

Provider Notice

Date: April 13, 2022

To: All Community Care Plan Providers-Office Managers

Subject: New List of HCPCS Codes Requiring Prior Authorization

A comprehensive list of Healthcare Common Procedure Coding System (HCPCS) codes that require prior authorization has been updated and is available on the Community Care Plan website. The new HCPCS codes list replaces the previous prior authorization requirement for infusion or injectable medications.

Please be advised that effective May 15, 2022, a list of Healthcare Common Procedure Coding System (HCPCS) codes for medications requiring prior authorization has been added to the “Services Requiring Prior Authorization” page of the For Providers- MMA section of the Community Care Plan website (www.ccpcares.org). The new HCPCS code list replaces the previous authorization requirement for infusion or injectable medications.

The process to submit medication requests containing an HCPCS code that requires prior authorization is as follows:

1. Submit a HCPCS Prior authorization request form to Community Care Plan by fax to (844) 870-0159. Participating providers must submit prior authorization requests for medical services via EPIC link/Plan link web portal. **For any questions, please call (866) 899-4828.**
2. The HCPCS code that corresponds to the medication request should be included in the request. If the HCPCS code is a miscellaneous code, then the National Drug Code (NDC) number must be included on the request.
3. CCP will review the request and make a determination within seven calendar days for standard requests and two calendar days for urgent requests. An approval or denial will be based on prior authorization criteria developed in accordance with current clinical practice guidelines.
4. CCP will communicate the final determination to the provider.
 - a. If the prior authorization request is approved, a fax will be sent to your office alerting you of the approval.
 - b. If the prior authorization request is denied, a fax will be sent to your office alerting you of the denial.
 - c. An additional copy will be mailed to the member.

If you have any questions, please contact our Provider Operations Hotline at 855-819-9506.