



PRIOR AUTHORIZATION REQUIREMENT

Family Care Partnership

Text in Red Revisions for Dates-of-Service Effective 5/1/2026

Prior Authorization (PA): The following PA requirements, unless indicated, for services, procedures or durable medical equipment /supplies (DME/DMS) are applicable under Community Care, Inc. (CCI) Family Care Partnership 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 each individual service. 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.

Pre-Service Authorization (PS): Services which require contact with the **Interdisciplinary Team Staff (IDTS)** are not prior authorizations. They instead require the IDTS to complete the Resource Allocation Decision (RAD) process with the member/Legal Decision Maker prior to any services/supports being provided. If the IDTS contacts are unknown, **call 1-866-992-6600** to be connected to the appropriate IDTS.

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

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.

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

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

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Control and Click on the hyperlinks within this document it will take you to a PA form also these forms can be retrieved on the web page below this main document for each program.

ACUTE & PRIMARY CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Acute Rehabilitation Facility (IPR)	Yes†	No	† Partnership: Provider is required to submit a Post-Acute Facility PA to the CCI Utilization Management Department and receive notice of approval, prior to service being rendered. Provider is required to submit a weekly update to the CCI Utilization Management Department.
Acupuncture	No	No	
Allergy-Immunology	No	No	
Ambulance – Emergency Transport	No	No	
Audiology	No	No	
Bariatric Services - (pre-surgery)	No	No	
Bariatric Surgery	Yes†	No	† Partnership: The provider is required to submit a Surgery PA to the CCI Utilization Management Department, and receive notice of approval, prior to service being rendered for CPT's; 43290, 43291, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, and 43999.

ACUTE & PRIMARY CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Botulinum Toxin Treatments (cosmetic not covered)	Yes†	No	<p>†Partnership Dual Eligible: The provider is required to submit Physician Administered Medications PA for HCPC codes (only the following); J0585 – Onabotulinumtoxin A (Botox), J0586 – AbobotulinumtoxinA (Dysport), J0587 – RimabotulinumtoxinB (Myobloc), J0588 – Incobotulinumtoxin (Xeomin) and J0589 - Daxxify to the CCI Utilization Management Department, and receive notice of approval, prior to service being rendered</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>
Chiropractic Services	No	No	
Cosmetic Procedures	Not Covered	Not Covered	
Dental - Biannual Exam, Fluoride, X-rays, and Cleanings	No	No†	<p>†Partnership: No authorization needed for <u>Biannual Cleanings</u>; D1110, <u>Biannual Fluoride</u>; D1206 and D1208, <u>Biannual Exams</u>; D0120, D0140, (D0150 new patient once every 3 years) or <u>Biannual X-Rays</u>; D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274, D0277, D0330 and (D0210 once every 3 years).</p>
Dental - All other procedures	No	Yes*	*Contact the IDTS prior to service provision
Dermatology	No	No	
Dialysis (ESRD)	No	No	

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ACUTE & PRIMARY CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Dietary Counseling - Medical Nutritional Therapy	No	No	
Drug Carve-Out	No	N/A†	† Partnership T19 ONLY: Information purposes: Partnership Medicaid only members should have their drugs paid for by the State Medicaid program. The IDTS 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
Emergency Care	No	No	
Experimental Procedures	Not Covered	Not Covered	
Hospital – Inpatient and Observation Stay	No†	No	† Partnership: Notification of admission to CCI’s Utilization Management Department within 24 hours or 1 business day and authorization required from the Utilization Management Department.
Hospice Facility/End-of-Life Services	Yes†- Medicaid Only	No-Dual#	† 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. Informational: #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.

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ACUTE & PRIMARY CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Genetic Testing and Molecular Pathology – Laboratory	Yes†	No	<p>†Partnership: The provider is required to submit a Genetic Testing and Molecular Pathology PA to the CCI Utilization Management Department, and receive notice of approval, prior to service being rendered 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, 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, 81448, 81449, 81450, 81451, 81455, 81456, 81457, 81458, 81459, 81460, 81462, 81463, 81464, 81465, 81470, 81471, 81479, 81493, 81500, 81503, 81504, 81507, 81518, 81519, 81520, 81521, 81522, 81523, 81524, 81525, 81528, 81529, 81535, 81536, 81538, 81539, 81540, 81541, 81542, 81546, 81551, 81554, 81595, 81596, 81599, 85386, 88120, 88121, 88365, 88366, 88367, 88368, 88369, 88373, 88374, 88377, 0011M, 0012M, 0013M, 0016M, 0017M, 0016U, 0017U, 0018U, 0019U, 0021U, 0022U, 0023U, 0026U, 0027U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0040U, 0045U, 0046U, 0047U, 0048U, 0049U, 0050U, 0055U, 0060U, 0067U, 0068U, 0070U, 0071U, 81552, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0084U, 0087U, 0088U, 0089U, 0090U, 0091U, 0092U, 0094U, 0096U, 0101U, 0102U, 0103U, 0105U, 0109U, 0111U, 0112U, 0113U, 0114U, 0115U, 0117U, 0118U, 0119U, continued; 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, 0163U, 0169U, 0169U, 0170U, 0171U, 0172U, 0173U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 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, 0220U, 0221U, 0222U, 0223U, 0225U, 0228U, (0227U,) 0229U, 0230U, 0231U, 0232U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0240U, 0241U, 0242U, 0244U, 0245U, 0246U, 0250U, 0252U, 0253U, 0254U, 0258U, 0260U, 0262U, 0263U, 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, Continued; 0298U, 0299U, 0300U, 0301U, 0302U, 0306U, 0307U, 0308U, 0309U, 0310U, 0312U, 0313U, 0314U, 0315U, 0317U, 0318U, 0319U, 0320U, 3021U, 0322U, 0323U, 0326U, 0327U, 0329U, 0330U, 0331U, 0332U, 0333U, 0334U, 0335U, 0336U, 0337U, 0338U, 0339U, 0340U, 0341U, 0342U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0352U, 0355U, 0356U, 0360U, 0362U, 0363U, 0364U, 0365U, 0366U, 0367U, 0368U, 0369U, 0370U, 0371U, 0372U, 0373U, 0374U, 0375U, 0378U, 0379U, 0380U, 0387U, 0388U, 0389U, 0390U, 0391U, 0392U, 0393U, 0394U, 0395U, 0398U, 0399U, 03400U, 0401U, 0403U, 0404U, 0405U, 0406U, 0407U, 0409U, 0410U, 0411U, cont.</p>

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ACUTE & PRIMARY CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Genetic Testing and Molecular Pathology – Laboratory	Yes†	No	Continued; 0412U, 0413U, 0414U, 0415U, 0416U, 0417U, 0418U, 0419U, 0420U, 0421U, 0422U, 0423U, 0424U, 0425U, 0426U, 0428U, 0433U, 0436U, 0437U, 0438U, 0439U, 0440U, 0444U, 0448U, 0449U, 0450U, 04501U, 0452U, 0453U, 0454U, 0456U, 0458U, 0460U, 0461U, 0463U, 0464U, 0465U, 0467U, 0469U, 0470U, 0471U, 0472U, 0473U, 0474U, 0475U, 0476U, 0477U, 0478U, 0480U, 0481U, 0484U, 0485U, 0486U, 0487U, 0488U, 0489U, 0490U, 0491U, 0492U, 0493U, 0494U, 0495U, 0496U, 0497U, 0498U, 0499U, 0500U, 0501U, 0502U, 0503U, 0504U, 0505U, 0506U, 0507U, 0508U, 0509U, 0510U, 0516U, 0575U, 0576U, 0578U, 0579U, 0586U, 0592U, 0597U, 0598U, S0265, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3861, S3865, S3866, S3870, and G9143.
Immunizations	No	No†	†Partnership: Immunizations recommended by Medicare/Medicaid and the USPHS task force do NOT require prior authorization. Part 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).
Laboratory	No	No	
Long-Term Acute Care Hospital (LTACH)	Yes†	No	†Partnership: Provider is required to submit a Post-Acute Facility PA to the CCI Utilization Management Department and receive notice of approval, prior to service being rendered. Provider is required to submit a weekly update to the CCI Utilization Management Department.
Medications Over-the-Counter	No	No†	†Partnership: For additional information: https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/Medicaid/pharmacy/data_tables/archives.htm.spag
Oncology Services	No	No	

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ACUTE & PRIMARY CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Pain Management - Out-Patient Services	Yes†	No	<p>†Partnership: The provider is required to submit a PA to the CCI Utilization Management Department, and receive notice of approval, prior to service being rendered for the following codes; trigger point injections: 20552, 20553, vertebral epidural steroid injections: 62320, 62321, 62322, 62323, 64633, 64634, 64451, 20552, 20553, SI joint injections: 27096, G0260, 20552, Pain infusion pump: 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, and E0785 paravertebral facet injections: 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, epidural injections (outpatient only): 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999 and 0777T.</p>
Physician Administered Medications	Yes†	No	<p>†Partnership: The provider is required to submit a PA to the CCI Utilization Management Department, and receive notice of approval, prior to service being rendered for the following codes; J0585 – Onabotulinumtoxin A (Botox), J0586 – AbobotulinumtoxinA (Dysport), J0587 – RimabotulinumtoxinB (Myobloc), J0588 – IncobotulinumtoxinA (Xeomin) and J0589 – Daxxify, 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 and J3247-Secukinumab (Cosentyx).</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>
Primary and Specialty Care Services	No	No	

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ACUTE & PRIMARY CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Plastic Surgery	Yes†	No	† Partnership: See Surgery - Out-Patient Non-Emergent/Elective section . The provider is required to submit a Surgery PA to the CCI Utilization Management Department, and receive notice of approval, prior to service being rendered.
Podiatry - Routine Foot & Nail Care	No	No†	† Partnership: Community Care follows Medicare guidelines for coverage. 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, ONLY these CPT codes; 11055, 11056, 11057, 11719, 11720, 11721 and HCPC G0127.
Podiatry – Other than routine	No	No	
Prescription Medications	No	Yes*	*Contact the IDTS prior to service provision For additional information see formulary list information Partnership: https://www.communitycareinc.org/members/partnership-resources/prescription-drug-coverage
Preventative Health	No	No†	† Partnership: No PA and 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 .
Psychiatry Services Office	No	No†	† Partnership: Evaluation and Management (E&M) CPT codes, office visits, medication management for any place-of-service DO NOT require an authorization.

ACUTE & PRIMARY CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Psychiatry Services Inpatient	No†	No	† Partnership: Notification of admission to CCI's Utilization Management Department within 24 hours or 1 business day and authorization required from the Utilization Management Department.
Radiology	No	No	
Skilled Nursing Facility – Sub-Acute Medicare Stays	Yes†	No	† Partnership: Provider is required to submit a Post-Acute Facility PA request to the CCI Utilization Management Department, and receive notice of approval, prior to service being rendered (except for readmission not more than three consecutive days after discharge). The provider is required to submit a weekly update, with a completed Continued Stay Review forms to the CCI Utilization Management Department.
Sleep Study	No	No	
SPECT/PET Imaging	Yes†	No	† Partnership: † Partnership: The provider is required to submit a PA to the CCI Utilization Management Department, and receive notice of approval, prior to service being rendered for ONLY the following codes SPECT/PET Imaging; Updated codes SPECT- C9176 , 78071, 78072, 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78835 and PET- A9616 , 78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815 and 78816.
Surgery – Procedure in the Office	No	No	

ACUTE & PRIMARY CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Surgery - Out-Patient Non-Emergent/Elective	Yes†	No	<p>†Partnership: The provider is required to submit a Surgery PA to the CCI Utilization Management Department, and receive notice of approval, prior to service being rendered for the following codes: Rhinoplasty - 30400, 30401, 30420, 30430, 30435, 30450, 30460, 30462, 30469; blepharoplasty (eyelid) - 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924; Septoplasty (deviated septum repair) – 30520 and 30465; Cleft lip/palate repair – 42299; TMJ – 20553, 21299, 21499; Shoulder Arthroscopies/surgeries – 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 23700, 23929, 29806, 29807; Hip replacement – 27125, 27130, 27132, 27137, 27138, 27275; Knee Arthroscopy/surgeries – 29881, 29877, 29880, 29875, 29876, 29879; Cataract, anterior/posterior segment, extraocular muscles and ocular adnexa – 65710, 65730, 65750, 65755, 65756, 65757, 65770, 65772, 65775, 65778, 65779, 65780, 65781, 65782, 65785, 65800, 65810, 65815, 65820, 65850, 65855, 65860, 65865, 65870, 65875, 65880, 65900, 65920, 65930, 66030, 66130, 66150, 66155, 66160, 66170, 66172, 66174, 66179, 66180, 66183, 66184, 66185, 66225, 66250, 66500, 66505, 66600, 66605, 66625, 66630, 66635, 66680, 66682, 66700, 66710, 66720, 66740, 66761, 66762, 66770, 66820, 66821, 66825, 66830, 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66985, 66990, 66999, 67005, 67010, 67015, 67025, 67027, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67115, 67120, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67225, 67228, 67229, 67250, 67255, 67299, 67311, 67312, 67314, 67316, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67999, 68399, 68899; Nonspecific procedure codes – 27299, 43499, 49329, 4999, 27599, 29999, 43499, 44799, 49999, 31299, 42699; Pace Makers and defibrillators – 33206, 33207, 33208, 33212, 33213, 33214, 33227, 33228, 33229, 33233; Gender dysphoria related surgeries – 19303, 19304, 19318, 19325, 19350, 21270, 30400, 30410, 30465, 21209, 31599, and 15876.</p>

ACUTE & PRIMARY CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Transplant Services - (pre-surgery)	No	No	
Transplant Surgery	Yes†	No	† Partnership: The provider is required to submit a Surgery PA to the CCI Utilization Management Department, and receive notice of approval, prior to service being rendered for the following codes for Lung, Blood, bone marrow, renal; 32851, 32852, 32853, 32854, 38206, 38230, 38232, 50370, and L8698.
Urgent Care – Not in an Emergency Room Setting	No	No	
Vision Services - Optometry and Ophthalmology	No	No	
Hyperbaric Oxygen Treatment	Yes†	No	† Partnership: The provider is required to submit a PA to the CCI Utilization Management Department when the service is provided as an outpatient, and receive notice of approval, prior to service being rendered for the following code: hyperbaric oxygen treatment G0277 .

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Adult Day Care	No	Yes*	*Contact the IDTS prior to service provision
Alcohol and Other Drug Abuse (AODA) Day Treatment Services	No	Yes*	*Contact the IDTS prior to service provision
Alcohol and Other Drug Abuse (AODA) Services	No	Yes*	*Contact the IDTS prior to service provision
Ambulance – Non-Emergency/	No	Yes*	*Contact the IDTS prior to service provision
Assistive Technology	No	Yes*	*Contact the IDTS prior to service provision
Cardiac Rehabilitation	No	No†	† Partnership : No authorization is required for the initial 36 sessions in one year with the following codes; 93797, 93798, 94625, 94626, G0237, G0239, and G0422.
Communication Assistance	No	Yes*	*Contact the IDTS prior to service provision
Community Support Program	No	Yes*	*Contact the IDTS prior to service provision
Competitive Integrated Employment (CIE) Exploration	No	Yes*	*Contact the IDTS prior to service provision
Consultative Clinical and Therapeutic Services for Caregivers	No	Yes*	*Contact the IDTS prior to service provision
Consumer Directed Support Broker	No	Yes*	*Contact the IDTS prior to service provision

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Consumer Education and Training	No	Yes*	*Contact the IDTS prior to service provision
Continuous Glucose Monitoring System (CGMS)	No	Yes*	*Contact the IDTS prior to service provision
Counseling and Therapeutic Services	No	Yes*	*Contact the IDTS prior to service provision
Daily Living Skills Training	No	Yes*	*Contact the IDTS prior to service provision
Day Habilitation	No	Yes*	*Contact the IDTS prior to service provision
Diabetes Services - Diabetic shoes and foot orthotics	No	No†	† Partnership: Community Care follows Medicare guidelines for coverage. Contact the IDTS prior to service provision after <i>initial set</i> of therapeutic custom-molded or depth shoes and attached orthotics and 3 sets of inserts per calendar year along with <i>Diabetic Diagnosis</i> . Diabetic Shoes; A5500, A5501 Inserts; A5503, A5504, A5505, A5506, A5507, A5508, (A5510 & A9270 misc. for repair), A5512, A5513, A5514 & K0903.
Durable Medical Equipment and Disposable Medical Supplies (DME/DMS)	No	Yes*	*Contact the IDTS prior to service provision
Enteral and Nutritional Supplies	No	Yes*	*Contact the IDTS prior to service provision

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Financial Management Services	No	Yes*	*Contact the IDTS prior to service provision
Glucometers -Test Strips and Lancets	No	Yes*	*Contact the IDTS prior to service provision
Health and Wellness	No	Yes*	*Contact the IDTS prior to service provision
Hearing Aids - Replacements/Accessories/Batteries	No	Yes*	*Contact the IDTS prior to service provision
Home Modifications	No	Yes*	*Contact the IDTS prior to service provision
Home Health Private Duty Nursing	No	Yes*	*Contact the IDTS prior to service provision
Housing Counseling	No	Yes*	*Contact the IDTS prior to service provision
Incontinence Products	No	Yes*	*Contact the IDTS prior to service provision
Mental Health Day Treatment Services	No	Yes*	*Contact the IDTS prior to service provision
Mental Health Services	No	Yes*	*Contact the IDTS prior to service provision
Mental Health & Substance Use Disorder (SUD) Facility Inpatient	No	Yes*	*Contact the IDTS prior to service provision

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Mental Health & Residential SUD Treatment	No	No†	† Partnership: 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
Mental Health & SUD: Programs including day treatment, partial hospitalization, and intensive outpatient programs	No	Yes*	*Contact the IDTS prior to service provision
Mental Health & SUD: Community support program	No	Yes*	*Contact the IDTS prior to service provision
Mental Health & Substance Use Disorder (SUD): Outpatient Neuro-psychological and psychological testing	No	Yes*	*Contact the IDTS prior to service provision
Mental Health & SUD: Psychotherapy – outpatient visits including home visits	No	Yes*	*Contact the IDTS prior to service provision
Nursing (including respiratory care, intermittent and private duty nursing)	No	Yes*	*Contact the IDTS prior to service provision

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Nursing Home, including intermediate care facility for individuals with intellectual disabilities (ICF-IID) and institute for mental disease (IMD)	No	Yes†	† Partnership: IMD is not covered in all member situations - see IDT Staff to determine if covered.
Occupational Therapy	No	Yes*	*Contact the IDTS prior to service provision
Orthotics /Part of DME NOTE: See Diabetes Services: diabetic shoes, foot orthotics	No	Yes*	*Contact the IDTS prior to service provision
Oxygen and Supplies	No	Yes*	*Contact the IDTS prior to service provision
Personal Care	No	Yes*	*Contact the IDTS prior to service provision
Personal Emergency Response System Services	No	Yes*	*Contact the IDTS prior to service provision
Physical Therapy	No	Yes*	*Contact the IDTS prior to service provision
Prevocational Services	No	Yes*	*Contact the IDTS prior to service provision
Prosthetics	No	Yes*	*Contact the IDTS prior to service provision

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Pulmonary Rehabilitation	No	Depends†	† Partnership : No authorization is required for the initial 36 sessions in one year with the following codes; 93797, 93798, 94625, 94626, G0237, G0239, and G0422. Contact the IDTS prior to service provision beyond this initial treatment.
Relocation Services	No	Yes*	*Contact the IDTS prior to service provision
Remote Monitoring and Support	No	Yes*	*Contact the IDTS prior to service provision
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) 	No	Yes*	*Contact the IDTS prior to service provision
Respite Care	No	Yes*	*Contact the IDTS prior to service provision
Self-Directed Personal Care	No	Yes*	*Contact the IDTS prior to service provision
Skilled Nursing	No	Yes*	*Contact the IDTS prior to service provision
Specialized Medical Equipment and Supplies	No	Yes*	*Contact the IDTS prior to service provision

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Speech and Language Pathology Services	No	Yes*	*Contact the IDTS prior to service provision
Supported Employment Services – Individual Employment Support and Small Group Employment Support	No	Yes*	*Contact the IDTS prior to service provision
Supportive Home Care (SHC)	No	Yes*	*Contact the IDTS prior to service provision
Telehealth Services for Mental Health	No	No†	<p>Change Mental Health services only 1/1/2026 †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.</p> <p>Telehealth Services - https://www.cms.gov/medicare/coverage/telehealth And https://www.forwardhealth.wi.gov/WIPortal/cms/public/covid19/telehealth-expansion-resources</p>
Training Services for Unpaid Caregivers	No	Yes*	*Contact the IDTS prior to service provision
Transportation to receive non-emergency medical care (excludes ambulance)	No	Yes*	*Contact the IDTS prior to service provision

HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

Service	Prior Auth from UM Dept.	Pre-Service Auth from IDTS	Benefit Notes
Transportation (Specialized Transportation) Community and Other Transportation	No	Yes*	*Contact the IDTS prior to service provision
Vehicle Modifications	No	Yes*	*Contact the IDTS prior to service provision
Vocational Futures Planning and Support (VFPS)	No	Yes*	*Contact the IDTS prior to service provision
Wound Care Treatment Note: excluding supplies see DMS section	No	Yes*	*Contact the IDTS prior to service provision except when member is in a SNF.