

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

**Effective:** January 1, 2025

## 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.

The following links can be used to find the criteria references below:

- CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) can be found: [MCD Search \(cms.gov\)](https://www.cms.gov/mcd)
- Medicare Benefit Policy Manual can be found [100-02 Medicare Benefit Policy Manual | CMS](#)
- MassHealth Medical Necessity Determinations can be found here [MassHealth Guidelines for Medical Necessity Determination | Mass.gov](#)
- MassHealth DME Provider Manual can be found here [Durable Medical Equipment Manual for MassHealth Providers | Mass.gov](#)

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.

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# 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
Acute Inpatient Rehab	Rehab Level 1–128 Rehab Level 2–129	CMS criteria is used: Medicare Benefit Policy Manual Chapter 1
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 Chapter 8
Institutional Long-Term Care (LTC)	Institutional LTC revenue code 199	
Blepharoplasty, Blepharoptosis, and Brow Lift	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908	CMS criteria is used: LCD - Blepharoplasty, Blepharoptosis and Brow Lift (L34528) and Article - Billing and Coding: Blepharoplasty, Blepharoptosis and Brow Lift (A56908)
Breast Reduction	19318	CMS criteria is used: LCD - Cosmetic and Reconstructive Surgery (L39051) and Article - Billing and Coding: Cosmetic and Reconstructive Surgery (A58774)
Cervical Fusion	22548, 22551, 22552, 22554, , 22590, 22595, 22600, , 22800, 22802, 22808, 22810, 22812	CMS criteria is used: LCD - Cervical Fusion (L39770) and Article - Billing and Coding: Cervical Fusion (A59632)
Dorsal Column Neurostimulation	63650, 63655, 63663, 63685, 95972	CMS criteria is used: NCD - Electrical Nerve Stimulators (160.7)

<b>Service</b>	<b>Procedure Codes</b>	<b>Criteria Reference</b>
Epidural Steroid Injections for Pain Management	62321, 62323, 64479, 64480, 64483, 64484	CMS criteria is used: LCD - Epidural Steroid Injections for Pain Management (L39036) and Article - Billing and Coding: Epidural Steroid Injections for Pain Management (A58745)
FoundationOne CDX	0037U	CMS criteria is used: NCD - Next Generation Sequencing (NGS) (90.2)
Functional Neuromuscular Stimulators	E0764, E0770	CMS criteria is used: NCD - Neuromuscular Electrical Stimulation (NMES) (160.12)
Genetic Testing	See Genetic Testing- Molecular Pathology Procedures MNG for details on the <a href="#">Provider Resource Center</a>	CMS criteria is used: LCD - Molecular Pathology Procedures (L35000) and Article - Billing and Coding: Molecular Pathology Procedures (A56199) reference MNG for details
Glucose Monitors	E2102, A4238, E2103, A4239	CMS Criteria and MassHealth Criteria Used: Diabetes mellitus: LCD - Glucose Monitors (L33822) and Article - Glucose Monitor - Policy Article (A52464) For hypoglycemia due to a diagnosis other than diabetes mellitus: MassHealth Medical Necessity Guidelines for Diabetes Management Devices- Continuous Glucose Monitoring and Insulin Pumps
Guardant 360	0242U	CMS criteria is used: NCD - Next Generation Sequencing (NGS) (90.2)
Gynecomastia	19300	CMS criteria is used: LCD - Cosmetic and Reconstructive Surgery (L39051) and Article - Billing and Coding: Cosmetic and Reconstructive Surgery (A58774)
Hyperbaric Oxygen Therapy	G0277, 99183	CMS criteria is used: NCD - Hyperbaric Oxygen Therapy (20.29)
Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea	64582, 64583, and 64584	CMS criteria is used: LCD - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387) and Article - Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (A57092)
Intensity-Modulated Radiation Therapy	77301, 77338, 77385, 77386, 77387, G6015, G6016, G6017	Internal criteria is used. See Intensity-Modulated Radiation Therapy MNG for details on the <a href="#">Provider Resource Center</a>
Lumbar Spinal Fusion	22533, 22558, 22612, 22630, 22633	CMS criteria is used (note this is an LCD from a different region): LCD - Lumbar Spinal Fusion (L37848) and Article - Billing and Coding: Lumbar Spinal Fusion (A56396)
Oral Airway Appliances for Obstructive Sleep Apnea (OSA)	E0485, E0486	CMS and MassHealth criteria are used: LCD - Oral Appliances for Obstructive Sleep Apnea (L33611), Article - Oral Appliances for Obstructive Sleep Apnea - Policy Article

Service	Procedure Codes	Criteria Reference
		(A52512), and MassHealth DME Provider Manual
Panniculectomy	15830, 15847, 15877	CMS criteria is used: LCD - Cosmetic and Reconstructive Surgery (L39051) and Article - Billing and Coding: Cosmetic and Reconstructive Surgery (A58774)
Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture	22510, 22511, 22512, 22513, 22514, 22515	CMS criteria is used: LCD - Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) (L33569) and Article - Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) (A56178)
Pneumatic Compression Device with Calibrated Gradient Pressure	E0652	CMS and MassHealth criteria is used: NCD - Pneumatic Compression Devices (280.6), and MassHealth DME Provider Manual
Power Mobility Devices and Accessories  Note: Batteries do not require prior authorization and are covered according to Medicare guidelines	<b>Power Wheelchairs:</b> 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, E2298, E2310-E2313, E2321-E2331, E2340-E2343, E2351, E2368-E2370, E2373-E2377 <b>Power Operated Vehicles:</b> E1230, K0800-K0802, K0806-K0808, K0812 <b>Power Wheelchair Components:</b> E2300 and *E2301	CMS and MassHealth criteria is used: NCD - Mobility Assistive Equipment (MAE) (280.3) LCD - Power Mobility Devices (L33789) and Article - Power Mobility Devices - Policy Article (A52498) LCD - Wheelchair Options/Accessories (L33792) and Article - Wheelchair Options/Accessories - Policy Article (A52504) MassHealth DME Provider Manual <a href="https://www.mass.gov/files/documents/2018/10/26/dme-21-bulletin.pdf">https://www.mass.gov/files/documents/2018/10/26/dme-21-bulletin.pdf</a> <a href="https://www.mass.gov/orgs/executive-office-of-health-and-human-services">https://www.mass.gov/orgs/executive-office-of-health-and-human-services</a>  * MassHealth Medical Necessity Guidelines for Stenders
Proton Beam Therapy	77520, 77522, 77523, 77525	CMS criteria is used: LCD - Proton Beam Therapy (L35075) and Article - Billing and Coding: Proton Beam Therapy (A56827)
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462	CMS criteria is used: LCD - Cosmetic and Reconstructive Surgery (cms.gov) and Article - Billing and Coding: Cosmetic and Reconstructive Surgery (A58774)

Service	Procedure Codes	Criteria Reference
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	CMS and MassHealth criteria is used: NCD - Speech Generating Devices (50.1), LCD - Speech Generating Devices (SGD) (L33739) and Article - Speech Generating Devices (SGD) - Policy Article (A52469) and MassHealth DME Provider Manual
Spinal Osteogenic Devices	E0748, E0749	CMS and MassHealth criteria is used: NCD - Osteogenic Stimulators (150.2), LCD - Osteogenesis Stimulators (L33796), Article - Osteogenesis Stimulators - Policy Article (A52513) and MassHealth DME Provider Manual
Transurethral Waterjet Ablation of Prostate	C2596, 0421T	CMS criteria is used: LCD - Transurethral Waterjet Ablation of the Prostate (L38682) and Article - Billing and Coding: Transurethral Waterjet Ablation of the Prostate (A58209)
ThyroSeq	0026U	CMS criteria is used: LCD - Biomarkers for Oncology (L35396) and Article - Billing and Coding: Biomarkers for Oncology (A52986)
Ultraviolet Light Therapy Systems	E0691-E0694	CMS and MassHealth criteria is used: NCD - Durable Medical Equipment Reference List (280.1) and MassHealth DME Provider Manual
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: CMS criteria is used: Medicare Benefit Policy Manual Chapter 15 <a href="#">Social Security Act §1862A1A</a>
Varicose Veins	36465, 36466, 36468, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, 93970, 93971	CMS criteria is used: LCD - Treatment of Varicose Veins of the Lower Extremities (L34536), LCD - Varicose Veins of the Lower Extremity, Treatment of (L33575), Article - Billing and Coding: Treatment of Varicose Veins of the Lower Extremities (A56914), and Article - Billing and Coding: Treatment of Varicose Veins of the Lower Extremity (A52870)

**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	90867, 90868, 90869	Medicare Behavioral Health InterQual® Criteria Used. See Transcranial Magnetic Stimulation (TMS) for Tufts Health One Care, Tufts Medicare

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and Tufts Health Plan Senior Care Options		Preferred and Tufts Health Plan Senior Care Options MNG on the <a href="#">Provider Resource Center</a>
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### 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: <a href="https://www.mass.gov/lists/physician-manual-for-masshealth-providers#subchapter-4:-physician-providers-regulations-">https://www.mass.gov/lists/physician-manual-for-masshealth-providers#subchapter-4:-physician-providers-regulations-</a>
Home Accessibility Adaptations	S5165	MassHealth criteria is used: <a href="https://www.mass.gov/regulations/130-CMR-63000-home-and-community-based-services-waiver-services">https://www.mass.gov/regulations/130-CMR-63000-home-and-community-based-services-waiver-services</a>
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: MassHealth DME Provider Manual

### 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](#). Additionally, the Plan has a [New to Market Drug Medical Necessity Guideline](#) to be utilized for any requests of new to market drugs that do not yet have coverage established by the Plan.

Service	Procedure Codes	Medicare Criteria Reference
Abecma	Q2055, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Adstiladrin	J9029	MassHealth criteria represented on an internal MNG: See Adstiladrin MNG on the <a href="#">Provider Resource Center</a> .

Service	Procedure Codes	Medicare Criteria Reference
Amtagvi	J3490	MassHealth criteria represented on an internal MNG. See Amtagvi MNG on the <a href="#">Provider Resource Center</a> .
Breyanzi	Q2054, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Carvykti	Q2056, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Casgev	J3490	MassHealth criteria represented on an internal MNG. See Casgev MNG on the <a href="#">Provider Resource Center</a> .
CGM: Freestyle and Dexcom Products	A4238, E2102	CMS Criteria and MassHealth Criteria Used: Diabetes mellitus: LCD - Glucose Monitors (L33822) and Article - Glucose Monitor - Policy Article (A52464) For hypoglycemia due to a diagnosis other than diabetes mellitus: MassHealth Medical Necessity Guidelines for Diabetes Management Devices-Continuous Glucose Monitoring and Insulin Pumps
Hemgenix	J1411	MassHealth criteria represented on an internal MNG. See Hemgenix MNG on the <a href="#">Provider Resource Center</a> .
Kymriah	Q2042, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Lyfgenia	J3394	MassHealth criteria represented on an internal MNG. See Lyfgenia MNG on the <a href="#">Provider Resource Center</a> .
Roctavian	J1412	MassHealth criteria represented on an internal MNG. See Roctavian MNG on the <a href="#">Provider Resource Center</a> .
Tecartus	Q2053, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Vyjuvek	J3401	MassHealth criteria represented on an internal MNG. See Vyjuvek MNG on the <a href="#">Provider Resource Center</a> .
Yescarta	Q2041, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Zynteglo	J3393	MassHealth criteria represented on an internal MNG. See Zynteglo MNG on the <a href="#">Provider Resource Center</a> .

#### 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		CMS criteria is used: Medicare Benefit Policy Manual Chapter 1
Long-term acute care (LTAC) inpatient admissions	LTAC Level – 120	CMS criteria is used: Medicare Benefit Policy Manual Chapter 1
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 Chapter 8

**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 Behavioral Health Inpatient and 24-Hour Level of Care Determinations MNG on the <a href="#">Provider Resource Center</a> for	InterQual® and American Society of Addictive Medicine (ASAM)



Service	Procedure Codes	Criteria Reference
	Services that Require notification	
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 on the <a href="#">Provider Resource Center</a>
Observation/ holding beds	99218	See Behavioral Health Inpatient and 24-Hour Level of Care Determinations on the <a href="#">Provider Resource Center</a>
Residential substance abuse treatment	H0017	See Behavioral Health Inpatient and 24-Hour Level of Care Determinations on the <a href="#">Provider Resource Center</a>
Community support program (CSP) including specialized CSP services: • 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 Community Support Programs including Specialized Community Support Program MNG for details on the <a href="#">Provider Resource Center</a>

### 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	<b>CPAP:</b> E0601 <b>BiPAP:</b> E0470, E0471 <b>CPAP and BIPAP Supplies:</b> A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038,	

	A7039, A7044, A7045, A7046, E0561, E0562	
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**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	<a href="#">Adult Day Health Manual for MassHealth Providers   Mass.gov</a>
Adult Foster Care	S5140, S5140-TF, S5140-TG, S5140-U5, S5140-U6, S5140-TG-U6, S5140-U7, S5140-TG-U7, T1028	<a href="#">Adult Foster Care Manual for MassHealth Providers   Mass.gov</a>
Bed hold in a skilled nursing facility (SNF), while member hospitalized	Revenue code 185	<a href="#">Nursing Facility Manual for MassHealth Providers   Mass.gov</a>
Chore services	S5120	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>
Companion services	S5135	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>
Day Habilitation	H2014, H2014-22, H2014-TF, H2014- TG, H2014-U1, H2014-U2, T2003	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>
Evaluation and stabilization in a SNF, escalated services in lieu of member hospitalization	Revenue code 194	<a href="#">Nursing Facility Manual for MassHealth Providers   Mass.gov</a>
Fiscal intermediary (FI)	T1019, T1019-TU, T1019-TV, T1020	<a href="#">Personal Care Manual for MassHealth Providers   Mass.gov</a>
Grocery shopping and delivery	T1019 (personal care services)	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>
Home delivered meals	S5170	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>
Homemaker	S5130, S5131	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>
Laundry	S5175	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>
Personal care management	99456, 99456-TS, T1023, T2022	<a href="#">Personal Care Manual for MassHealth Providers   Mass.gov</a>
Personal care services	S5125, S5126	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>
Personal emergency Response System	S5160, S5161, S5199, T1505	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>

Service	Procedure Codes	Medicaid Criteria Reference
Respite services (all places of service)	H0045, S5150, S5151, S9125, T1005	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>
Social day care	T1019 (personal care services)	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>
Supported housing group adult foster care (GAFC) personal care and administration	H0043	<a href="https://www.mass.gov/doc/adult-foster-care-regulations/download">https://www.mass.gov/doc/adult-foster-care-regulations/download</a>
Therapeutic leave day in a SNF	Revenue code 183	<a href="#">Nursing Facility Manual for MassHealth Providers   Mass.gov</a>
Tobacco cessation services	Classes: S9453 Counseling: G0436 (10 min.), G0437 (more than 10 min.)	<a href="#">About 1-800-QUIT-NOW   Mass.gov</a>
Transitional living services	T1020-U1	<a href="#">Personal Care Manual for MassHealth Providers   Mass.gov</a>
Wander response system	A9280	<a href="#">Home- and Community-Based Services Manual for MassHealth Providers   Mass.gov</a>

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 <a href="#">ICD-10 codes</a>	See Remote Patient Monitoring MNG for Tufts Together, Tufts Health One Care, and Tufts Health Senior Care Options on the <a href="#">Provider Resource Center</a>
Removal of Benign Skin Lesions	17000, 17003, 17004, 17100, 17111 ICD-10 codes	See Removal of Benign Skin Lesions MNG on the <a href="#">Provider Resource Center</a>

## Approval And Revision History

May 15, 2024: Reviewed by the Medical Policy Approval Committee (MPAC)

June 13, 2024: Reviewed and Approved by the 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 Specializing. 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
- September 17, 2024: Services reviewed and approved by the UM Committee to
  - add Intensity Modulated Radiation Therapy, Proton Beam Therapy, Transurethral Waterjet Ablation of Prostate, Varicose Veins, Acute Inpatient Rehabilitation, Blepharoplasty, Blepharoptosis, Brow Lift, Breast Reduction, Gynecomastia, Rhinoplasty, Panniculectomy, Guardant 360, Epidural Steroid Injections for Pain Management, Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture, Lumbar Spinal Fusion, Cervical Fusion, and Genetic Testing to prior authorization
  - added code E2298 to prior authorization under Power Mobility Devices,

- update Hypoglossal Nerve Stimulator coding, added 64582, 64583, and 64584 and removed 64568, 0466T, 0467T, 0468T
- added link to New to Market Medical Necessity Guideline in table 3
- Removed LCD and LCA from Pneumatic Compression Device with Calibrated Gradient Pressure due to them retiring
- added Removal of Benign Skin Lesion to the no prior authorization list, effective January 1, 2025
- October 17, 2024: Reviewed by MPAC
  - add Intensity Modulated Radiation Therapy, Proton Beam Therapy, Transurethral Waterjet Ablation of Prostate, Varicose Veins, Acute Inpatient Rehabilitation, Blepharoplasty, Blepharoptosis, Brow Lift, Breast Reduction, Gynecomastia, Rhinoplasty, Panniculectomy, Guardant 360, Epidural Steroid Injections for Pain Management, Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture, Lumbar Spinal Fusion, Cervical Fusion, and Genetic Testing to prior authorization
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