Transportation)-Community and Other Transportation	Yes	Yes	Yes	Not Covered	
Vocational Futures Planning and Support (VFPS)	Yes	Yes	Yes	Not Covered	

