

Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification 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.

Informational Note:

- Inpatient acute and skilled nursing facility (SNF) admissions require inpatient notification by the facility through the Precertification Operations Department.
- Plan providers are responsible to obtain prior authorization for durable medical equipment (DME) and certain procedures.
- This list does not include drugs that require prior authorization as part of the Tufts Medicare Preferred HMO Pharmacy Management Program.
- Services for transplants must be rendered at a contracted Tufts Health Plan Medicare-approved facility. For additional information, refer to the [Tufts Medicare Preferred HMO Medicare-Approved Facilities](#) list.

The following tables list services and items that require prior authorization or inpatient notification from the Precertification Operations Department via fax at 617.972.9409.

- **TABLE 1** includes services that require inpatient notification.
- **TABLE 2** includes certain procedures requiring prior authorization.
- **TABLE 3** includes DME and prosthetic items that require prior authorization. Refer to the [Medicare Coverage Database](#) to access Medicare guidelines and clinical criteria that may be used in coverage decision making. A referral from the Member's primary care provider is not required for these services. Refer to the [Senior Products Provider Manual](#) for additional guidelines.
- **TABLE 4** includes sleep studies and related supplies that require prior notification through [eviCore healthcare](#).

Member eligibility and benefit coverage can be verified [electronically](#) on the secure Provider website or by contacting [Provider Relations](#).

If you have questions about a specific procedure, service or item not found on the list, please contact Provider Relations.

TABLE 1 – Inpatient Notification

Subject	Codes	Medicare Reference
Acute inpatient (includes acute rehabilitation care)	Acute rehab revenue codes: LTAC Level – 120 Rehab Level 1–128 Rehab Level 2–129	Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services
Skilled nursing facility (SNF)	SNF revenue codes: Level 1A –190 Level 1B – 191 Level 2 –192 Part B services administered in a SNF setting (such as intermittent physical, occupational or speech therapy) may require care management authorization	Medicare Benefit Policy Manual, Chapter 8 – Coverage of Extended Care (SNF) Services

TABLE 2 – Certain Procedures and Services Requiring Prior Authorization

Subject	CPT/HCPCS Codes	Medicare 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
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
ThyroSeq	0026U	LCD L35396 Local Coverage Determination Biomarkers for Oncology

TABLE 3 – DME Prior Authorization List

Subject	HCPCS Codes	Medicare Reference
Therapeutic Continuous Glucose Monitors (CGMs)	K0554, K0553	CMS Noridian LCD for Glucose Monitors (L33822) and Article (A52464)
Functional neuromuscular stimulators	E0764, E0770	CMS NCD for Neuromuscular Electrical Stimulation (NMES) (160.12)
Oral airway appliances for obstructive sleep apnea (OSA)	E0485, E0486	CMS Noridian LCD for Oral Appliances for Obstructive Sleep Apnea (L33611) and Article (A52512)
Pneumatic compression device with calibrated gradient pressure	E0652	CMS NCD for Pneumatic Compression Devices (280.6) CMS Noridian LCD for Pneumatic Compression Devices (L33829) and Article (A52488)
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, 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, K0899	CMS NCD for Mobility Assistive Equipment (MAE) (280.3) CMS Noridian LCD for Power Mobility Devices (L33789) and Article (A52498) CMS Noridian LCD for Wheelchair Options/Accessories (L33792) and Article (A52504)

Subject	HCPSC Codes	Medicare Reference
Speech generating devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	NCD for Speech Generating Devices (50.1) CMS Noridian LCD for Speech Generating Devices (L33739)
Osteogenesis stimulators	E0748, E0749	NCD for Osteogenic Stimulators (150.2) CMS Noridian LCD for Osteogenesis Stimulators (L33796) and Article (A52469)
Ultraviolet light therapy systems	E0691-E0694	CMS NCD DME: (280.1)
Unlisted HCPSC codes	A9999, E0676, E1399, K0009, K0108, L0999, L1499, L2999, L3649, L3999, L7499, L5999, L8039, L8048, L8499, L8699, L9900	
Upper limb prostheses	L6000-L7405	Medicare Benefit Policy Manual, Chapter 15-Covered Medical and Other Health Services Social Security Act §1862(a)(1)(A)

TABLE 4 – Sleep Studies and PAP Supplies

Subject	CPT/HCPSC Codes	Medicare Reference
Positive airway pressure (PAP) devices — CPAP and BiPAP. eviCore healthcare provides sleep 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	CPAP: E0601 BiPAP: E0470, E0471 <u>CPAP and BiPAP Supplies:</u> A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0561, E0562	CMS NCD for Continuous Positive Airway Pressure System (CPAP) (240.4) CMS Noridian LCD for Respiratory Assist Devices (L33800) and Article (A52517) CMS Noridian LCD for PAP Devices for the Treatment of OSA (L33718) and Article (A52467)
Providers must submit prior notification for sleep studies through the eviCore healthcare website or by calling 888.511.0401	<u>Sleep Studies:</u> G0398, G0399, G0400, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811	CMS NCD for Sleep Testing for Obstructive Sleep Apnea (OSA) (240.4.1) CMS NGS Polysomnography and Sleep Studies-Medical Policy Article (A53019)

DOCUMENT HISTORY

- October 25, 2013: As a result of the Medicare Part A and Part B carrier for Massachusetts transition from NHIC to National Government Services (NGS), the following change has been made: The NGS Local Coverage Determination (LCD) L32038 does not allow coverage for Transcranial Magnetic Stimulation effective 10/25/13 and removed from this document.
- November 1, 2013: Effective 1/01/2014 sleep studies and sleep-related supplies will require prior notification through CareCore National (CCN).
- December 16, 2013: Transplant table removed. Note: Transplant Services must be rendered at a Tufts Health Plan Medicare Approved Facility for liver, pancreas, kidney, kidney/pancreas, heart, heart-lung, and intestinal/multivisceral transplants. Refer to [Tufts Medicare Preferred HMO Medicare-Approved Facilities](#)

- December 19, 2013: Wording changes for Medicare Part B services administered in a SNF setting.
- November 3, 2014: Document reviewed. No changes.
- December 15, 2014: Reviewed at Benefit Adjudication Committee (BAC): Effective January 1, 2015 HCPCS Code E0935 , CPM of the knee, removed from Table 2 and will no longer require Prior Authorization.
- April 1, 2015: Document reviewed. Coding updated.
- May 13, 2015: Document reviewed. Medicare references updated.
- July 23, 2015: Updated references in Table 3 from "CareCore National" to "eviCore healthcare", reflecting company name change.
- October 1, 2015: All LCD ID references updated for services performed on or after October 1, 2015
- January 1, 2016: AMA CPT® coding update, effective January 1, 2016 the following HCPCS code(s) added to Table 2: E1012.
- May 6, 2016: Document reviewed, no changes.
- July 1, 2016: Effective July 1, 2016 the DME carrier for Massachusetts transitioned from NHIC to Noridian. Refer to the [Medicare Coverage Database](#) to access referenced LCD ID numbers.
- December 1, 2016: Document reviewed. Format and wording changes. Medicare references updated.
- March 1, 2017: Document reviewed, minor wording changes.
- June 28, 2017: Document reviewed, no changes
- August 28, 2017: Reviewed at BAC. Effective January 1, 2018 HCPCS codes K0554. K0553 will require Prior Authorization.
- September 20, 2017: Document reviewed, no changes.
- November 1, 2017: Document reviewed, no changes.
- January 2, 2018: Document and coding reviewed, no changes.
- February 14, 2018: Reviewed at the Integrated Medical Policy Advisory Committee (IMPAC). Modified T-Cell Therapies (e.g. CAR-T) added to Table 2 with an effective date of May 12, 2018. Updated explanation of tables list with wording clarifications.
- January 1, 2019: AMA CPT® coding update, effective January 1, 2019, the following CPT codes added to Table 2: 0537T, 0538T, 0539T, 0540T; the following HCPCS code added to Table 2: Q2042; the following HCPCS code removed from Table 2 (code deleted): Q2040.
- July 9, 2019: Document reviewed, no changes
- November 20, 2019: Reviewed by IMPAC, FoundationOne CDX added to Table 2, for an effective date of February 1, 2020; Hyperbaric Oxygen Therapy, Doral Column Neurostimulation and ThyroSeq added to Table 2, 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 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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