

August 4, 2023

PRIOR AUTHORIZATIONS – IMPORTANT UPDATE

We are currently experiencing higher than normal volumes for faxed prior authorization requests. As we work to resolve the issues, we will only require prior authorization for specified services and for a designated period of time. This is effective 7/7/23.

Services requiring Prior Authorization/Notification

1. Non-covered benefits
2. Medications
3. Transplants

4. SNF/Rehab
5. Fetal Umbilical Artery Doppler Velocimetry CPT Code: 76821
6. Vascular Study (Uterine Artery) CPT Code: 93976
7. Detailed (targeted) ultrasounds: CPT code:76811, 76812

If the requesting provider is NOT in Community's network, but the servicing provider is part of Community's network, the requesting provider does not have to request prior authorization for the following services from 7/7/23.

1. CT scans, ECHOs, Ultrasounds
2. Outpatient Therapy (physical, occupational, speech) *NOTE: This does not include home health therapy or any services extending past 8/18/23.*
3. Wound vacs
4. DMEs except *enteral formula, hospital beds*
5. Dialysis unless code 90999 is requested (*this code requires review*)

NOTE: All services are subject to retrospective review.