

**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
	Orthodontic Treatment	D8010, D8020, D8030, D8040, D8050, D8060, D8070, D8080, D8090, D8210, D8220, D8660, D8670, D8680	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	A6550, E2402	Case Management/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Lymphedema Supplies	E0669	Pre Certification	Authorization – through Referral/ Authorization Form /Pre Authorization

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
	Oxygen and Related Respiratory Equipment	E0434, E1390, E1392	Pre Certification	Authorization – through Referral/ Authorization Form /Pre Authorization
	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
	BIPAP and CPAP Equipment or Supplies	E0470, E0471, 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, E0181, E0184, E0185, E0260, E0261, E0271, E0272, E0277, E0301, E0303, E0304	Pre Certification / Case Management/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Patient Lifts	E0630, E0635	Pre Certification / Case Management/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
	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	K0800, K0010, K0011, K0823, K0824, E1230	Pre Certification/ Discharge Planning	Authorization – through Referral/ Authorization Form /Pre Authorization
	Customized Equipment	A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5513, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6513, A8002, A8003, E0486, E2609, E2617, K0008, K0013, K0900, L0112, L0220, L0452, L0454, L0456, L0460, L0466, L0468, L0480, L0482, L0484, L0486, L0622, L0624, L0626, L0627, L0629, L0630, L0631, L0632, L0633, L0634, L0636, L0637, L0638, L0639, L0640, L1600, L1610, L1630, L1620, L1640, L1680, L1685, L1700, L1710, L1720, L1730, L1755, L1810, L1832, L1834, L1840, L1843, L1844, L1845, L1846, L1847, L1860, L1900, L1904, L1907, L1920, L1940, L1945, L1950, L1960, L1970, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038,	Pre Certification	Authorization – through Referral/ Authorization Form /Pre Authorization

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
		L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2126, L2128, L2232, L2320 L2330, L2387, L2520, L2526, L2755, L2800, L3230, L3250, L3252, L3253, L3671, L3674, L3677, L3702, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3806, L3807, L3808, L3900, L3901, L3904, L3905, L3906, L3913, L3915, L3917, L3919, L3921, L3923, L3929, L3933, L3935, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L4030, L4040, L4045, L4050, L4055, L4360, L4386, L4396, 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

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
High Tech Radiology Services	Advance Imaging MRI/MRA (BETOS 2018)	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 2018 & New Cardiac CT Codes 2018)	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 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	Pre Certification	PCP Referral / Pre Authorization
	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

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
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
	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

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
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 <b>Penis</b> C1813	Pre Certification	Authorization – through Referral/ Authorization Form /Pre Authorization
Surgical Procedures	Reconstructive Procedures ( <b>Surgeries</b> ) Medically Necessary (Selected codes from CMS Questionable Covered Services, OCE 2018)	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 Surgeons Providers)
		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	Pre Certification	PCP Referral /Pre Authorization

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
		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 19367 Breast reconstruction 19368 Breast reconstruction 19369 Breast reconstruction 19370 Surgery of breast capsule 19371 Removal of breast capsule 19380 Revise breast reconstruction		
	Respiratory System/ Bronchial Thermoplasty	31660, 31661	Pre-Certification	PCP Referral/ Pre Authorization
	Bariatric Surgery (Only initial bariatric surgery)	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774 43775, 43845, 43846, 43847, 43848	Pre Certification	PCP Referral /Pre Authorization
	Organ Transplants (Includes all transplant preparation)	<b>Bone-marrow</b> 38240-38242 <b>Heart</b> 33933,33944, 33945 <b>Heart Lung</b> 33935 <b>Liver</b> 47399 47143-47147 <b>Lung</b> 32850,32851,32852, 32853, 32854 32855, 32856, 33933 <b>Pancreas</b> 48550, 48551, 48552 48554, 48556 <b>Renal</b> 50300, 50320, 50323-50329, 50340, 50360, 50365, 50370, 50380, 50547	Case Management	Pre Authorization



SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
		<b>Intestines</b> 44135, 44136		
	Office Based Procedures on Ambulatory Surgical Centers or In Patient Setting (Per ASC 2018 “Office Based Procedures” ) (CPT Codes in POS 21,22 or 24 require PA, in POS 11 DO NOT REQUIRE PA)  <b>*Available on Provinet</b>	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
	Ambulatory Procedures on In Patient Setting (2018 code list, verified for invalid and new codes) (CPT Codes in POS 21 require PA, in POS 22 or 24, DO NOT REQUIRE PA)  <b>*Available on Provinet</b>	Refer to Addendum 1 (CPT Code in POS 21 require PA)	Pre Certification	PCP Referral/ Pre Authorization
Outpatient Rehabilitation Services	CORF	0931, 0932 Place of Service-62	Case Management if service is initiated as a result of transition service.  PCP referral if the service is initiated as part of an ambulatory treatment plan.  Discharge	PCP Referral and Case Management Pre Authorization

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
			Planning if the service initiated during Hospital Discharge.	
	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, J0565, J0585, J0586, J0587, J0588 J0598, J0640, J0641, J0740 J0800, J0834, J0881, J0882 J0885, J0887, J0888, J0894 J0897, J1190, J1260, J1300 J1428, J1442, J1447, J1453, J1555, J1556 J1566, J1569, J1572, J1575 J1626, J1627, J1740, J1745, J1786 J1950, J2323, J2326, J2350, J2353, J2355 J2357, J2405, J2430, J2469 J2505, J2507, J2820,	Pharmacy Unit	Pre Authorization

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
		J3240 J3262, J3315, J3358, J3380, J3489 J3490, J3590, J7180, J7182 J7183, J7185, J7186, J7187 J7189, J7190, J7192, J7193 J7194, J7195, J7197, J7198 J7199, J7200, J7201, J7205, J7210, J7211, J7296, J7312, J7316, J7320, J7321 J7323, J7324, J7325, J7326 J7327, J7340, J7345, J7639, J7682 J7699, J7799, J9000, J9017 J9019, J9022, J9023, J9025, J9027, J9031 J9032, J9033, J9034, J9035 J9040, J9041, J9042, J9043 J9045, J9047, J9050, J9055 J9060, J9065, J9070, J9098 J9100, J9120, J9130, J9145 J9150, J9155, J9171, J9176 J9178, J9179, J9181, J9185 J9190, J9200, J9201, J9202, J9203, J9205, J9206, J9207, J9208 J9209, J9211, J9214, J9217 J9218, J9225, J9226, J9228 J9230, J9245, J9250, J9260 J9261, J9263, J9264, J9266 J9267, J9268, J9271, J9280, J9285, J9293, J9295, J9299, J9301 J9302, J9303,		

SERVICE CATEGORY	SERVICE DESCRIPTION	SERVICE CODES	DEPARTMENT	UM REQUIREMENT / REMARKS
		J9305, J9306 J9307, J9308, J9310, J9315 J9320, J9325, J9328, J9330 J9351, J9352, J9354, J9355 J9357, J9360, J9370, J9371 J9390, J9395, J9400, J9999 Q2050, Q5102		