



## AUTHORIZATION GUIDE

# For PACE (Program of All-inclusive Care for the Elderly) Program

**Text in Red Revisions for 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 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 (IDTS)** assigned to that member or from the Utilization Management Department only when 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

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.**

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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.*

# INPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Acute Rehabilitation Facility (IPR)		Yes†	† <b>PACE:</b> Notification, <a href="#">Post-Acute Facility PA</a> and <a href="#">Continued Stay form</a> is required from the Interdisciplinary Team Staff (IDTS).
Bariatric Surgery		Yes†	† <b>PACE:</b> Notification, <a href="#">Bariatric and Transplant Surgery PA</a> required from the Interdisciplinary Team Staff (IDTS). <b>Note,</b> Bariatric <a href="#">Pre-Surgery PA</a> notification required to CCI's Interdisciplinary Team Staff (IDTS).
Hospice Facility	See Comments†		† <b>PACE:</b> End-of-life services provided through PACE IDTS. 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.
Hospital - Inpatient	Yes†		† <b>PACE:</b> Notification of admission to CCI's Utilization Management Department within 24 hours or 1 business day and authorization required from the Utilization Management Department.
Long-Term Acute Care Hospital (LTACH)		Yes†	† <b>PACE:</b> Notification, <a href="#">Post-Acute Facility PA</a> and <a href="#">Continued Stay form</a> is required from the Interdisciplinary Team Staff (IDTS).
Mental Health & Substance Use Disorder (SUD) Facility Inpatient		Yes†	† <b>PACE:</b> Notification and <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Mental Health & Residential SUD Treatment		Yes†	† <b>PACE:</b> The RSUD service remains a part of the PACE program and <a href="#">PA</a> is required from the Interdisciplinary Team Staff (IDTS).

# INPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
<b>Non-Emergent Surgeries and Procedures</b>		Yes†	† <b>PACE:</b> Notification and <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS). <b>Note</b> , Bariatric and Transplant Surgeries and procedures need PA from the Utilization Management Department.
<b>Observation Stay in the Hospital</b>	Yes†		† <b>PACE:</b> Notification and authorization required from the Utilization Management Department.
<b>Psychiatry Services Inpatient</b>	†		† <b>PACE:</b> Notification of admission to CCI's Utilization Management Department within 24 hours or 1 business day and authorization required from the Utilization Management Department.
<b>Skilled Nursing Facility – Sub-Acute Medicare Stays</b>	Yes†		† <b>PACE:</b> Notification, <a href="#">Post-Acute Facility PA</a> and <a href="#">Continued Stay PA forms</a> are required from the Utilization Management Department (except if this is for a readmission to the SNF not more than 3 consecutive days after discharge) for Part A authorization beginning October 1, 2019. All other outpatient services and POS 31/32 will require an authorization from the IDTS of the member not Utilization Management Department.
<b>Transplant Surgery</b>		Yes†	† <b>PACE:</b> Notification, <a href="#">Transplant Surgery PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Acupuncture		Yes	
Allergy-Immunology		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Ambulance – Emergency Transport		No	
Ambulance – Non-Emergency		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's IDTS.
Audiology		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's IDTS.
Bariatric Services - (pre-surgery)		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's IDTS.
Botulinum Toxin Treatments (cosmetic not covered)		Yes†	† <b>PACE:</b> Medical necessity only for <a href="#">Physician Administered Medications PA</a> Drugs HCPC codes (only the following); J0585 – Onabotulinumtoxin A (Botox), J0586 – AbobotulinumtoxinA (Dysport), J0587 – RimabotulinumtoxinB (Myobloc), J0588 – Incobotulinumtoxin (Xeomin) and J0589 - Daxxify. PA required from the Interdisciplinary Team Staff (IDTS).
Cardiac Rehabilitation		No†	† <b>PACE:</b> No authorization is required for the initial 36 sessions in one year with the following codes; 93797, 93798, 94625, 94626, G0237, G0239, and G0422. A <a href="#">PA</a> is required from CCI's Interdisciplinary Team Staff (IDTS) beyond this initial treatment.
Chiropractic Services		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Continuous Glucose Monitoring System (CGMS)		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Cosmetic Procedures	Not Covered	Not Covered	
Dental - Biannual Exam, Fluoride, X-rays, and Cleanings		No†	† <b>PACE and Partnership:</b> No authorization needed for <a href="#">Biannual Cleanings</a> ; D1110, <a href="#">Biannual Fluoride</a> ; D1206 and D1208, <a href="#">Biannual Exams</a> ; D0120, D0140, (D0150 new patient once every 3 years) or <a href="#">Biannual X-Rays</a> ; D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274, D0277, D0330 and (D0210 once every 3 years).

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Dental - All other procedures		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Dermatology		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Diabetes Services - Diabetic shoes and foot orthotics		No†	† <b>PACE:</b> Community Care follows Medicare guidelines for coverage. <a href="#">PA</a> required 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.
Dialysis (ESRD)	No	No	
Dietary Counseling - Medical Nutritional Therapy		No†	† <b>PACE:</b> 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 from CCI's Interdisciplinary Team Staff (IDTS).
Durable Medical Equipment (DME)		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Disposal Medical Supplies (DMS)		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Emergency Care	No	No	
Enteral and Nutritional Supplies		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Experimental Procedures	Not Covered	Not Covered	
Glucometers - Test Strips and Lancets		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Hearing Aids - Replacements/Accessories/Batteries		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Home Health		Yes†	† <b>PACE:</b> Provider should contact Community Care as soon as treatment begins to coordinate care with the Interdisciplinary Team Staff (IDTS).
Home Health Private Duty Nursing		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Hospice/End-of-Life Services	See Comments†		† <b>PACE:</b> End-of-life services are provided through the PACE Interdisciplinary Team Staff (IDTS). A member who elects their Medicare hospice benefit must <b>dis-enroll</b> 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.

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Immunizations		No†	† <b>PACE:</b> Immunizations recommended by Medicare/Medicaid and the USPHS task force do NOT require prior authorization. <b>Part B Immunizations - Recommended by Medicare/Medicaid and the USPHS task force;</b> Influenza (flu) shots, Tetanus/Diphtheria (TD), Tuberculosis (PPD) Screening, Hepatitis A and B, Measles, Mumps & Rubella, Varicella and Pneumococcal (pneumonia).
Incontinence Products		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Laboratory	Yes†		† <b>PACE:</b> <a href="#">PA</a> is 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, 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, <del>81433</del> , 81434, 81435, <del>81436</del> , 81437, <del>81438</del> , 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, 81552, 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, continued

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Laboratory cont.			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, 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.
Medications Over-the-Counter		No†	† <b>PACE:</b> For additional information: <a href="https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/Medicaid/pharmacy/data_tables/archives.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Provider/Medicaid/pharmacy/data_tables/archives.htm.spage</a>
Mental Health & Substance Use Disorder (SUD): Outpatient Neuropsychological and psychological testing		Yes†	† <b>PACE:</b> The provider should contact Community Care as soon as treatment begins to coordinate care and a <a href="#">PA</a> required from the Interdisciplinary Team Staff (IDTS). The codes that would require a PA; 90845, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90882, 90901, 90911, 96118 and 96101.

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
<b>Mental Health &amp; SUD: Psychotherapy – outpatient visits including home visits</b>		No†	† <b>PACE:</b> The provider should contact Community Care (Interdisciplinary Team Staff (IDTS) as soon as treatment begins to coordinate care.
<b>Mental Health &amp; SUD: Programs including day treatment, partial hospitalization, and intensive outpatient programs</b>		Yes†	† <b>PACE:</b> The provider should contact Community Care as soon as treatment begins to coordinate care and a <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
<b>Mental Health &amp; SUD: Community support program</b>		Yes†	† <b>PACE:</b> The provider should contact Community Care as soon as treatment begins to coordinate care and a <a href="#">PA</a> required from the Interdisciplinary Team Staff (IDTS).
<b>Mental Health &amp; Residential SUD Treatment</b>		Yes†	† <b>PACE:</b> The RSUD service remains a part of the PACE program and <a href="#">PA</a> is required from the Interdisciplinary Team Staff (IDTS).
<b>Occupational Therapy</b>		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
<b>Oncology Services</b>		No†	† <b>PACE:</b> No referral needed for physician services. Some <u>Physician Administered Medications</u> may require prior authorization. Please see the list of drugs in the Physician Administered Medications section.

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
<b>Orthotics</b> NOTE: See Diabetes Services: diabetic shoes, foot orthotics		Yes†	† <u>PACE</u> : A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
<b>Oxygen and Supplies</b>		Yes†	† <u>PACE</u> : A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
<b>Pain Management - Out-Patient Services</b>		Yes†	† <u>PACE</u> : A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
<b>Physician Administered Medications</b>		Yes†	† <u>PACE</u> : The following codes for physician administered medications require prior authorization from the IDTS and should use this <a href="#">PA</a> form; 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).  Any other physician administered medication (not listed above) should be requested from the Interdisciplinary Team Staff (IDTS) <a href="#">PA</a> .
<b>Physical Therapy</b>		Yes†	† <u>PACE</u> : A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Primary and Specialty Care Services, Cardiology and Psychiatry		Yes†	<p>†<b>PACE: Primary Care Physicians, Cardiologists and Psychiatrists</b> services <b>DO NOT</b> require prior authorization. All other specialists <b>DO</b> require a <a href="#">PA</a> such as; <b>Acupuncture, Allergy-Immunology, Audiology, Chiropractic, Dermatology, Gastroenterology, Ophthalmology, Optometry, Otolaryngology, Orthopedic, Physical Medicine &amp; Rehabilitation (PM&amp;R), Reconstructive/Plastic Surgeon and Pain Specialist</b> will require PA from Interdisciplinary Team Staff (IDTS).</p> <p>†<b>Primary Care Services in PACE:</b> Evaluation and Management (E&amp;M) CPT codes and other simple office procedures that take <u>place in a physician's office POS 11, 19, or 22</u> <b>DO NOT</b> 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) <b>DO</b> require a <a href="#">PA</a> from CCI's IDTS. All out-of-network providers <b>DO</b> require prior authorization.</p>
Physical Medicine & Rehabilitation (Physiatrist)		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Plastic Surgery		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS). Excludes cosmetic surgery.
Podiatry - Routine Foot & Nail Care		No†	† <b>PACE:</b> Community Care follows Medicare guidelines for coverage. Anything other than that would need Interdisciplinary Team Staff (IDTS) 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 <a href="#">PA</a> is required. <b>ONLY</b> these CPT codes; 11055, 11056, 11057, 11719, 11720, 11721 and HCPC G0127.

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Podiatry - Other		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
Prescription Medications		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS) for the listed drugs.  For additional information see formulary list information - <b>PACE</b> <a href="https://www.communitycareinc.org/members/pace-resources/prescription-drug-coverage">https://www.communitycareinc.org/members/pace-resources/prescription-drug-coverage</a>
Preventative Health		No†	† <b>PACE:</b> No PA required and this includes annual mammograms and other annual tests see additional information at <a href="https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html">https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html</a> .
Prosthetics		Yes†	† <b>PACE:</b> <a href="#">PA</a> is required from Interdisciplinary Team Staff (IDTS).
Psychiatry		No†	† <b>PACE:</b> Evaluation and Management (E&M) CPT codes, office visits, medication management for any place-of-service DO NOT require an authorization.
Pulmonary Rehabilitation		No†	† <b>PACE:</b> No authorization is required for the initial 36 sessions in one year with the following codes; 93797, 93798, 94625, 94626, G0237, G0239, and G0422. A <a href="#">PA</a> is required from CCI's Interdisciplinary Team Staff (IDTS) beyond this initial treatment.

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
<b>Radiology</b>		Yes†	† <b>PACE:</b> <a href="#">PA</a> required from the Interdisciplinary Team Staff (IDTS) for <b>ONLY</b> the following codes SPECT/PET Imaging; <b>Updated codes SPECT- C9176</b> , 78071, 78072, 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78835 and <b>PET- A9616</b> , 78429, 78430, 78431, 78432, 78433, 78434, 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815 and 78816.
<b>Sleep Study</b>		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
<b>Speech Therapy</b>		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
<b>Supportive Home Care</b>		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
<b>Surgery – Procedure in the Office</b>		No†	† <b>PACE:</b> No PA required if simple procedure done in the office setting.
<b>Surgery - Out-Patient Non-Emergent/Elective</b>		Yes†	† <b>PACE:</b> A <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).
<b>Telehealth Services for Mental Health</b>		No†	<b>Change Mental Health services only 1/1/2026</b> † <b>PACE:</b> Effective March 6, 2020 COVID-19 Health Emergency all telehealth codes established by Medicare and Medicaid will not require authorization. Effective <b>7/1/21</b> the billing criteria requirements for Telehealth services will require the use of the following <b>modifiers; 95, GT, 93, FQ, FR, G0 and GQ along with the procedure code/service</b> to help ensure clarity of services provided in the telehealth format <b>with POS; 02, 10 or 11.</b> <b>Telehealth Services</b> - <a href="https://www.cms.gov/medicare/coverage/telehealth">https://www.cms.gov/medicare/coverage/telehealth</a> And <a href="https://www.forwardhealth.wi.gov/WIPortal/cms/public/covid19/telehealth-expansion-resources">https://www.forwardhealth.wi.gov/WIPortal/cms/public/covid19/telehealth-expansion-resources</a>
<b>Transplant Services - (pre-surgery)</b>		Yes†	† <b>PACE:</b> Notification and <a href="#">PA</a> required from CCI's Interdisciplinary Team Staff (IDTS).

# OUTPATIENT SERVICES

# PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
<b>Urgent Care</b> – Not in an Emergency Room Setting		No†	† <b>PACE</b> : Notification Required.
<b>Vision Services</b> - Optometry and Ophthalmology		Yes†	† <b>PACE</b> : Notification and <a href="#">PA</a> required from CCI’s Interdisciplinary Team Staff (IDTS).
<b>Wound Care Treatment</b> Note: excluding supplies see DMS section		Yes†	† <b>PACE</b> : A <a href="#">PA</a> from CCI’s Interdisciplinary Team Staff (IDTS) is required in all settings except for services within a NH or SNF excluding VAC in these settings. CPT codes; 11042, 11043, 11044, 11045, 11046, 11047, 97597, 97598, 97605, 97606, 97607 and 97610 AND a diagnosis of treating wound or ulcer.

## HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

## PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Adult Day Care		Yes	
Alcohol and Other Drug Abuse (AODA) Day Treatment Services		Yes	
Alcohol and Other Drug Abuse (AODA) Services		Yes	
Assistive Technology		Yes	
Communication Assistance		Yes	
Community Support Program		Yes	
Competitive Integrated Employment (CIE) Exploration		Yes	
Consultative Clinical and Therapeutic Services for Caregivers		Yes	
Consumer Directed Support Broker	Not Covered	Not Covered	
Consumer Education and Training		Yes	
Counseling and Therapeutic Services		Yes	
Daily Living Skills Training		Yes	

# HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

## PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Day Habilitation		Yes	
Durable Medical Equipment and Disposable Medical Supplies (DME/DMS)		Yes	
Financial Management Services		Yes	
Health and Wellness		Yes	
Home Delivered Meals		Yes	
Home Health		Yes	
Home Modifications		Yes	
Housing Counseling		Yes	
Mental Health Day Treatment Services		Yes	
Mental Health Services		Yes	
Nursing (including respiratory care, intermittent and private duty nursing)		Yes	

## HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

## PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Nursing Home, including intermediate care facility for individuals with intellectual disabilities (ICF-IID) and institute for mental disease (IMD)		Yes†	† <b>PACE and Partnership:</b> IMD is not covered in all member situations - see IDT Staff to determine if covered.
Occupational Therapy		Yes	
Personal Care		Yes	
Personal Emergency Response System Services		Yes	
Physical Therapy		Yes	
Prevocational Services		Yes	
Relocation Services		Yes	
Remote Monitoring and Support		Yes	
Residential Care: <ul style="list-style-type: none"> <li>• Adult Family Homes of 1-2 beds,</li> <li>• Adult Family Homes of 3-4 beds,</li> <li>• Community-Based Residential Facility (CBRF)</li> <li>• Residential Care Apartment Complex (RCAC)</li> </ul>		Yes	

# HOME AND COMMUNITY BASED WAIVER & LONG-TERM CARE SERVICES

## PRIOR AUTHORIZATIONS NEEDED?

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Respite Care		Yes	
Self-Directed Personal Care		Yes	
Skilled Nursing		Yes	<u>Skilled Nursing when not covered under the State Plan.</u>
Specialized Medical Equipment and Supplies		Yes	
Speech and Language Pathology Services		Yes	
Supported Employment Services – Individual Employment Support and Small Group Employment Support		Yes	
Supportive Home Care (SHC)		Yes	
Telehealth Services for Mental Health		No†	<b>Change psych only 1/1/2026 †PACE:</b> 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.

**HOME AND COMMUNITY BASED WAIVER  
& LONG-TERM CARE SERVICES**

**PRIOR AUTHORIZATIONS NEEDED?**

Service	Prior Auth from UM Dept.	Prior Auth from IDTS	Benefit Notes
Training Services for Unpaid Caregivers		Yes	
Transportation to receive non-emergency medical care (excludes ambulance)		Yes	
Transportation (Specialized Transportation) Community and Other Transportation		Yes	
Vehicle Modifications		Yes	
Vocational Futures Planning and Support (VFPS)		Yes	