

Anejo F
Requisitos de Pre autorización para
Productos MCS Classicare Modelo Cuidado Coordinado

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
Ambulance/ Transportation	Air Ambulance	A0430, A0431, A0435, A0436	Case Management	Pre Authorization through Case Management. Emergency situations do not require Pre Authorization.
Dental Services	General Anesthesia for Dental Procedures	00170	Pre Certification	Pre Authorization
	Retreatment of previous Root Canal Treatment	D3346, D3347	Pre Certification	Pre Authorization
Diagnostics Labs and Test	Genetics Test	81211, 81212, 81213, 81214, 81215, 81216, 81217, 81162	Pre Certification	Pre Authorization
Durable Medical Equipment /Supply	Wound Therapy VAC	E2402	Case Management/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Lymphedema Supplies	E0669	Pre Certification	Authorization – through Referral/ Authorization Form /Pre Authorization
	Oxygen and Related Respiratory Equipment	E0434, E1390, E1392	Pre Certification	Authorization – through Referral/ Authorization Form /Pre Authorization

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
	Tracheal Suction Catheter	A4605	Pre Certification	Authorization – through Referral/ Authorization Form /Pre Authorization
	Chest Compression Devices	E0483	Pre Certification /Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Cough Stimulating Device	E0482	Pre Certification /Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Mechanical Ventilator	E0465, E0466	Pre Certification / Case Management/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	BIPAP	E0470, E0471	Pre Certification/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	CPAP	E0601	Pre Certification /Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	External Insulin Infusion Pump	E0784	Pre Certification/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Hospital Beds and Mattress	E0181 , E0184, E0185, E0260, E0261, E0271, E0272, E0277, E0301, E0303, E0304	Pre Certification / Case Management/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
	Patient Lifts	E0630, E0635	Pre Certification / Case Management/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Wheelchairs and Accessories	E1038, E1039, E1235, E2601, E2602, E2603, E2604, E2605, K0001, K0003, K0004, K0005, K0006, K0007	Pre Certification / Case Management/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Power Wheelchair/ Scooter (POV) and Accessories	K0010, K0011, K0800, K0823, K0824, E1230	Pre Certification/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Customized Equipment	A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6513, A8002, A8003, E0486, E2609, E2617, K0900, L0112, L0220, L0452, L0480, L0482, L0484, L0486, L0622, L0624, L0629, L0632, L0634, L0636, L0638, L0640, L1630, L1640, L1680, L1685, L1700, L1710, L1720, L1730, L1755, L1840, L1844, L1846, L1860, L1900, L1904, L1907, L1920, L1940, L1945, L1950, L1960, L1970, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2126, L2128, L2232, L2320, L2330, L2387, L2520, L2526, L2755, L2800, L3230, , L3252, L3253, L3671, L3674, L3702, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3808, L3891, L3900, L3901, L3904, L3905, L3906, L3913, L3919, L3921, L3933, L3935, L3961, L3967, L3971,	Pre Certification	Authorization – through Referral/ Authorization Form /Pre Authorization

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
		L3975, L3976, L3977, L3978, L4030, L4040, L4045, L4050, L4055, L4631, L5673, L5679, L5681, L5683, L5704, L5705, L5706, L5707, L6694, L6695, L6696, L6697, L6895, L8035, V2623		
	Glucose Monitor with Voice Synthesizer	E2100	Pre Certification/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Walker and Walker folding with wheels	E0143, E0148, E0149, E0156	Pre Certification / Case Management/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
High Tech Radiology Services	Advance Imaging MRI/MRA (BETOS 2017)	70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 70557, 70558, 70559, 71550, 71551, 71552, 71555, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72195, 72196, 72197, 72198, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74181, 74182, 74183, 74185, 75557, 75559, 75561, 75563, 76498, 77058, 77059, 77084; C8900, C8901, C8902, C8903, C8904, C8905, C8906, C8907, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931-C8936	Pre Certification	PCP Referral / Pre Authorization
	CT Scans (CAT/CT/CTA), for Diagnostic Purposes (BETOS 2017 & New Cardiac CT Codes 2017)	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126,	Pre Certification	PCP Referral / Pre Authorization

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		72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 75571, 75572, 75573, 75574, 75635, 76380, 76497, 0042T		
	CT Colonoscopy	74261,74262	Pre Certification	PCP Referral / Pre Authorization
Nuclear Medicine	PET and PET CT	78459, 78491 ,78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816	Pre Certification	PCP Referral / Pre Authorization
Home Care Services	Episode of Treatments and Services rendered outside a plan of treatment	Facility code 0023 (for Episodes of Treatments) 0570-0579 (All inclusive RC List)	Case Management/ Discharge Planning	PCP Referral / Pre Authorization
	Homebound visit for Mental Health	MCS Solution	MCS Solution	Pre Authorization
In Patient Services	Rehabilitation Facilities	0024, 0128, 0138, 0148, 0158	Case Management/ Discharge Planning	PCP Referral / Pre Authorization
	Skilled Nursing Facilities (SNF)	0022, 0190	Case Management/ Discharge Planning	PCP Referral / Pre Authorization
	Continued Electroencephalographic (EEG) Monitoring – each 24 hours	95950, 95951, 95953, 95956	Pre Certification	PCP Referral / Pre Authorization
Mental Health Care	In-patient, Outpatient Health Care and Residential- Electroconvulsive Therapy	0901, 0961, 0981, 90870	MCS Solution	Pre Authorization
	Partial Hospitalization Services	0912, 0913	MCS Solution	Pre Authorization

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	Intensive Outpatient Program (IOP) Mood Disorders	0905	MCS Solution	Pre Authorization
	Nursing Facility Care	99304, 99305, 99306, 99307, 99308, 99309, 99310, 99316, 99318	MCS Solution	Pre Authorization
	Residential Services	1001, 1002	MCS Solution	Pre Authorization
	Neuropsychological Tests	96116, 96118, 96119, 96120	MCS Solution	Pre Authorization Except for Neurologist
	Intensive Outpatient Program (IOP) Substance Abuse Service	0906	MCS Solution	Pre Authorization
Out Patient Treatments	HBP Treatment (Hyperbaric Chamber)	0413, 99183	Pre Certification/ Discharge Planning	PCP Referral / Pre Authorization
	Enhance External Counterpulsation (EECP)	G0166	Pre Certification	PCP Referral/ Pre Authorization
Prosthetic /Orthotics	Prosthetic Procedures/ Prosthetic Implant	L2861, L3674, L3808, L5000-L7520; L8039, L8400-L8499, L8600 Penis C1813	Pre Certification	Authorization – through Referral/ Authorization Form /Pre Authorization
Surgical Procedures	Reconstructive Procedures (Surgeries) Medically Necessary (Selected codes from CMS Questionable Covered Services, OCE 2017)	15820 Revision of lower eyelid 15821 Revision of lower eyelid 15822 Revision of upper eyelid 15823 Revision of upper eyelid 67901 Repair eyelid defect 67902 Repair eyelid defect 67903 Repair eyelid defect 67904 Repair eyelid defect 67906 Repair eyelid defect 67908 Repair eyelid defect 67909 Revise eyelid defect 67911 Revise eyelid defect	Pre Certification	PCP Referral/ Pre Authorization (Only Plastic and Oculoplastic Surgens Providers)

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
		15824 Removal of forehead wrinkles 15825 Removal of neck wrinkles 15826 Removal of brow wrinkles 15828 Removal of face wrinkles 15829 Removal of skin wrinkles 15830 Exc skin abd 15832 excise excessive skin tissue 15833 excise excessive skin tissue 15834 excise excessive skin tissue 15835 excise excessive skin tissue 15836 excise excessive skin tissue 15837 excise excessive skin tissue 15838 excise excessive skin tissue 15839 excise excessive skin tissue 15876 suction assisted lipectomy 15877 suction assisted lipectomy 15878 suction assisted lipectomy 15879 suction assisted lipectomy 19316 Suspension of breast 19318 Reduction of large breast 19324 Enlarge breast 19325 Enlarge breast with implant 19328 Removal of breast implant 19330 Removal of implant material 19350 Breast reconstruction 19364 Breast reconstruction 19366 Breast reconstruction 19370 Surgery of breast capsule 19371 Removal of breast capsule 19380 Revise breast reconstruction	Pre Certification	PCP Referral /Pre Authorization
	Respiratory System/ Bronchial Thermoplasty	31660, 31661	Pre-Certification	PCP Referral/ Pre Authorization
	Bariatric Surgery (Only initial bariatric surgery)	43644, 43645, 43770, 43775, 43845-43848	Pre Certification	PCP Referral /Pre Authorization
	Organ Transplants (Includes all transplant preparation)	Bone-marrow 38240-38242 Heart 33933,33944, 33945 Heart Lung 33935	Case Management	Pre Authorization

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		<p>Liver 47399 47143-47147</p> <p>Lung 32850,32851,32852, 32853, 32854 32855, 32856, 33933</p> <p>Pancreas 48550, 48551, 48552 48554, 48556</p> <p>Renal 50300, 50320, 50323-50329, 50340, 50360, 50365, 50370, 50380, 50547</p> <p>Intestines 44135, 44136</p>		
	Office Based Procedures on Ambulatory Surgical Centers or In Patient Setting (Per ASC 2017 "Office Based Procedures") (CPT Codes in POS 21,22 or 24 require PA, in POS 11 DO NOT REQUIRE PA)	Refer to Addendum 2 (CPT Codes in POS 21, 22 or 24 require PA, in POS 11 DO NOT REQUIRE PA)	Pre Certification	PCP Referral/ Pre Authorization
	*Available on Provinet			
	Ambulatory Procedures on In Patient Setting (2017 code list, verified for invalid and new codes) (CPT Codes in POS 21 require PA, in POS 22 or 24, DO NOT REQUIRE PA)	Refer to Addendum 1 (CPT Code in POS 21 require PA)	Pre Certification	PCP Referral/ Pre Authorization
	*Available on Provinet			
Outpatient Rehabilitation Services	CORF	0931, 0932 Place of Service-62	Case Management if service is	PCP Referral and Case Management Pre Authorization

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			<p>initiated as a result of transition service.</p> <p>PCP referral if the service is initiated as part of an ambulatory treatment plan.</p> <p>Discharge Planning if the service initiated during Hospital Discharge.</p>	
	Cardiac Rehabilitation Services	93797, 93798	Pre Certifications	Pre Authorization
	Occupational Therapy, Physical Therapy, Speech and Language Therapy	All Section	Pre Certifications/ Therapy Network	Pre Authorization/ Therapy Network Puerto Rico
Part B Drugs	Selected Part B Drugs / Parenteral Nutrition	B4149, B4150, B4152, B4153, B4154, B4155	Pre Certification / Case Management/ Discharge Planning	PCP Referral/ Pre Authorization
		J0129, J0202, J0220, J0221 J0256, J0257, J0485, J0490 J0585, J0586, J0587, J0588 J0598, J0640, J0740, J0800 J0834, J0881, J0882, J0885	Pharmacy Unit	Pre Authorization

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		J0887, J0888, J0894, J0897		
		J1190, J1260, J1300, J1442		
		J1447, J1556, J1566, J1569		
		J1572, J1575, J1626, J1740		
		J1745, J1786, J1950, J2323,		
		J2353, J2355, J2357, J2405		
		J2430, J2469, J2505, J2507		
		J2820, J3240, J3262, J3315		
		J3380, J3489, J3490, J3590		
		J7180, J7182, J7183, J7185		
		J7186, J7187, J7189, J7190		
		J7192, J7193, J7194, J7195		
		J7197, J7198, J7199, J7200		
		J7201, J7205, J7312, J7316		
		J7320, J7321, J7323, J7324,		
		J7325, J7326, J7327, J7340		
		J7639, J7682, J7699, J7799		
		J9000, J9017, J9019, J9025		
		J9027, J9031, J9032, J9033		
		J9034, J9035, J9040, J9041		
		J9042, J9043, J9045, J9047		
		J9050, J9055, J9060, J9065		
		J9070, J9098, J9100, J9120		

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
		J9130, J9145, J9150, J9155		
		J9171, J9176, J9178, J9179		
		J9181, J9185, J9190, J9200		
		J9201, J9202, J9205, J9206		
		J9207, J9208, J9209, J9211		
		J9214, J9217, J9218, J9225		
		J9226, J9228, J9230, J9245		
		J9250, J9260, J9261, J9263		
		J9264, J9266, J9267, J9268		
		J9271, J9280, J9293, J9295		
		J9299, J9301, J9302, J9303		
		J9305, J9306, J9307, J9308		
		J9310, J9315, J9320, J9325		
		J9328, J9330, J9351, J9352		
		J9354, J9355, J9357, J9360		
		J9370, J9371, J9390, J9395		
		J9400, J9999, Q2050, Q5102		