

CeltiCare Health Plan of Massachusetts, Inc. Services that Require Prior Authorization for Medical Necessity

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Service Index					
<u>Abdominoplasty</u>	<u>Abortion</u>	<u>Acupuncture</u>	<u>Ambulance Emergency</u>	<u>Ambulance Non-Emergency</u>	<u>Autism Spectrum Services-Behavioral</u>
<u>Autism Spectrum Services-Therapeutic</u>	<u>Bariatric Surgery</u>	<u>Behavioral Health and Substance Abuse Acute Inpatient Hospitalization</u>	<u>Behavioral Health and Substance Abuse Crisis Stabilization</u>	<u>Behavioral Health and Substance Abuse Emergency Services Program (ESP)</u>	<u>Behavioral Health and Substance Abuse Initial Assessment</u>
<u>Behavioral Health and Substance Abuse Inpatient Counseling</u>	<u>Behavioral Health and Substance Abuse Methadone Services</u>	<u>Behavioral Health and Substance Abuse Outpatient Counseling</u>	<u>Behavioral Health and Substance Abuse Other Services</u>	<u>Behavioral Health and Substance Abuse Medication Management</u>	<u>Biopsy of Skin Lesions</u>
<u>Bio-pharmaceuticals and High Cost Specialty Injectables Caremark Supplied</u>	<u>Bio-pharmaceuticals and High Cost Specialty Injectables CeltiCare Provider Supplied</u>	<u>Cardiac Rehabilitation</u>	<u>Chemotherapy</u>	<u>Cochlear Implants</u>	<u>Colonoscopy</u>
<u>Cosmetic and Reconstructive Procedures</u>	<u>CPAP and BiPAP</u>	<u>Dental Emergent</u>	<u>Dental Non Emergent</u>	<u>Dermatology Procedures</u>	<u>Diabetic Foot Orthotics</u>
<u>Diabetic Supplies Lancets, test strips, alcohol pads</u>	<u>Diabetic Supplies Glucometers, visual magnifying aids, insulin pumps and supplies.</u>	<u>Dialysis</u>	<u>Durable Medical Equipment Home</u>	<u>Durable Medical Equipment Provider Office</u>	<u>Endoscopy (EGD) Upper GI</u>
<u>Enteral Nutrition, Low Protein Foods and Special Medical Formulas</u>	<u>Durable Medical Equipment Home</u>	<u>Experimental or Investigational Services</u>	<u>Genetic Testing Non-Prenatal</u>	<u>Genetic Testing Prenatal</u>	<u>Genetic Testing Pre-implantation</u>
<u>Glucometers</u>	<u>Home Health Care</u>	<u>Hospice</u>	<u>Imaging, High Tech</u>	<u>Implantable Devices</u>	<u>Infertility Services</u>

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<u>Infusion Therapy Home Based</u>	<u>Infusion Therapy Outpatient setting-Other than home</u>	<u>Inpatient Acute Admission Emergency</u>	<u>Inpatient Acute Admission Non Emergency</u>	<u>Inpatient Admission Acute /Sub acute</u>	<u>Inpatient Admission Nursery Room and Board</u>
<u>Insulin Pumps</u>	<u>Nutritional Counseling</u>	<u>Neuropsychological Testing</u>	<u>Observation Stay Behavioral Health</u>	<u>Observation Stay Medical /Surgical</u>	<u>Obstetrical Ultrasounds</u>
<u>Ocular Prostheses</u>	<u>Orthotics</u>	<u>Out of Network, Non-participating provider, Out-Of- State providers</u>	<u>Oxygen</u>	<u>Pain Management</u>	<u>Pregnancy Care</u>
<u>Prescription Drugs, Retail</u>	<u>Prosthetics</u>	<u>Pulmonary Rehabilitation Inpatient</u>	<u>Pulmonary Rehabilitation Outpatient</u>	<u>Radiation Therapy</u>	<u>Radiology High Tech</u>
<u>Radiology Routine</u>	<u>Scalp Hair Prostheses/ Cranial Prostheses</u>	<u>Skin Tag Removal</u>	<u>Sleep Studies</u>	<u>Stereotactic Radiosurgery</u>	<u>Therapies</u>
<u>Temporomandibular Joint Syndrome (TMJ)</u>	<u>Transplants</u>	<u>Vision Services Eyeglasses, contacts, eye exams</u>	<u>Vision Services Medical conditions</u>	<u>Vision Therapy</u>	

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Abdominoplasty	X	X	X		CeltiCare		
Abortion				X	CeltiCare		<p>Note: Prior authorization is required for third trimester abortions.</p> <p>Abortions for pregnancies beyond 24 weeks are prohibited in Massachusetts unless performed to save the life of the mother or eliminate substantial risk of grave impairment to her physical or mental health. (MGL c. 112)</p>
Acupuncture	X	X	X		Cenpatico	97810-97814	Only considered for coverage as part of a substance abuse treatment program.
Ambulance, (Ground or Air Emergency Transportation)						A0021,A0140, A0426,A0428, A0430,A0431, A0435, A0436	No authorization is required
Ambulance, (Ground or Air Non-Emergency Transportation)	X	X	X		CeltiCare		Non emergent transportation is only covered when it applies to transportation between two inpatient facilities. (If the admissions

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							are authorized, the ambulance transfer between facilities will also be approved)
Autism Spectrum Services <i>(Behavioral Health)</i>	Not Covered	Not Covered	X		Cenpatico	Diagnosis codes for autism: 299.00,200.10 , 299.80 Procedure Codes: H0031,H0032, H2012, H2019	Covered services include assessment and treatment planning, pharmacology supervision, direct services by professional and Para-professional.
Autism Spectrum Services <i>(Therapeutic Care)</i>	Not Covered	Not Covered	X		CeltiCare (outpatient therapies) CareCentrix (home therapies)	Diagnosis codes for autism 299.00,200.10 , 299.80 Procedure Codes: H0031,H0032, H2012, H2019	Services provided by a licensed or certified speech, occupational or physical therapists or social workers.
Bariatric Surgery	X	X	X		CeltiCare	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846,	

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
						43847, 43848, 43886, S2083	
Behavioral Health and Substance Abuse <i>(Acute Inpatient Hospitalization)</i>	X	X	X		Cenpatico		
Behavioral Health and Substance Abuse <i>(Crisis Stabilization)</i>	X	X	X		Cenpatico		<p>Note: Crisis intervention and mobile crisis intervention requires prior authorization for participating providers after 12 units (3 hours)</p> <p>Prior authorization is not required if services are rendered in an emergency room.</p> <p>Inpatient crisis stabilization does not require prior authorization for participating providers.</p>
Behavioral Health and Substance Abuse <i>(Emergency Services Program (ESP))</i>	X	X	X		Cenpatico		<p>Note: Prior authorization is required for participating providers after 3 units (3 hours).</p>

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							Prior authorization is not required if services are rendered in an emergency room.
Behavioral Health and Substance Abuse <i>(Initial Assessment)</i>				X	Cenpatico		Note: Members are limited to one assessment per 6 months.
Behavioral Health and Substance Abuse <i>(Inpatient Counseling)</i>				X	Cenpatico		No authorization is required for par providers as long as the admission is authorized.
Behavioral Health and Substance Abuse <i>(Medication Management)</i>				X	Cenpatico		Note: Participating providers do not need to obtain prior authorization for the first 12 visits.
Behavioral Health and Substance Abuse <i>(Methadone Services)</i>	X	X	X		Cenpatico		
Behavioral Health and Substance Abuse <i>(Outpatient Counseling)</i>	X	X	X				Outpatient office visits for evaluation and treatment (individual, family or group therapy). Note: For therapy and counseling

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							visits that do not include a medication management component , participating providers do not need to obtain prior authorization for the first 12 visits. Note: Therapy and counseling visits that include a medication management component do not require prior authorization for participating providers even after the 12 th visit
Behavioral Health and Substance Abuse <i>(Other Services)</i>	X	X	X		Cenpatico Behavioral Health		The following behavioral health services require prior authorization: <ul style="list-style-type: none"> ▪ Community Based Residential Treatment Programs (CBAT) ▪ Community Support Services ▪ Electroconvulsive Therapy (ECT) ▪ Family Stabilization Team ▪ Intensive Outpatient Treatment ▪ Intermediate Services - These services include, but are not limited to, the following:

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							<ul style="list-style-type: none"> o Acute and other residential treatment o Clinically managed detoxification services o Partial hospitalization o Intensive Outpatient Programs (IOP) o Day treatment o In-home therapy services ▪ Partial Hospitalization ▪ Psychological and Neuropsychological Testing ▪ Structured Outpatient Addiction Program (SOAP)
Biopsy of Skin Lesions				X	CeltiCare		<i>Also see Dermatology and Skin Tag Removal- Prior Authorization Required</i>
Bio-pharmaceuticals and High Cost Specialty Injectables (Caremark)	X	X	X		Caremark	See plan specific PDL.	Most biopharmaceutical and injectables billed for more than \$250 per drug require a Prior Authorization. (See PDL for listing of drugs that require prior

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<i>Supplied)</i>							<i>authorization at www.celticarehealthplan.com/providers)</i>
Bio-pharmaceuticals and High Cost Specialty Injectables (<i>CeltiCare Provider Supplied</i>)	X	X	X		CeltiCare	See plan specific PDL.	Most biopharmaceutical and injectables billed for more than \$250 per drug require a Prior Authorization. (<i>See PDL for listing of drugs that require prior authorization at www.celticarehealthplan.com/providers)</i>)
Cardiac Rehabilitation (<i>Outpatient</i>)				X	CeltiCare		
Chemotherapy (<i>Non inpatient</i>)	X	X	X		CeltiCare	See plan specific PDL.	EXCEPTION: Prior authorization is not required if provided by a CeltiCare participating Hematologist/ Oncologist. (<i>See PDL for listing of drugs that require prior authorization at www.celticarehealthplan.com/providers)</i>)

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Cochlear Implants	X	X	X		CeltiCare	69330	
Colonoscopy				X	CeltiCare		
Cosmetic and Reconstructive Procedures	X	X	X		CeltiCare		<p>Cosmetic surgery is only covered if the surgery is required to restore bodily function or to correct a functional physical impairment following an accidental injury, prior surgical procedure, or congenital/birth defect. Potential cosmetic / reconstructive procedures include (but are not limited to):</p> <ul style="list-style-type: none"> ▪ Blepharoplasty ▪ Mastectomy for Gynecomastia ▪ Treatment of Varicose Veins
CPAP and BiPAP	X	X	X		CareCentrix		<p>Both initial set up and replacement parts require prior authorization. Note: Sleep studies do not require prior authorization.</p>

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Dental (Emergent)							<p>No Prior Authorization is required.</p> <p>Benefit coverage is provided for all Plan Types for emergent/emergency dental services.</p> <p>Covered emergent/emergency dental services include treatment related to traumatic injury to sound, natural and permanent teeth caused by a source external to the mouth AND the emergency services are provided by a physician in a hospital emergency room or operating room within 48 hours of the injury. Services covered for emergent/emergency include x-rays and emergency oral surgery related to the repair of damaged tissues and/or the repositioning of displaced or fractured teeth. Note:</p>

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							Dental follow up after emergency dental services are rendered is not covered.
Dental (Non Emergent)	Preventive Services Covered in Plan Type I only (Corrective or restorative dental services not covered)	Not Covered	Not Covered				No Prior Authorization is required.
Dermatology Procedures	X	X	X		CeltiCare		Examples include (but are not limited to): <ul style="list-style-type: none"> - Skin tag removal - Scar revision - Skin Tattooing - Otopasty
Diabetic Foot Orthotics	X	X	X		CareCentrix		<i>Also see Orthotics.</i>

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Diabetic Supplies <i>(Lancets, test strips, alcohol pads)</i>					US Script	See plan specific PDL.	Covered through the pharmacy benefit at CeltiCare participating pharmacies. (See PDL for specific supplies that are covered at www.celticarehealthplan.com/providers) <i>Also see Glucometers.</i>
Diabetic Supplies <i>(Glucometers, visual magnifying aids, insulin pumps and supplies).</i>	X	X	X		CareCentrix		<i>Also see Glucometers</i>
Dialysis				X	CeltiCare	See plan specific PDL.	Dialysis performed at a hospital, home, or a free standing dialysis facility is covered when provided by a participating provider. Coverage includes all related medical supplies, equipment, and services; including the costs to maintain or repair purchased equipment. When dialysis is performed in the home, coverage is not provided for home hemodialysis, the costs of a person to assist with your dialysis, or the

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							cost for power, water, or waste disposal systems. Note: Certain drugs used during hemodialysis may require prior authorization. (See PDL for listing of drugs that require prior authorization at www.celticarehealthplan.com/providers)
Durable Medical Equipment <i>(Home)</i>	X	X	X		CareCentrix	Residential place of service billing codes 04, 12, 13, 14, 16, 33, 99.	
Durable Medical Equipment <i>(Provider Office)</i>	X	X	X		CeltiCare	Certain durable medical equipment and supplies may be provided in a physician office or clinic by a physician such as	Authorization is required for durable medical equipment (splints and braces) over \$500 per member per date of service billed by a physician office or clinic.

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CeltiCare Health Plan of Massachusetts, Inc. Services that Require Prior Authorization for Medical Necessity

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
						splints and braces. These include place of service billing codes 11, 22, 50, 49, 72.	
Endoscopy (EGD) Upper GI				X	CeltiCare		
Enteral Nutrition, Low Protein Foods and Special Medical Formulas	X	X	X		CareCentrix	The place of service billing code accepted is 12 (home). Other billed place of service codes are not accepted. B4134-B4162, B4164-B5200, B9000-B9002, B9004, B9006, B9998, B9999, S9340S9343, S9364-S9368	See plan document for specific coverage guidance.

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
Experimental or Investigational Services	X	X	X		CeltiCare		Benefit coverage is not provided for healthcare services that are received for or related to care that is determined by CeltiCare to be an experimental or investigational service or procedure. Examples include, but are not limited to: <ul style="list-style-type: none"> - Actigraphy - Balloon Sinuplasty - Cranial Neurostimulator - Cervical and lumbar artificial disc replacement - Gastric Electric Stimulation - Hyperbaric Oxygen Therapy - Whole body photography
Genetic Testing <i>(Non-Prenatal)</i>	X	X	X		CeltiCare		

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
Genetic Testing <i>(Prenatal)</i>							No prior auth required
Genetic Testing <i>(Pre-implantation)</i>	Not Covered	Not Covered	X				
Glucometers	X	X	X		CareCentrix		<i>Also see Diabetic Supplies.</i>
Home Health Care <i>(Skilled Nursing, Physical, Occupational and Speech Therapy, Medical Social Worker, Dietician Services)</i>	X	X	X		CareCentrix		
Hospice	X	Not Covered	X		CeltiCare	G0337, Q5001 Q5002, Q5003 Q5004, Q5005 Q5006, Q5007 Q5008, Q5009 S0255, S9126, T2042, T2043, T2044, T2045, T2046	

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
Imaging, High Tech	X	X	X		CeltiCare		<i>See Radiology</i>
Implantable Devices <i>(penile and cochlear implants only)</i>	X	X	X		CeltiCare		
Infertility Services	Not Covered	Not Covered	X		CeltiCare	See contract for specific codes	
Infusion Therapy <i>(Home Based)</i>	X	X	X		Caremark (Specialty Drugs) CareCentrix (Other infusion therapies such as TPN, IV antibiotics and pain medication)		<i>See PDL for listing of covered drugs that require prior authorization at www.celticarehealthplan.com/providers</i>

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
Infusion Therapy <i>(Outpatient setting-Other than home)</i>	X	X	X		CeltiCare (Reimbursement of provider supplied injectables) Caremark (Order and delivery of non provider supplied injectables)		See PDL for listing of covered drugs that require prior authorization at www.celticarehealthplan.com/providers
Inpatient Acute Admission <u>Emergency</u> <i>(Medical Surgical, Behavioral Health and Substance Abuse)</i>	X	X	X		CeltiCare (Medical Surgical) Cenpatico (Behavioral Health / Substance Abuse)		Prior authorization is not required for emergent or urgent care services. Facilities are required to notify CeltiCare Health Plan or Cenpatico of all inpatient urgent/ emergency admissions within one (1) business day following the admission. Note: The approval will cover the initial admission and the remainder of hospitalization will be subject to

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
							concurrent review.
Inpatient Acute Admission <u>Non Emergency</u> <i>(Medical, Surgical, Obstetrical Inpatient, Behavioral Health and Substance Abuse)</i>	X	X	X		CeltiCare (Medical Surgical) Cenpatico (Behavioral Health / Substance Abuse)		Authorization is required for elective admissions and must be obtained five (5) business days prior to the scheduled date of admission. Notification is required for all OB deliveries. Note: The approval will cover the initial admission and the remainder of hospitalization will be subject to concurrent review.
Inpatient Admission <i>(Acute /Sub acute Rehabilitation, Skilled Nursing, Chronic Disease)</i>	X	X (SNF Not Covered)	X		CeltiCare		The rehabilitation facility is required to obtain prior authorization from CeltiCare prior to the admission. Note: The approval will cover the initial admission and the remainder of hospitalization will be subject to concurrent review.

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
							<p>ComCare: Skilled Nursing, Inpatient Rehab and Chronic Disease Hospital are <u>combined</u> 100 days per contract year.</p> <p>ComCare Bridge: Inpatient Rehab and Chronic Disease Hospital <u>combined</u> 100 days per contract year. Skilled Nursing is <u>not</u> a covered benefit.</p> <p>Commercial: Skilled Nursing up to 100 days per benefit year. Inpatient Rehab or Chronic Disease Hospital up to 60 days per benefit year.</p>
Inpatient Admission <i>(Nursery Room and Board)</i>	Not Covered	Not Covered	X		CeltiCare		Applies to newborns that remain in the hospital beyond 48 hours after a vaginal delivery or beyond 96 hours after a cesarean delivery for medical or social reasons or a newborn that requires a level of care higher than Level I nursery

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
							either immediately after birth or at any time during the hospitalization.
Insulin Pumps	X	X	X		CareCentrix		Note: Both insulin pump and supplies require prior authorization. <i>Also see Diabetic Supplies</i>
Neuropsychological Testing	X	X	X		Cenpatico		
Nutritional Counseling <i>(Outpatient)</i>				X			<i>Also see Homecare Services</i>
Observation Stay <i>(Behavioral Health)</i>	X	X	X		Cenpatico		A behavioral health observation stay may last up to a maximum of 72 hours (3 days) . If greater than 72 hours , the facility must contact Cenpatico for prior authorization of inpatient admission.

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
Observation Stay <i>(Medical /Surgical)</i>					CeltiCare		An observation stay may last up to a maximum of forty-eight (48) hours . If greater than 48 hours, the hospital must contact CeltiCare to justify medical necessity for inpatient admission.
Obstetrical Ultrasounds <i>(greater than 2 in 9 months)</i>	X	X	X		CeltiCare	76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816, 76817 The following billing codes do not require prior authorization : 76813, 76814,	OB Ultrasound - services greater than 2 in 9 months require prior authorization. Note: No prior authorization required if performed by a Perinatologist. <i>Also see Imaging, High Tech</i>
Ocular Prostheses	X	X	X		CeltiCare	V2623- V2629	<i>Also see Prosthetics</i>
Orthotics	X	X	X		CareCentrix (Place of Service)		The place of service billing code accepted is 12. Other billed places of service codes are not accepted.

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
					12) CeltiCare (If Physician supplied-Place of Service 11 and 22)		EXCEPTION: Participating CeltiCare podiatrists and orthopedic physicians may provide orthotics in the office location (place of service billing code 11 and 22) with authorization from CeltiCare. Note: Diabetic shoes and shoe inserts are limited to members with diabetes only.
Out of Network, Non-participating provider, Out-Of-State providers	X	X	X		CeltiCare		Prior authorization is not required for emergency services. Facilities are required to notify CeltiCare Health Plan or Cenpatico of all inpatient urgent/ emergency admissions within one (1) business day following the admission. Note: The approval will cover the initial admission and the remainder of hospitalization will be subject to concurrent review.

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
Oxygen	X	X	X		CareCentrix		Oxygen and related supplies are a subset of DME.
Pain Management <i>(Outpatient and Office)</i>	X	X	X		CeltiCare		All pain management treatments, injections and procedures require prior authorization.
Pregnancy Care				X	CeltiCare		Notification Only Required: Fax Notification of Pregnancy Assessment within 5 days of first Prenatal Visit to 1-866-614-4958
Prescription Drugs, Retail	X	X	X		US Script		See PDL for listing of drugs that require prior authorization at www.celticarehealthplan.com/providers
Prosthetics <i>(External, Non Surgical Implanted)</i>	X	X	X		CareCentrix		Note: Ocular and Scalp / Cranial prostheses require prior authorization through CeltiCare <i>(Also see Ocular Prostheses and Scalp Prostheses)</i>
Pulmonary Rehabilitation <i>(Inpatient)</i>	X	X	X		CeltiCare		<i>Also see Inpatient Admission - Rehab</i>

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Pulmonary Rehabilitation <i>(Outpatient)</i>	X	X	X		CeltiCare	G0237- G0239, S9473	
Radiation Therapy				X			
Radiology <i>(High Tech)</i>	X	X	X				<p>Only CT/ CTA, MRI / MRA, PET scans, nuclear cardiology scans (including nuclear stress tests) require prior authorization.</p> <p>All other nuclear scans do not require prior authorization.</p> <p>Applies to non-emergent outpatient/office radiology services only.</p> <p>Note: CT and MRI for tissue localization do not require prior authorization.</p> <p><i>Also see Obstetrical Ultrasounds</i></p>
Radiology <i>(Routine)</i>				X	CeltiCare		Only High tech imaging requires

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
							prior authorization (see above)
Scalp Hair Prosthesis/ Cranial Prosthesis	X	X	X		CeltiCare		Also see <i>Prosthetics</i>
Skin Tag Removal	X	X	X				Also see <i>Dermatology and Biopsy of Skin Lesions</i>
Sleep Studies				X			Also see <i>CPap and BiPap</i>
Stereotactic Radiosurgery	X	X	X		CeltiCare		
Therapies: <i>(Outpatient Speech Therapy, Physical Therapy, Occupational Therapy)</i>	X	X	X		CeltiCare	Initial Evaluation codes: 97001, 97002, 97003, 97004, 92506, S9152	No authorization required for initial evaluation unless non-par provider
Temporo mandibular Joint Syndrome (TMJ)	Not covered	Not covered	Not covered				Benefit coverage is not provided for services to treat temporomandibular joint syndrome.
Transplants	X	X	X		CeltiCare		All transplants services including pre, transplant, and post transplant

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
							services.
Vision Services <i>(Eyeglasses, contacts, eye exams)</i>		Not covered except for the provision of lenses for the treatment of Keratoconus through a CeltiCare Provider (Not available through OptiCare)		X			No Prior authorization is required. Coverage is for routine eye exam, eye glasses, contacts and contact lens fitting. Services must be provided by an OptiCare Provider. (For additional information about covered vision services or participating OptiCare providers, call CeltiCare Member Services at 1-866-895-1786.)
Vision Services <i>(Medical conditions)</i>				X			No Prior authorization is required. Eye exams for medical conditions that may affect the eye (such as diabetes, high blood pressure and glaucoma) are covered when the service is performed by a CeltiCare participating provider (optometrist or ophthalmologist).

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Service	Commonwealth Care	Commonwealth Care Bridge	Commercial	No Prior Authorization Required (unless rendered by a nonparticipating provider)	Contact for Prior Authorization or Notification	Billing Codes	Comments
							Covered services include non-refractive eye exams and treatment of medical eye conditions. (See above for vision correction services)
Vision Therapy <i>(Orthoptic or Pleoptic Training, Vision Training, and Therapies)</i>	Not covered	Not covered	X		CeltiCare		Requires prior authorization for Commercial members 6-8 years of age. (Not covered for members over 8 years old)

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