

Tufts Medicare Preferred (HMO and PPO) 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](#).

Refer to the Referrals, Authorizations and Notifications chapter of the Tufts Health Medicare Preferred 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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<p>Prior Authorization Required Supporting clinical documentation pertinent to service request must be submitted to the FAX numbers below</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
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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 drug and therapy codes managed by the Medical Policy Department require prior authorization from the Pharmacy Utilization Management Department.
- Table 4 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. Prior authorization requests may be submitted by fax to 617-972-9409.

Service	Procedure Codes	Medicare Criteria Reference
Acute Inpatient Rehab	Rehab Level 1–128 Rehab Level 2–129	CMS criteria is used: Medicare Benefit Policy Manual Chapter 1
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)
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-Molecular Pathology Procedures	See Genetic Testing-Molecular Pathology Procedures MNG for details on the Provider Resource Center	CMS criteria is used: LCD - Molecular Pathology Procedures (L35000) and Article - Billing and Coding: Molecular Pathology Procedures (A56199) reference MNG for details

Service	Procedure Codes	Medicare Criteria Reference
Glucose Monitors	E2102, A4238, E2103, A4239	CMS criteria is used: LCD - Glucose Monitors (L33822) and Article - Glucose Monitor - Policy Article (A52464)
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 Provider Resource Center
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)
Non-Emergent Ambulance Transport	A0426, A0428, A0430, A0435	CMS criteria is used: Medicare Benefit Policy Manual Chapter 10. See Non-Emergent Ambulance Transport MNG for modifiers and additional details on the Provider Resource Center
Oral Airway Appliances for Obstructive Sleep Apnea (OSA)	E0485, E0486	CMS criteria are used: LCD - Oral Appliances for Obstructive Sleep Apnea (L33611) and Article - Oral Appliances for Obstructive Sleep Apnea - Policy Article (A52512)
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	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

Service	Procedure Codes	Medicare Criteria Reference
Vertebral Compression Fracture		and Coding: Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) (A56178)
Pneumatic Compression Device with Calibrated Gradient Pressure	E0652	CMS criteria is used: NCD - Pneumatic Compression Devices (280.6)
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, E2298, E2310-E2313, E2321-E2331, E2340-E2343, E2351, E2368-E2370, E2373-E2377 Power Operated Vehicles: E1230, K0800-K0802, K0806-K0808, K0812, K0899	CMS 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)
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)
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	CMS criteria is used: NCD - Speech Generating Devices (50.1), LCD - Speech Generating Devices (SGD) (L33739) and Article - Speech Generating Devices (SGD) - Policy Article (A52469)
Osteogenesis Stimulators	E0748, E0749	CMS criteria is used: NCD - Osteogenic Stimulators (150.2), LCD - Osteogenesis Stimulators (L33796) and Article - Osteogenesis Stimulators - Policy Article (A52513)
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)

Service	Procedure Codes	Medicare Criteria Reference
Ultraviolet Light Therapy Systems	E0691-E0694	CMS criteria is used: NCD - Durable Medical Equipment Reference List (280.1)
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 Social Security Act §1862A1A
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. Outpatient prior authorization requests may be submitted by fax to 617-972-9409.

Service	Procedure Codes	Medicare Criteria Reference
Psychological and Neuropsychological Testing and Assessment	96130, 96131, 96132 96133, 96136, 96137 96138, 96139, 96146	Medicare Behavioral Health InterQual® Criteria Used. See Psychological and Neuropsychological Testing and Assessment MNG on the Provider Resource Center
Transcranial Magnetic Stimulation (TMS) for Tufts Health One Care, Tufts Medicare Preferred and Tufts Health Plan Senior Care Options	90867, 90868, 90869	Medicare Behavioral Health InterQual® Criteria Used. See Transcranial Magnetic Stimulation (TMS) for Tufts Health One Care, Tufts Medicare Preferred and Tufts Health Plan Senior Care Options MNG on the Provider Resource Center

TABLE 3

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	See Adstiladrin MNG on the Provider Resource Center .
Amtagvi	J3490	See Amtagvi MNG on the Provider Resource Center .
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)
Casgevy	J3490	See Casgevy MNG on the Provider Resource Center .
CGM: Freestyle and Dexcom Products	A4238, E2102	CMS Criteria is used: LCD - Glucose Monitors (L33822) and Article - Glucose Monitor - Policy Article (A52464)
Hemgenix	J1411	See Hemgenix MNG on the Provider Resource Center .
Kymriah	Q2042, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Lyfgenia	J3394	See Lyfgenia MNG on the Provider Resource Center .
Roctavian	J1412	See Roctavian MNG on the Provider Resource Center .
Tecartus	Q2053, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Vyjuvek	J3401	See Vyjuvek MNG on the Provider Resource Center .
Yescarta	Q2041, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Zynteglo	J3393	See Zynteglo MNG on the Provider Resource Center .

TABLE 4

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

Service	Procedure Codes	Medicare Criteria Reference
Positive airway pressure (PAP) devices — CPAP and BiPAP. eviCore healthcare provides sleep	CPAP: E0601 BiPAP: E0470, E0471 CPAP and BiPAP Supplies: A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039,	CMS criteria is used: NCD - Continuous Positive Airway Pressure (CPAP) (240.4) LCD - Respiratory Assist Devices (L33800) and Article - Respiratory Assist Devices - Policy Article (A52517)

Service	Procedure Codes	Medicare Criteria Reference
diagnostic and therapy management for Tufts Medicare Preferred HMO members. Providers must submit prior notification for PAP therapy through the eviCore healthcare website or by calling 888- 511-0401	A7044, A7045 A7046, E0561, E0562	LCD - Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718) and Article - Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea - Policy Article (A52467)
Providers must submit prior notification for sleep studies through the eviCore healthcare website or by calling 888-511-0401	Sleep Studies: G0398, G0399, G0400, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811	CMS criteria is used: NCD - Sleep Testing for Obstructive Sleep Apnea (OSA) (240.4.1) and Article - Polysomnography and Sleep Studies – Medical Policy Article (A53019)

Notification Required

IF REQUIRED, concurrent review may apply

Yes No

The following tables list services and items requiring notification:

- Table 5 includes DME, prosthetic items, and associated procedure codes that require notification through the Precertification Operations Department.
- Table 6 includes procedure codes that require notification through the Behavioral Health Department.

TABLE 5

The following procedure codes require notification from the Precertification Operations Department. Inpatient notifications requests may be submitted by fax to 617-972-9590.

Service	Procedure Codes	Medicare Criteria Reference
Acute inpatient		CMS criteria is used: Medicare Benefit Policy Manual Chapter 1
Long- Term Acute Care (LTAC)	LTAC revenue codes: LTAC Level – 120	CMS criteria is used: Medicare Benefit Policy Manual Chapter 1
Skilled Nursing Facility (SNF)	SNF revenue codes: Level 1A –190 Level 1B – 191 Level 2 –192	CMS criteria is used: Medicare Benefit Policy Manual Chapter 8

TABLE 6

The following procedure codes require notification through the Behavioral Health Department. Inpatient Notifications can be sent by fax to 617-972-9590, while outpatient notification can be faxed to 617-972-9409.

Service	Procedure Codes	Medicare 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 Provider Resource Center for Services that Require notification	InterQual® and American Society of Addictive Medicine (ASAM)
Behavioral Health Level of Care for Non 24 Hour/ Intermediate/Diversions Services	See Behavioral Health Level of Care for Non 24 Hour/ Intermediate/ Diversions Services MNG on the Provider Resource Center for Services that Require notification	InterQual® and American Society of Addictive Medicine (ASAM)

Prior Authorization Required

Yes No

TABLE 7

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	See Remote Patient Monitoring MNG on the Provider Resource Center
Removal of Benign Skin Lesions	17000, 17003, 17004, 17100, 17111 ICD-10 codes	See Removal of Benign Skin Lesions MNG on the Provider Resource Center

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 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.

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- 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.
- October 20, 2021: Reviewed by IMPAC. Addition of HGNS for OSA to Table 2, effective January 1, 2022.
- March 16, 2022: Reviewed by MPAC. Removal of SNF Part B language on Table 1, Skilled Nursing Facility.
- 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 3. 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. Removal of Modified T-Cell Therapy from Table 2. Created new Table 5 for new BH services requiring PA (which include rTMS, Psychological and Neuropsychological testing).
- 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.
- 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, added table 3, and Remote Patient Monitoring Added to table 7.
- 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, Non Emergent Ambulance Transportation, 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 to
 - add Intensity Modulated Radiation Therapy, Proton Beam Therapy, Transurethral Waterjet Ablation of Prostate, Varicose Veins, Non Emergent Ambulance Transportation, 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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