



**Please review: Changes to Commonwealth Care Alliance, Inc. (CCA) Medical Necessity Guidelines**

Please note the changes to the CCA Medical Necessity Guidelines outlined in the following chart. All are effective immediately except where otherwise noted. In addition to reviewing these policies, please refer to the CCA provider manuals for our notification, administrative authorization, and referral policies.

For the complete list of services that require prior authorization, please refer to “Section 4: Prior Authorization Requirements” in the CCA provider manuals. To access the provider manuals, please visit:

MA: [commonwealthcarealliance.org/ma/providers/provider-manual-home/](http://commonwealthcarealliance.org/ma/providers/provider-manual-home/)

RI: [commonwealthcarealliance.org/ri/providers/provider-manual-home/](http://commonwealthcarealliance.org/ri/providers/provider-manual-home/)

To access all Medical Necessity Guidelines, please visit:

MA: [commonwealthcarealliance.org/ma/providers/medical-policies/medical-necessityguidelines/](http://commonwealthcarealliance.org/ma/providers/medical-policies/medical-necessityguidelines/)

RI: [commonwealthcarealliance.org/ri/providers/medical-policies/medical-necessity-guidelines/](http://commonwealthcarealliance.org/ri/providers/medical-policies/medical-necessity-guidelines/)

**The following service(s) no longer require prior authorization:**

CPT/HCPCS Code	Products Impacted	Summary
37248	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA)</li> <li><input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)</li> <li><input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA &amp; RI)</li> <li><input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA &amp; RI)</li> <li><input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)</li> </ul>	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
37249	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA)</li> <li><input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)</li> <li><input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA &amp; RI)</li> <li><input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA &amp; RI)</li> <li><input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)</li> </ul>	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)
67107	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA)</li> <li><input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)</li> <li><input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA &amp; RI)</li> <li><input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA &amp; RI)</li> <li><input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)</li> </ul>	Repair of detached retina and drainage of eye fluid between lens and retina
49591	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA)</li> <li><input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)</li> <li><input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA &amp; RI)</li> <li><input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA &amp; RI)</li> </ul>	Initial repair of sliding hernia of abdomen, less than 3 cm in length

	<input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	
72100	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	X-ray of lower and sacral spine, 2-3 views
73525	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Radiologic examination, hip, arthrography, radiological supervision and interpretation
27093	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Injection procedure for hip arthrography; without anesthesia
76940	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
37191	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed
41830	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Alveolectomy, including curettage of osteitis or sequestrectomy
31632	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
38900	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI)	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List

	<input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	separately in addition to code for primary procedure)
91020	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Gastric motility (manometric) studies
78265	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Nuclear medicine study of stomach to assess emptying and small bowel movement
57500	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
54150	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Circumcision, using clamp or other device with regional dorsal penile or ring block
54164	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Frenulotomy of penis
55920	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
77062	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	Diagnostic digital breast tomosynthesis; bilateral
77065	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI)	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral

- CCA Medicare Value (PPO) (MA & RI)
- CCA Medicare Maximum (HMO D-SNP) (RI)

### New CCA Medical Necessity Guidelines

CPT/HCPCS Code	Products Impacted	Summary
Pulmonary Artery Pressure Monitoring (CardioMEMS™)  C2624, 33289, 93264 <b>Requires PA</b>	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	C2624- Implantable wireless pulmonary pressure sensor with delivery catheter, including all system components  33289 - Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography  93264 - Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional
Peroral Endoscopic Myotomy (POEM)  43947 <b>Requires PA</b>	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	43947 - Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])

### Removed from Experimental & Investigational Services

CPT/HCPCS Code	Products Impacted	Summary
Balloon Dilation for Eustachian Tube  69705, 69706 - <b>Requires PA</b>	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	69705 - Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); unilateral  69706 -Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); bilateral
MyoPro Upper Limb Compensatory Device	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> CCA Medicare Maximum (HMO D-SNP) (RI)	L8701 - Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated

L8701, L8702 -  
**Requires PA**

L8702 - Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated