

Tufts Health Senior Care Options Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines

Effective: July 1, 2024

Overview

The following tables list services and items requiring prior authorization and notification from Point32Health.

While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) and MassHealth for coverage determinations for its Dual Product Eligible plan members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals and MassHealth Medical Necessity Determinations are the basis for coverage determinations. When CMS and MassHealth do not provide guidance, the Plan internally developed medical necessity guidelines are used.

Refer to the Referrals, Authorizations and Notifications chapter of the Senior Care Options Products Provider Manual for additional guidelines.

Member eligibility can be verified electronically using Tufts Health Plan’s [secure online provider portal](#), and detailed benefit coverage may be verified by contacting Provider Services.

Table of Contents

Prior Authorization Required	1
Notification Required	6
No Prior Authorization Required	9
Approval And Revision History	9

Prior Authorization Required

Supporting clinical documentation pertinent to service request must be submitted to the FAX numbers below

Yes No

The following tables list services and items requiring prior authorization:

- Table 1 includes DME, prosthetic items, procedures and services that require prior authorization through the Precertification Operations Department.
- Table 2 includes procedure codes that require prior authorization through the Behavioral Health Department.
- Table 3 includes Medicaid-only covered procedures, services, items and associated procedure codes that require prior authorization through the Precertification Operations Department.

- Table 4 includes drug and therapy codes managed by the Medical Policy Department require prior authorization from the Pharmacy Utilization Management Department.
- Table 5 includes vendor managed programs and services that require prior authorization through the Vendor Program.

TABLE 1

The following DME, prosthetic items, and procedure codes for procedures, services and items require prior authorization from the Precertification Operations Department. Inpatient prior authorization requests may be submitted by fax to 617-673-0705, outpatient requests must be submitted by fax to 617-673-0930.

Service	Procedure Codes	Criteria Reference
Skilled Nursing Facility (SNF) *Please note that SNF services will also require notification upon admission	SNF revenue codes Level 1A: 190 Level 1B: 191 Level 2: 192	CMS criteria is used: Medicare Benefit Policy Manual (cms.gov)
Institutional Long-Term Care (LTC)	Institutional LTC revenue code 199	
Dorsal Column Neurostimulation	63650, 63655, 63663, 63685, 95972	CMS criteria used: NCD - Electrical Nerve Stimulators (160.7) (cms.gov)
FoundationOne CDX	0037U	CMS criteria is used: NCD - Next Generation Sequencing (NGS) (90.2) (cms.gov)
Functional Neuromuscular Stimulators	E0764, E0770	CMS and MassHealth criteria is used: NCD - Neuromuscular Electrical Stimulation (NMES) (160.12) (cms.gov) and https://www.mass.gov/lists/durable-medical-equipment-manual-for-masshealth-providers
Glucose Monitors	E2102, A4238, E2103, A4239	CMS criteria is used: LCD - Glucose Monitors (L33822) (cms.gov) and Article - Glucose Monitor - Policy Article (A52464) (cms.gov)
Hyperbaric Oxygen Therapy	G0277, 99183	CMS criteria is used: NCD - Hyperbaric Oxygen Therapy (20.29) (cms.gov)
Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea	64568, 0466T, 0467T and 0468T	CMS criteria is used: LCD - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387) (cms.gov)
Oral Airway Appliances for Obstructive Sleep Apnea (OSA)	E0485, E0486	CMS and MassHealth criteria are used: LCD - Oral Appliances for Obstructive Sleep Apnea (L33611) (cms.gov) and https://www.mass.gov/lists/durable-medical-equipment-manual-for-masshealth-providers
Pneumatic Compression Device with Calibrated Gradient Pressure	E0652	CMS and MassHealth criteria is used: NCD - Pneumatic Compression Devices (280.6) (cms.gov) , LCD - Pneumatic Compression Devices (L33829) (cms.gov) , and https://www.mass.gov/lists/durable-medical-equipment-manual-for-masshealth-providers

Service	Procedure Codes	Criteria Reference
Power Mobility Devices and Accessories Note: Batteries do not require prior authorization and are covered according to Medicare guidelines	Power Wheelchairs: K0010-K0014, K0813-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, K0890-K0891, K0898-K0899, E0983, E0984, E0986, E1002-E1010, E1012, E1239, E2310-E2313, E2321-E2331, E2340-E2343, E2351, E2368-E2370, E2373-E2377 Power Operated Vehicles: E1230, K0800-K0802, K0806-K0808, K0812 Power Wheelchair Components: E2300 and *E2301	CMS and MassHealth criteria is used: NCD - Mobility Assistive Equipment (MAE) (280.3) (cms.gov) LCD - Power Mobility Devices (L33789) (cms.gov) LCD - Wheelchair Options/Accessories (L33792) (cms.gov) https://www.mass.gov/lists/durable-medical-equipment-manual-for-masshealth-providers https://www.mass.gov/files/documents/2018/10/26/dme-21-bulletin.pdf https://www.mass.gov/orgs/executive-office-of-health-and-human-services * https://www.mass.gov/guides/masshealth-guidelines-for-medical-necessity-determination-for-standers
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	CMS and MassHealth criteria is used: NCD - Speech Generating Devices (50.1) (cms.gov) LCD - Speech Generating Devices (SGD) (L33739) (cms.gov) https://www.mass.gov/lists/durable-medical-equipment-manual-for-masshealth-providers
Spinal Osteogenic Devices	E0748, E0749	CMS and MassHealth criteria is used: NCD - Osteogenic Stimulators (150.2) (cms.gov) LCD - Osteogenesis Stimulators (L33796) (cms.gov) https://www.mass.gov/lists/durable-medical-equipment-manual-for-masshealth-providers
ThyroSeq	0026U	CMS criteria is used: LCD - Biomarkers for Oncology (L35396) (cms.gov)
Ultraviolet Light Therapy Systems	E0691-E0694	CMS and MassHealth criteria is used: NCD - Durable Medical Equipment Reference List (280.1) (cms.gov) and https://www.mass.gov/lists/durable-medical-equipment-manual-for-masshealth-providers
Unlisted Procedure Codes	A9999, E0676, E1399, K0009, K0108, L0999, L1499, L2999, L3649, L3999, L7499, L5999, L8039, L8048, L8499, L8699, L9900	
Upper Limb Prostheses	L6000-L7405	CMS criteria is used: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf Social Security Act §1862A1A

TABLE 2

The following procedures, services and items require prior authorization from the Behavioral Health Department. Prior authorization requests may be submitted by fax to 617-673-0930.

Service	Procedure Codes	Criteria Reference
Transcranial Magnetic Stimulation (TMS) for Tufts Health OneCare, Tufts Medicare Preferred and Tufts Health Plan Senior Care Options	90867, 90868, 90869	Medicare Behavioral Health InterQual® Criteria Used. See MNG.

TABLE 3

The following Medicaid-only covered procedures, services and items require prior authorization from the Precertification Operations Department. Prior authorizations can be submitted by fax only to 617-673-0930.

Before submitting the prior authorization request to Tufts Health Plan SCO, contact Provider Services to identify the appropriate Tufts Health Plan SCO care manager to coordinate services.

Refer to the MassHealth Guidelines for Medical Necessity Determinations and MassHealth Provider Manual Series to access complete Medicaid guidelines and clinical criteria that will be used in making coverage decisions for the services below.

Service	Procedure Codes	Medicaid Reference
Acupuncture for pain management beyond 20 visits per member per year	97810, 97811, 97813, 97814	MassHealth criteria is used: https://www.mass.gov/lists/physician-manual-for-masshealth-providers#subchapter-4:-physician-providers-regulations-
Home Accessibility Adaptations	S5165	MassHealth criteria is used: https://www.mass.gov/regulations/130-CMR-63000-home-and-community-based-services-waiver-services
DME	DME Medicaid-only covered DME items with billed charges \$1000 or greater. For DME items billed as monthly rentals, prior authorization is required if the cost to purchase the item outright is \$1000 or greater	MassHealth criteria is used: https://www.mass.gov/lists/durable-medical-equipment-manual-for-masshealth-providers

TABLE 4

The following drug and therapy codes managed by the Medical Policy Department require prior authorization from the Pharmacy Utilization Management Department. Prior authorization requests may be submitted by fax to 617-673-0956.

Note: This list is not an all-encompassing list of medical benefit drugs that require prior authorization. Any medical benefit drug owned by the pharmacy department can be found at the [Provider resource center.](#)

Service	Procedure Codes	Criteria Reference
Abecma	Q2055, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Adstiladrin	J9029	Internal criteria used: See MNG.
Breyanzi	Q2054, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Carvykti	Q2056, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Casgev	J3490	Internal criteria used. See MNG.
CGM: Freestyle and Dexcom Products	A4238, E2102	CMS Criteria and MassHealth Criteria Used: Diabetes mellitus: LCD - Glucose Monitors (L33822) (cms.gov) For hypoglycemia due to a diagnosis other than diabetes mellitus: https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-diabetes-management-devices-continuous-glucose-monitoring-systems-and-insulin-pumps-0/download
Hemgenix	J1411	Internal criteria used. See MNG.
Kymriah	Q2042, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Lyfgenia	J3490	Internal Criteria used. See MNG.
Roctavian	J1412	MassHealth criteria used: https://mhdل.pharmacy.services.conduent.com/MHDL/pubsearch.do?index=R
Tecartus	Q2053, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Vyjuvek	J3401	Internal criteria used. See MNG.
Yescarta	Q2041, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Zynteglo	J3490	Internal criteria used. See MNG.

TABLE 5

The following codes are managed by various Vendor Managed Programs and services that require prior authorization through the Vendor Program.

Service	Procedure Codes	Criteria Reference
None		

Notification Required

IF REQUIRED, concurrent review may apply

Yes No

The following tables list services and items requiring notification:

- Table 6 includes DME, prosthetic items, and associated procedure codes that require notification through the Precertification Operations Department.
- Table 7 includes procedure codes that require notification through the Behavioral Health Department.
- Table 8 includes procedures, services and items require prior notification to the Tufts Health Plan SCO care manager.
- Table 9 includes Medicaid-only covered procedures, services, items and associated procedure codes that require notification through the Tufts Health Plan SCO care manager.

TABLE 6

The following medical, rehabilitation and behavioral health/substance use disorder inpatient admissions require inpatient notification to the Inpatient Admission Team in the Precertification Department via fax at 617-673-0705. Concurrent medical necessity review, following the notification period, may be required.

Service	Procedure Codes	Criteria Reference
Acute Inpatient Including acute rehabilitation (AIR) and long-term acute care (LTAC) inpatient admissions	AIR and LTAC revenue codes LTAC Level – 120 Rehab Level 1 – 128 Rehab Level 2 – 129	CMS criteria is used: Medicare Benefit Policy Manual (cms.gov)
Skilled Nursing Facility (SNF)/ Institutional Long-Term Care (LTC) *Please note SNF services also require prior authorization	SNF revenue codes Level 1A: 190 Level 1B: 191 Level 2: 192 Institutional LTC revenue code 199	CMS criteria is used: Medicare Benefit Policy Manual (cms.gov)

TABLE 7

The following behavioral health services require notification to the Behavioral Health Department. 24-hr levels of care require concurrent medical necessity review following the notification period. Inpatient notifications may be submitted by fax to 617-673-0705, outpatient notifications must be submitted by fax to 617-673-0930.

Service	Procedure Codes	Criteria Reference
Behavioral Health Inpatient and 24-Hour Level of Care Determinations	See MNG , for services that require notification	InterQual® and American Society of Addictive Medicine (ASAM)
Inpatient Behavioral Health and Substance Abuse	Behavioral Health revenue codes: 114, 124 Substance abuse revenue codes: 116, 126	See Behavioral Health Inpatient and 24-Hour Level of Care Determinations

Service	Procedure Codes	Criteria Reference
Observation/ holding beds	99218	See Behavioral Health Inpatient and 24-Hour Level of Care Determinations
Residential substance abuse treatment	H0017	See Behavioral Health Inpatient and 24-Hour Level of Care Determinations
Community support program (CSP) including specialized CSP services: <ul style="list-style-type: none"> • Community Support Program for Homeless Individuals (CSP-HI) • Community Support Program for Individuals with Justice Involvement (CSP-JI) • Community Support Program Tenancy Preservation Program (CSP-TPP) 	H2015 H2016-HH H2016 HK H2016 HE See MNG for more details	

TABLE 8

The following procedures, services and items require prior notification to the Tufts Health Plan SCO care manager. Please contact Provider Relations at 800-279-9022 to identify the appropriate Tufts Health Plan SCO care manager.

Service	Procedure Codes	Criteria Reference
Home Health Care Services	G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0162, G0299, G0300, G0493, G0494, 99211	
Sleep Studies	G0398, G0399, G0400, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811	
Sleep Supplies, such as PAP therapy equipment and related supplies	CPAP: E0601 BiPAP: E0470, E0471 CPAP and BIPAP Supplies: A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0561, E0562	

TABLE 9

The following Medicaid-only covered procedures, services and items require prior notification to the Tufts Health Plan SCO care manager. Please contact Provider Relations at 800-279-9022 to identify the appropriate Tufts Health Plan SCO care manager.

Service	Procedure Codes	Medicaid Criteria Reference
Adult Day Health	S5100, S5100-TG, S5100-U1, S5102, S5102-TG, S5102-U1, T2003	Adult Day Health Manual for MassHealth Providers Mass.gov
Adult Foster Care	S5140, S5140-TF, S5140-TG, S5140-U5, S5140-U6, S5140-TG-U6, S5140-U7, S5140-TG-U7, T1028	Adult Foster Care Manual for MassHealth Providers Mass.gov
Bed hold in a skilled nursing facility (SNF), while member hospitalized	Revenue code 185	Nursing Facility Manual for MassHealth Providers Mass.gov
Chore services	S5120	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Companion services	S5135	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Day habilitation	H2014, H2014-22, H2014-TF, H2014- TG, H2014-U1, H2014-U2, T2003	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Evaluation and stabilization in a SNF, escalated services in lieu of member hospitalization	Revenue code 194	Nursing Facility Manual for MassHealth Providers Mass.gov
Fiscal intermediary (FI)	T1019, T1019-TU, T1019-TV, T1020	Personal Care Manual for MassHealth Providers Mass.gov
Grocery shopping and delivery	T1019 (personal care services)	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Home delivered meals	S5170	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Homemaker	S5130, S5131	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Laundry	S5175	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Personal care management	99456, 99456-TS, T1023, T2022	Personal Care Manual for MassHealth Providers Mass.gov
Personal care services	S5125, S5126	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Personal emergency Response System	S5160, S5161, S5199, T1505	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Respite services (all places of service)	H0045, S5150, S5151, S9125, T1005	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Social day care	T1019 (personal care services)	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov
Supported housing group adult foster care (GAFC) personal care and administration	H0043	https://www.mass.gov/doc/adult-foster-care-regulations/download

Service	Procedure Codes	Medicaid Criteria Reference
Therapeutic leave day in a SNF	Revenue code 183	Nursing Facility Manual for MassHealth Providers Mass.gov
Tobacco cessation services	Classes: S9453 Counseling: G0436 (10 min.), G0437 (more than 10 min.)	About 1-800-QUIT-NOW Mass.gov
Transitional living services	T1020-U1	Personal Care Manual for MassHealth Providers Mass.gov
Wander response system	A9280	Home- and Community-Based Services Manual for MassHealth Providers Mass.gov

Prior Authorization Required

Yes No

TABLE 10

The following procedure codes do not require prior authorization from the Plan. The criteria represent a medically necessary service. Post- service edits may apply.

Service	Procedure Codes	Coverage Guideline
Remote Patient Monitoring	99091, 99453, 99454, 99457, 99458 ICD-10 codes	Remote-Patient-Monitoring-mng.pdf (point32health.org)

Approval And Revision History

MPAC date: Reviewed by the Medical Policy Approval Committee (MPAC)

UMC date: Joint Medical Policy and Health Care Service Utilization Management Committee (UM Committee)

- April 15, 2020: Reviewed by IMPAC. PA of FoundationOne, Hyperbaric Oxygen Therapy, Doral Column Neurostimulation and ThyroSeq deferred until 1/1/21. Items temporarily removed from list to reflect this.
- September 15, 2020: Reviewed by IMPAC. PA of FoundationOne, Hyperbaric Oxygen Therapy, Doral Column Neurostimulation and ThyroSeq, Removal of PA for Hearing Aids effective 1/1/21.
- December 16, 2020: Reviewed by IMPAC. Removal of CMS NGS LCD for Drugs and Biologicals, Coverage of for Label and Off-Label (L33394) from Modified T-Cell Therapies Section.
- January 28, 2021: Addition of Hearing Aids back to Table 3, for PA requirement effective April 1, 2021.
- April 1, 2021: Coding update to Table 1, Modified T-Cell Therapies, Per AMA CPT®, effective April 1, 2021 the following code(s) added: Q2053.
- July 21, 2021: Reviewed by IMPAC. Removal of link to Modified T-Cell Therapies MNG. Added link to National Coverage Determination (NCD) for Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24), effective July 23, 2021. Addition of codes C9076 and J9999. Addition of Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid, Durable Medical Equipment Bulletin 21 to Power Mobility Devices section.
- July 15, 2021: Reviewed and approved at IMPAC, Notification and Concurrent review will be required for all 24-hr levels of care. Removal of services that do not require notification:

Electroshock therapy, IOP, PHP, Psychiatric Day Treatment, Recovery coach, Recovery Navigator, SOAP, Short Term Crisis Counseling and Specialing. These changes are effective 1/1/22.

- October 20, 2021: Reviewed by IMPAC. Removal of Hearing Aids from PA effective 1/1/22. Addition of HGNS for OSA to Table 1.
- June 30, 2022, AMA CPT® coding update. Quarterly Code update removal of C9076, replaced by Q2054, addition of C9098 to be effective July 1, 2022.
- July 20, 2022, Reviewed by MPAC. Update to category of Therapeutic Continuous Glucose Monitors (CGMs) on Table 1. Updated name to reflect updated LCD “Glucose Monitors” and addition of codes E2102 and A4238 to be effective November 1, 2022.
- August 22, 2022: Reviewed and approved by MPAC. Addition of SNF services, Removal of Modified T Cell Therapy from Table 1, Addition of rTMS to Table 2. These changes are to be effective January 1, 2023
- August 22, 2022: Reviewed and Approved by Medical Policy Approval Committee (MPAC). Note added to SNF services on Table 1, indicating that prior authorization is required. This is effective 1/1/23.
- January 1, 2023-AMA CPT and HCPCS quarterly coding update. Removal of end dated codes K0553 and K0554, replaced with new codes E2103 and A4239, to be effective January 1, 2023.
- May 17, 2023: Reviewed and approved by MPAC. Table 3, CSP language revised to include specialized CSP Services (CSP-JI, CSP-HI, CSP-TPP) effective 4/1/2023. Language regarding CSP for CHI and SIF removed for effective date July 1, 2023.
- August 30, 2023: Revision to Informational Notes-Addition of link to Provider Resource Center for Pharmacy Management Program
- December 1, 2023: Reviewed and approved by UM Committee effective January 1, 2024
- May 15, 2024: Template updated to combine SCO PA and SCO Notification list into 1 MNG, added table 4, and table 10.
- June 13, 2024: Reviewed and approved by the UM Committee effective July 1, 2024
- June 20, 2024: Coding updated per AMA HCPCS for Zynteglo to J3393 and Lyfgenia to J3394, added Amtagvi under table 4, and updated criteria references for Lyfgenia, Hemgenix, Zynteglo, Roctavian, and Adstiladrin effective July 1, 2024