

Tufts Health Plan Senior Care Options Prior Authorization List

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Important Notes:

- Plan providers are responsible for obtaining prior authorization.
- Inpatient acute and SNF require inpatient notification by the facility through the Precertification Operations Department. Refer to the [Tufts Health Plan Senior Care Options Notification List](#) for a complete listing of services and items that require notification.
- This list does **not** include drugs that require prior authorization as part of the Tufts Health Plan SCO Pharmacy Management Program.

The following tables list services and items requiring prior authorization from Tufts Health Plan SCO:

- **Table 1** includes DME, prosthetic items, and associated procedure codes that require prior authorization through the Precertification Operations Department.
- **Table 2** currently there are no 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 Medicaid-only covered dental procedures, services, and items that require prior authorization through DentaQuest.

Refer to the Referrals, Authorizations and Notifications chapter of the [Senior Products Provider Manual](#) for additional guidelines.

Member eligibility can be verified [electronically](#) on the Tufts Health Plan Provider website and detailed benefit coverage may be verified by contacting Provider Relations. If you have questions about a specific procedure, service or item not found on the list, contact [Provider Relations](#).

TABLE 1

The following procedures, services and items require prior authorization from the Precertification Operations Department. Prior authorization requests may be submitted by fax to 617.673.0955.

Refer to the Medicare Coverage Database, MassHealth Guidelines for Medical Necessity Determinations and MassHealth Provider Manual Series to access complete Medicare and Medicaid guidelines and clinical criteria that will be used in making coverage decisions for the services below. A referral from the Member's primary care provider is not required for these services.

Subject	Procedure Codes	Medicare and Medicaid Reference
Dorsal Column Neurostimulation	63650, 63655, 63663, 63685, 95972	NCD 160.7 National Coverage Determination for Electrical Nerve Stimulators
FoundationOne CDX	0037U	NCD 90.2 National Coverage Determination for Next Generation Sequencing
Functional neuromuscular stimulators	E0764, E0770	NCD for Neuromuscular Electrical Stimulation (NMES) (160.12) Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual
Hyperbaric Oxygen Therapy	G0277, 99183	NCD 20.29 National Coverage Determination for Hyperbaric Oxygen Therapy
Modified T-Cell Therapies (e.g. CAR-T)	0537T, 0538T, 0539T, 0540T Q2041, Q2042	Tufts Health Plan Medical Necessity Guideline: Modified T-Cell Therapies

Subject	Procedure Codes	Medicare and Medicaid Reference
Oral airway appliances for obstructive sleep apnea (OSA)	E0485, E0486	LCD for Oral Appliances for Obstructive Sleep Apnea (L33611) Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual
Pneumatic compression device with calibrated gradient pressure	E0652	NCD for Pneumatic Compression Devices (280.6) LCD for Pneumatic Compression Devices (L33829) Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual
Power mobility devices and accessories Note: Batteries do not require prior authorization and are covered according to Medicare guidelines	<u>Power Wheelchairs</u> 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 <u>Power Operated Vehicles</u> E1230, K0800-K0802, K0806-K0808, K0812	NCD for Mobility Assistive Equipment (MAE) (280.3) LCD for Power Mobility Devices (L33789) LCD for Wheelchair Options/ Accessories (L33792) Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual
Speech generating devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	NCD for Speech Generating Devices (50.1) LCD for Speech Generating Devices (L33739) Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual
Spinal osteogenic devices	E0748, E0749	NCD for Osteogenic Stimulators (150.2) LCD for Osteogenesis Stimulators (L33796) Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual
Therapeutic Continuous Glucose Monitors (CGMs)	K0554, K0553	CMS Noridian LCD for Glucose Monitors (L33822) and Article (A52464)
ThyroSeq	0026U	LCD L35396 Local Coverage Determination Biomarkers for Oncology
Ultraviolet light therapy systems	E0691-E0694	NCD for DME Refer to List (280.1) Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual

Subject	Procedure Codes	Medicare and Medicaid Reference
Unlisted procedure codes	A9999, E0676, E1399, K0009, K0108, L0999, L1499, L2999, L3649, L3999, L7499, L5999, L8039, L8048, L8499, L8699, L9900	Unlisted Procedure Codes Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual Orthotics Manual
Upper limb prostheses	L6000-L7405	Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services Social Security Act §1862A1A

TABLE 2

Currently there are no procedure codes that require prior authorization through the Behavioral Health Department.

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 617.673.0955.

Before submitting the prior authorization request to Tufts Health Plan SCO, contact [Provider Relations](#) 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.

Subject	Procedure Codes	Medicaid Reference
Acupuncture for pain management beyond 20 visits per member per year	97810, 97811, 97813, 97814	Commonwealth of Massachusetts, MassHealth Provider Manual Series, Physician Manual, Subchapter 4.
*Hearing aids, supplies, and repairs only *PA for Hearing Aids will be effective 4.1.21	V5011, V5030, V5040, V5050, V5060, V5243, V5245, V5246, V5247, V5255, V5256, V5257, V5130, V5140, V5150, V5249, V5251, V5252, V5253, V5259, V5260, V5261, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5070, V5080, V5100, V5274, V5298, V5014, V5264, V5265, V5266, V5267, V5275, V5299	Commonwealth of Massachusetts MassHealth Provider Manual Series Hearing Instruments and Specialty Manual
Home modification	S5165	Commonwealth of Massachusetts MassHealth Provider Manual Series Home and Community-based Services Manual
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	Commonwealth of Massachusetts MassHealth Provider Manual Series Durable Medical Equipment Manual

TABLE 4

The following dental services require prior authorization through DentaQuest. For additional information, **contact DentaQuest Provider Relations at 800.341.8478** or mail prior authorization requests to DentaQuest at Tufts Health Plan, 12121 N. Corporate Parkway, Mequon, WI 53092.

Subject	Procedure Codes	Medicaid Reference
Dental services Note: Routine and/or emergency services do not require prior authorization.	Implant Services: D6010, D6103, D6104	Commonwealth of Massachusetts MassHealth Provider Manual Series Dental Manual

DOCUMENT HISTORY

- January 1, 2013: Document originated
- April 23, 2014: Document updated with services requiring prior authorization as of January 1, 2014
- November 28, 2014: Document updated with services requiring prior authorization effective January 1, 2015
- December 15, 2014: Reviewed at Benefit Adjudication Committee (BAC): Effective January 1, 2015 HCPCS Code E0935: Continuous passive motion exercise device for use on knee only, removed and will no longer require Prior Authorization.
- April 1, 2015: Document reviewed. Coding updated.
- May 22, 2015: Reviewed at BAC. Effective June 1, 2015 Transportation (non-emergency to medical appointments), HCPCS codes A0100, A0130, S0125, T2001, removed and will no longer require Prior Authorization.
- June 8, 2015: Reviewed at BAC: dental codes D2740, D2750, D2792, D3320, D3330, D3346, D3347, D4342, D4381, D6057, D6058, D6240, D6241, D6242, D6245, D9940 added to this document for an effective date of July 1, 2015. Prosthodontics (removable) dental codes: D5710, D5711, D5750, D5751 removed and no longer require prior authorization as of June 30, 2015.
- July 15, 2015: Reviewed at SCO Dental Implementation Committee: Effective August 1, 2015 dental codes D3310, D3410, D3421, D4210, D7970, D9241, D9242, D9248, D9930 removed and will no longer require prior authorization.
- October 1, 2015: October 1, 2015: All LCD ID references updated for services performed on or after October 1, 2015
- October 23, 2015: Reviewed at BAC: Effective January 1, 2016 code H0045 (respite services provided in a skilled nursing facility) removed from this list, prior authorization no longer required, and added to Tufts Health Plan Senior Care Options Notification List.
- December 29, 2015: Table 4 updated, codes D1206 and D1208 added effective January 1, 2016.
- January 1, 2016: AMA CPT® coding update, effective January 1, 2016 the following HCPCS code(s) added to Table 1: E1012.
- July 1, 2016: Effective on and after July 1, 2016 the DME carrier transitioned from NHIC to Noridian. Refer to the [Medicare Coverage Database](#) to access referenced LCD ID numbers.
- November 7, 2016: Reviewed at BAC: Effective January 1, 2017 codes S5150, S5151, S9125, and T1005 (respite services) removed from this list, prior authorization no longer required, and added to Tufts Health Plan Senior Care Options Notification List.
- July 31, 2017: Reviewed at BAC: Effective August 1, 2017 codes D2740, D2750, D2751, D2752, D2792, D3320, D3330, D3346, D3347, and D3426 (Table 4) removed from this list, prior authorization no longer required.
- August 28, 2017: Reviewed at BAC. Effective January 1, 2018 HCPCS codes K0554. K0553 will require prior authorization, and codes 97810, 97811, 97813, and 97814 will require prior authorization beyond 20 visits per year.
- December 11, 2017: Reviewed at BAC. Effective January 1, 2018 codes D4341, D4342, D4381, D6057, D6058, D6240-D6242, D6245, D7240, D7340, D9920, D9940, D1206, and D1208 removed from Table 4, prior authorization no longer required.
- April 2018: Tables 1 and 3, fax number for outpatient prior authorizations updated, effective 5/1/2018.
- January 1, 2019: AMA CPT® coding update, effective January 1, 2019, the following CPT codes added to Table 1: 0537T, 0538T, 0539T, 0540T; the following HCPCS code added to Table 1: Q2042; the following HCPCS codes added to Table 3: V5171, V5172, V5181, V5211, V5212, V5213, V5214, V5215, V5221; the following HCPCS codes removed from Table 3: V5170, V5180, V5210, V5220.

- November 20, 2019: Reviewed by IMPAC, FoundationOne CDX added to Table 1, for an effective date of February 1, 2020; Hyperbaric Oxygen Therapy, Doral Column Neurostimulation and ThyroSeq added to Table 1, for an effective date of April 1, 2020.
- 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.