State of Connecticut Employer Group and State Partnership Plan
Pre-Certification Requirements

Effective July 1, 2026

Please review the precertification list (page 1) to confirm whether precertification is required before submitting a request.

For categories marked "Certain services within this category require precertification," refer to the full code list (page 2)

If precertification is required, submit the attached fax form (page 3).

Inpatient pre-admission certification and continued stay reviews (all ages, all diagnoses)

- Surgical and non-surgical (excluding routine vaginal or cesarean deliveries)
  - The attending physician **does not have to obtain pre-certification** from the Plan for prescribing a maternity length of stay that is forty-eight (48) hours or less for a vaginal delivery or ninety-six (96) hours or less for a cesarean delivery.
- Long term acute care facility (LTAC), not custodial care
- Skilled nursing facility/rehabilitation facility
- Inpatient mental health/substance use disorder treatment (includes residential treatment facility services)

Outpatient Surgery

Certain services within this category require pre-certification.

Adoptive cell therapy

Durable medical equipment (DME) and medical devices

Certain services within this category require pre-certification.

Gene Therapy

Genetic/genomic testing (excluding amniocentesis)

Certain services within this category require pre-certification.

Hyperbaric oxygen therapy

Network outpatient physical therapy and occupational therapy in excess of twenty-four (24) visits per plan year per therapy type

- Mental health diagnoses **do not require** pre-certification. Non-network outpatient physical therapy and occupational therapy **do not require** pre-certification and are subject to benefit maximum.

Non-emergent air ambulance

Outpatient advanced imaging (excluding services rendered in an emergency room setting)

- MRI/MRA
- PET scans

Certain services within this category require pre-certification.

Partial hospitalization and intensive outpatient program in excess of twenty-four (24) visits per plan year per therapy type, for mental health and substance use disorder treatment

Private Duty Nursing provided in the home

For oncology diagnoses ONLY: certain medications which are covered under the medical benefits and not obtained through the Prescription Drug Benefits (i.e. provided in an outpatient facility, physician's office, or home infusion)

Note: Certain other non-oncology specialty medications may require precertification through CarelonRx

Services rendered in an emergency room or urgent care setting do not require pre-certification.

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The following diagnosis, CPT, and HCPCS codes require prior authorization for the categories identified on Page 1. Requirements are subject to member benefits and applicable medical policy.

Diagnosis Codes - prior authorization required regardless of place of service when submitted as the primary diagnosis

D17.0-D17.9 - Lipomas	**I83.001-I83.93** - Varicose veins	**L70.0** - Acne vulgaris	**L91.0** - Hypertrophic scars

Durable Medical Equipment (DME)

E0481, E0483, E0485, E0486, E0616-E0617 E0638, E0641-E0642, E0650- E0652 E0655, E0660, E0665-E0673, E0676-E0677, E0691-E0694, E0745-E0749, E0760, E0762, E0764	E0766, E0770, E0782-E0784, E0986, E1002-E1008, E1230, E1399, E1700-E1702, E1801, E1806, E1811, E1816, E1818, E1821, E1831, E1841, E1902, E1905, E2120, E2351, E2402, E2500, E2502, E2504, E2506, E2508	E2510-E2512, E2599, K0005, K0010-K0014, K0455, K0554, K0606, K0800-K0802, K0806-K0808, K0812-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, K0890-K0891, K0898, K1001-K1002, K1004, K1007, K1014, K1018-K1021, K1023, K1028-K1033

Genetic / Genomic Testing

81120-81121, 81161-81168, 81170-81194, 81200-81210, 81212, 81215-81279, 81284-81327, 81329-81353, 81355, 81357, 81360-81364, 81377, 81410-81417, 81419-81420, 81422, 81425-81427, 81430-81443, 81445, 81448-81451, 81455, 81457-81460, 81462-81463, 81465, 81470-81471, 81479, 81490, 81493, 81500	81503-81504, 81506-81512, 81518-81523, 81525, 81529, 81535-81536, 81538-81542, 81546, 81551-81552, 81554, 81560, 81595, 81599, 86294, 86316, 86386, 88120-88121, 88245, 88248-88249, 88261-88264, 88267, 88269, 88271-88275, 88299, 0006M-0007M, 0011M-0013M, 0016M-0017M, 0003U	0005U, 0009U, 0016U-0019U, 0022U-0023U, 0026U-0027U, 0036U-0037U, 0040U, 0045U-0050U, 0055U, 0060U, 0069U, 0087U-0091U, 0094U, 0101U-0103U, 0111U, 0118U, 0120U, 0130U-0136U, 0138U, 0153U-0162U, 0177U, 0179U, 0203U-0204U, 0209U, 0211U-0218U, 0228U-0236U, 0239U, 0242U	0244U-0246U, 0250U, 0258U, 0260U, 0262U, 0264U-0274U, 0285U, 0287U-0288U, 0296U-0300U, 0306U-0307U, 0313U-0315U, 0318U-0320U, 0326U-0327U, 0329U, 0331U-0336U, 0339U-0341U, 0343U, S3800, S3840-S3842, S3844-S3846, S3850, S3852-S3854, S3861, S3865-S3866, S3870

Outpatient Advanced Imaging

70336, 70540, 70542-70549, 70551-70554, 71550-71552, 71555, 72141-72142, 72146-72149	72156-72159, 72195-72198, 73218-73222, 73718-73723, 74181-74183, 74185, 75557, 75561	76390, 77046-77049, 78429-78433, 78459, 78491-78492, 78608-78609, 78811-78816

Outpatient Surgical Services

10040, 11200-11201, 11300-11303, 11305-11308, 11310-11313, 11400-11404, 11406, 11420-11424, 11426, 11440-11444, 11446, 11920-11922, 11950-11952, 11954, 11980, 12011, 12013-12018, 12020-12021, 12051-12057, 13151-13153, 13160, 14040-14041, 14060-14061, 15150, 15155, 15220-15221, 15271, 15273, 15275, 15277, 15756, 15771, 15773, 15775-15776, 15780-15783, 15786, 15788-15789, 15792-15793, 15819-15826, 15828-15830, 15832-15842, 15845, 15847, 15876-15879, 15938, 17000, 17003-17004, 17106-17108, 17110-17111, 17250, 17340, 17360, 17380, 19105, 19300, 19303, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367-19371, 19380, 19396, 20979, 20982-20983, 21010, 21050, 21060, 21073, 21083, 21087, 21089, 21110, 21120-21123, 21125, 21127, 21137-21139, 21141-21143, 21145-21147, 21150-21151	21154-21155, 21159-21160, 21172, 21175, 21179-21180, 21182-21184, 21188, 21193-21196, 21198-21199, 21206, 21208-21210, 21215, 21230, 21235, 21240, 21242-21247, 21255-21256, 21270, 21275, 21685, 21740, 21742-21743, 21811-21813, 22505, 22526, 22586, 22852, 22867, 22869, 24300, 25259, 26340, 27275, 27860, 28890, 29800, 29804, 30117, 30120, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468-30469, 31574, 31647-31648, 31660-31661, 32850-32856, 32994, 32998, 33140, 33202-33203, 33208, 33214, 33216-33217, 33224, 33226, 33228-33231, 33240, 33249, 33263-33264, 33267, 33269-33271, 33274-33275, 33285, 33289, 33340, 33361-33366, 33418, 33477, 33548, 33927-33928, 33930, 33933, 33935, 33940, 33944-33945, 33975-33976, 33979, 33981-33983, 33990-33991, 33993, 33995, 36465-36466, 36468, 36470-36471	36473, 36475, 36478-36479, 36482, 36511-36514, 36516, 37220-37221, 37224-37231, 37241-37243, 37500, 37700, 37718, 37722, 37735, 37760-37761, 37765-37766, 37780, 37785, 37799, 38204-38215, 38230, 38232, 38240-38243, 40650, 40652, 40654, 40700-40702, 40720, 40761, 41512, 41530, 41899, 42145, 43192, 43201, 43210, 43229, 43236, 43257, 43284-43285, 43290-43291, 43497, 43632-43633, 43644-43645, 43770-43775, 43842-43843, 43845-43848, 43886-43888, 43999, 44132-44133, 44135-44136, 44715, 44720-44721, 45560, 46601, 46607, 46707, 46948, 47133, 47135, 47140-47147, 48160, 48550-48552, 48554, 48556, 49505, 49507, 49520-49521, 49525, 49650-49651, 49906, 50250, 50300, 50320, 50323, 50325, 50327-50329, 50340, 50360, 50365, 50370, 50542, 50547, 50592-50593, 51715, 53445-53449, 53451-53454, 53860, 54125, 54360	54400-54401, 54405, 54440, 54520, 54660, 54690, 55180, 55873, 56625, 56800, 56805, 56810, 57110, 57240, 57250, 57260, 57265, 57268, 57270, 57280, 57282-57285, 57291-57292, 57295-57296, 57335, 57423, 57425, 58150, 58321-58323, 58552, 58554, 58570-58573, 58674, 58970, 58974, 58976, 59076, 61736-61737, 61790-61791, 61850, 61860, 61863, 61867, 61885-61886, 62263-62264, 62281-62282, 62287, 62291, 62380, 63655, 64405, 64415, 64417, 64447, 64454, 64510, 64520, 64553, 64555, 64561, 64566, 64568-64569, 64575, 64581-64582, 64585, 64590, 64600, 64605, 64610, 64624, 64628, 64633-64636, 64640, 64716, 64722, 64732, 64734, 64736, 64738, 64740, 64742, 64744, 64771, 64772, -64864-64866	64868, 65770, 65778-65780, 66174-66175, 66183, 66989, 66991, 67027, 67220, 67900-67904, 67906, 67908, 69090, 69200, 69300-69301, 69705-69706, 69710, 69714, 69716-69717, 69719, 69729-69730, 69930, 69955, 92920, 92924, 92928, 92933, 92937, 92943, 92975, 93454-93461, 93580, 96900, 96902, 96910, 96912, 96920, 0100T, 0102T, 0106T-0110T, 0202T, 0219T-0221T, 0232T, 0253T, 0263T-0271T, 0274T-0275T, 0338T-0339T, 0342T, 0345T, 0404T, 0408T-0416T, 0424T-0436T, 0449T, 0472T-0473T, 0481T, 0483T-0484T, 0489T-0490T, 0515T-0520T, 0524T-0527T, 0530T-0532T, 0537T-0540T, 0544T-0545T, 0565T-0566T, 0569T, 0596T-0597T, 0600T-0601T, 0616T-0618T, 0627T, 0629T, 0646T, 0658T, 0671T-0672T, 0700T, 0745T-0748T, 0771T, 0773T, C1767, C1818, C1821, C1823-C1825, C1833, J7340, S2066-S2068, S2080, S2083, S2400-S2405, S2409

Precertification FAX Request Form

Personal & Confidential

Dates of Service:
__/__/____ - __/__/____
☐ Urgent
☐ Standard

Each plan may require precertification (prior authorization with review of medical necessity) of certain medical and/or surgical health care services (such as imaging, DME, specialty medications etc.) before each patient receives them, except in an emergency. Precertification is for medical necessity only and does not guarantee payment.

(If you would like to streamline your precertification request experience, please visit www.myameriben.com to access our provider portal where you may register to initiate a pre-certification request, attach clinical and check the status of your request all in real time and in one easy to use portal.)

Instructions for Precertification FAX Request Form use:
Please complete all fields below and submit all clinical documentation to support the medical necessity of this request. fields or incomplete documentation will delay the precertification process.

Type of Request/Level of Care	☐ Outpatient ☐ Inpatient ☐ Observation	If Inpatient: ☐ ER Admit ☐ Direct Admit	Number of days requested_____	
	For Behavioral Health Services: ☐ Mental Health ☐ Substance Abuse Level of Care: ☐ Inpatient ☐ Residential ☐ PHP ☐ IOP ☐ Outpatient ☐ In Office ☐ Observation			
Patient Information	Patient Name (Please Print)			Birthdate (MM/DD/YYYY)
	Patient Address (Please Print)			Telephone Number
	Member's Name (Please Print)	Email Address		Plan ID Number
Treating/Attending Provider Information	Name of Treating/Attending Provider (Please Print)			Providers Email
	Address of Treating/Attending Provider (Street, City, State, Zip Code)			Provider Telephone
	In Network Out of Network	Requesting Provider Tax ID	Requesting Provider NPI	Fax Number
Servicing Facility Information	Name of Servicing Facility (Please Print)			Facility Contact
	Address of Servicing Facility (Street, City, State, Zip Code)			Telephone Number
	In Network Out of Network	Requesting Facility Tax ID	Requesting Facility NPI	Fax Number
	Submitted By:	☐ Treating/Attending Phys. ☐ Servicing Facility	Contact Number:	Email:

Please list all diagnosis, specific treatment and specific dates of treatment

For radiation requests, please indicate the specific type of radiation (i.e., IMRT, 3D, etc.)

Date	Diagnosis (ICD10) Code	Procedure Code	Procedure Code (units)	Cost of DME or Meds

Submit form and all clinical documentation to:

Please fax to: State of CT dedicated fax: Outpatient 855-809-7435/ Inpatient 833 832 1074

Urgent/Stat requests: please call AmeriBen Medical Management 844-593-3463

- Certification is for medical necessity only and does not guarantee payment.
- Please check Availity or contact Quantum Health at (855) 671-2656 to verify benefits, eligibility, or network status
- Providers will be notified of determination by call or fax, followed by a mailed notification letter.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to claim was provided by the applicant.
California Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.