



Provider Notice

February, 2024

Prior Authorization Changes

CountyCare Health Plan is committed to providing an efficient and consistent Utilization Management (UM) experience for our members and providers. We are always looking for new solutioning partners who can provide more efficient and effective ways to manage medical care resources.

The prior authorization for the following codes was previously listed on the CountyCare Prior Authorization list as managed by EviCore and NO PA was required. Effective immediately, these codes will be managed by the CountyCare (Evolut) Utilization Management (UM) Department. **No prior authorization will be required by CountyCare (Evolut) UM until 4/15/24.**

<i>Service Category</i>	<i>Code</i>	<i>Code Description</i>	<i>Current-No PA under EviCore</i>	<i>PA Effective Date- Change</i>	<i>Vendor Name Change</i>
HCPCS	A5508	DM ONLY DELUX FEATUR SHOE/CSTM MOLD	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolut
HCPCS	A5510	DIAB ONLY DIR FORM COMPRS MOLD FT	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolut
HCPCS	Q0478	PWR ADAPTR ELEC/PNEUMAT VAD VEH TYP	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolut
HCPCS	Q0479	POWER MODULE ELEC/PNEUMAT VAD REPL	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolut
HCPCS	Q0480	DRIVER FOR PNEUMATIC VAD REPL ONLY	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolut
HCPCS	Q0481	MICRPROCSS CU FOR ELEC VAD REPL	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolut
HCPCS	Q0482	MICRPROCSS CU ELEC/PNEUMAT VAD REPL	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolut
HCPCS	Q0483	MON/DISPLAY MODULE W/ELEC VAD REPL	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolut
HCPCS	Q0484	MON ELEC OR ELEC/PNEUMAT VAD REPL	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolut

HCPCS	Q0488	POWER PACK BASE FOR ELEC VAD REPL	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolent
HCPCS	Q0489	PWR PACK BASE ELEC/PNEUMAT VAD RE	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolent
HCPCS	Q0495	BATT CHRG ELEC/ELEC-PNEUMAT VAD RPL	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolent
HCPCS	Q0496	BATT NOT LITHIUM-ION ELEC VAD REPL	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolent
HCPCS	Q0503	BATT FOR PNEUMAT VAD REPL ONLY EA	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolent
HCPCS	S1040	CRANIAL REMOLD ORTHOT PED CUST FAB	No PA is required until 4/10/24	Yes- PA eff 4/15/2024	CountyCare UM/Evolent

To view the latest CountyCare Prior authorization list and the changes click [here](#)

Coverage Changes

The following codes still require prior authorization. **However, they are now covered by Medicaid and CountyCare.** You may have historically received a Prior Authorization denial for these codes stating that **"services are excluded under the plan."** Because these services are now covered, claims with a date of service of 11/1/23 through 2/10/24 and received by 2/13/24, where an initial prior authorization was received will be reviewed and reprocessed. If you submitted claims after this date, please work with your Provider Relations rep to ensure that your claims are reprocessed.

The EviCore PA list can be found here: [CountyCare-Evolent DME CPT Code List \(d23136htrrhty7.cloudfront.net\)](https://d23136htrrhty7.cloudfront.net)

HCPCS	Code Description
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only
L2768	Orthotic side bar disconnect device, per bar
L3020	Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new

L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L4100	Replace leather cuff kafo, proximal thigh
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control
L5661	Addition to lower extremity, socket insert, multi-durometer symes
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
L5930	Addition, endoskeletal system, high activity knee control frame
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature

L5971	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system
L5980	All lower extremity prostheses, flex foot system
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature
L5990	Addition to lower extremity prosthesis, user adjustable heel height
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
L6660	Upper extremity addition, heavy duty control cable
L6703	Terminal device, passive hand/mitt, any material, any size
L6704	Terminal device, sport/recreational/work attachment, any material, any size
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
L7007	Electric hand, switch or myoelectric controlled, adult
L7008	Electric hand, switch or myoelectric, controlled, pediatric
L7009	Electric hook, switch or myoelectric controlled, adult
L7360	Six volt battery, each
L7362	Battery charger, six volt, each
L7368	Lithium ion battery charger, replacement only
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material

Reminder

To request prior authorization for DME from EviCore

- Use their web portal <https://evicore.com/Pages/ProviderLogin.aspx>. or
- Fax to 866-663-7740 or
- Phone at Telephone: 866-525-5029 or fax to 866-663-7740, 7 AM to 8 PM CST., Monday- Friday

This policy is intended to provide guidance for In-Network providers. However, all Out of Network requests are subject to prior authorization through eviCore as well. Out of Network requests may be redirected to an In-network provider whenever possible and will be subject to physician review.

Contact us

Please contact CountyCare Provider Services at **312-864-8200, Option 6**. You can also use our Interactive Voice Response (IVR) system to verify eligibility. The Provider Services Representatives can assist you with eligibility and claim status. They can also connect you with your assigned PR Representative.

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact your assigned Provider Relations Representative or if you do not know your assigned Representative, please contact CountyCareProviderServices@cookcountyhhs.org.