

## Tufts Medicare Preferred HMO Medicare-Approved Facilities List

Certification as a Medicare-approved facility is a requirement for coverage for the following procedures: organ transplants, lung volume reduction surgery (LVRS), carotid artery stenting (CAS) with embolic protection<sup>1</sup>, ventricular assist device (VAD) destination therapy, and certain PET scans in Medicare-specified studies.

Reference the CMS website at the specific links in the grid below to determine if a facility is Medicare-approved to perform a particular service.

Service	Website Link
<ul style="list-style-type: none"> <li>• Carotid artery stenting with embolic protection (CAS)</li> <li>• Lung volume reduction surgery (LVRS)</li> <li>• Ventricular Assist Device (VAD) as destination therapy</li> </ul> <p>Effective for dates of service on or after September 25, 2013, CMS no longer requires that covered bariatric surgery procedures be performed in facilities that are certified.</p>	<p>Medicare-approved facilities:  <a href="https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/index.html">https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/index.html</a></p>
<p>Organ Transplant Programs*</p> <ul style="list-style-type: none"> <li>• Heart</li> <li>• Intestinal</li> <li>• Kidney</li> <li>• Liver</li> <li>• Lung</li> <li>• Pancreas</li> </ul>	<p>As of February 11, 2019, the List of CMS-Approved Organ Transplant Programs is now available on the Quality, Certification and Oversight Reports (QCOR) website.</p> <p><a href="#">S&amp;C QCOR Home Page</a></p> <p>*Transplant Centers can perform any combination of organ transplants for which they are approved</p>

The grid below lists Medicare-approved facilities that are also contracted with Tufts Medicare Preferred HMO for organ transplants, lung volume reduction surgery (LVRS), carotid artery stenting (CAS) with embolic protection, and ventricular assist device (VAD) destination therapy. Contact Tufts Medicare Preferred HMO [Provider Relations](#) for contracting status of PET scan providers.

**Not all Tufts Medicare Preferred HMO providers who perform these services are Medicare-approved. Tufts Medicare Preferred HMO will not pay for services rendered at a non-Medicare-approved facility.** This grid is subject to change as Tufts Medicare Preferred HMO contracted providers become Medicare-approved. For the most current list of Medicare-approved facilities, access the CMS website at the links provided above.

**Note:** In addition to the Medicare-approved facility requirement, please refer to the Referrals, Prior Authorizations, and Notifications chapter of the Senior Products [Provider Manual](#) for all Plan referrals, notifications, in-network and out-of-network plan rules. Tufts Medicare Preferred HMO care managers work with their medical groups to determine facilities they may wish to refer their members.

<sup>1</sup> This requirement does not apply to CAS performed in a Medicare-covered Category B IDE study or post-approval study.

<b>Service</b>	<b>Tufts Medicare Preferred HMO Contracted Providers</b>	<b>Medicare Approval Effective Date</b>
Carotid artery stenting (CAS) with embolic protection	Beth Israel Deaconess Medical Center	07/15/2005
	Boston Medical Center (University Hospital/BU Medical Center)	10/21/2005
	Brigham and Women's Hospital	05/16/2005
	Cape Cod Healthcare (Cape Cod Hospital)	11/01/2005
	Lahey Clinic Medical Center, Inc.	07/27/2005
	Lahey Health, Beverly Hospital	05/03/2007
	Lowell General Hospital, Main Campus	05/17/2013
	Lowell General Hospital, Saints Campus (Saints Memorial Medical Center)	04/27/2005
	Massachusetts General Hospital	05/03/2005
	Newton-Wellesley Hospital	07/22/2016
	North Shore Medical Center, Salem Hospital	08/31/2005
	Steward Health Care Good Samaritan Medical Center	03/28/2006
	Steward Health Care Saint Anne's Hospital	11/08/2006
	Steward Health Care Saint Elizabeth's Medical Center	04/26/2005
	Saint Vincent Hospital	07/31/5008
	Southcoast Health, Saint Luke's Hospital	05/09/2006
	Tufts Medical Center	04/24/2006
UMASS Memorial Medical Center	02/08/2006	
Heart transplant	Brigham and Women's Hospital	06/20/1987
	Massachusetts General Hospital	10/13/1992
	Tufts Medical Center	03/29/2001
Intestinal/multiversceral transplant	None	N/A
Kidney transplant	Beth Israel Medical Center	09/01/1977
	Boston Medical Center (University Hospital/BU Medical Center)	09/01/1977
	Brigham and Women's Hospital	08/05/1977
	Lahey Clinic Medical Center	02/21/1984
	Massachusetts General Hospital	08/31/1977
	Tufts Medical Center	10/07/1986
	UMASS Memorial Medical Center	02/05/2009
Liver transplant	Beth Israel Deaconess Medical Center	07/16/2003
	Lahey Clinic Medical Center	10/11/2003
	Massachusetts General Hospital	03/08/1990
	UMASS Memorial Medical Center	02/05/2009
Lung transplant	Brigham and Women's Hospital	08/19/1996
	Massachusetts General Hospital	03/04/1996
Lung volume reduction surgery (LVRS)	Brigham and Women's Hospital	08/19/1996
Pancreas transplant	Beth Israel Medical Center	09/01/1977
	Brigham and Women's Hospital	08/05/1977
	Massachusetts General Hospital	08/31/1977
	UMASS Memorial Medical Center	02/05/2009

Service	Tufts Medicare Preferred HMO Contracted Providers	Medicare Approval Effective Date
Ventricular assist device (VAD) as destination therapy	Brigham and Women's Hospital	01/09/2004
	Massachusetts General Hospital	12/15/2003
	Tufts Medical Center	11/06/2003

**DOCUMENT HISTORY**

- September 25, 2013: Effective for dates of service on or after September 25, 2013, CMS no longer requires that covered bariatric surgery procedures be performed in facilities that are certified.
- November 1, 2013: Reviewed, minor wording changes made.
- January 1, 2014: ICD-10 codes were added to this document for services on or after October 1, 2015.
- February 20, 2014: The list of contracting facilities was updated.
- October 27, 2014: Document updated. Network providers clarified.
- April 1, 2015: Document reviewed. No changes.
- August 1, 2015: Document reviewed. No changes.
- December 29, 2015: Document reviewed. No changes
- March 1, 2016: Document review. Coding updated.
- May 6, 2016: Document reviewed. CMS Web Site links updated.
- September 29, 2016: Document reviewed, minor word changes.
- December 9, 2016: Document reviewed, formatting changes; ICD-10-PCS codes moved to a separate attachment. List of contracting facilities updated.
- March 1, 2017: Document reviewed, no changes
- June 28, 2017: Document reviewed, no changes
- September 20, 2017: Document reviewed, no changes
- November 3, 2017: Document reviewed, no changes
- March 22, 2018: Document reviewed, no changes
- December 21, 2018: Document reviewed, link to Tufts Medicare Preferred HMO Medicare-Approved Facilities ICD-10-PCS Reference Tool List removed (reference tool retired).
- March 13, 2019: Document reviewed, link to CMS transplant list updated to include new link to QCOR website
- May 12, 2020, Document reviewed, formatting changes. Update of transplant procedures to align with CMS QCOR website. Addition of UMASS Memorial Medical Center, (which is now a TMP contracting provider) under CAS, Kidney, Liver, and Pancreas transplant.
- Sept 4, 2020, Document reviewed
- October 19, 2020: Document Reviewed, revision and update to disclaimer language to include the following "please refer to the Referrals, Prior Authorizations, and Notifications chapter of the Senior Products Provider Manual for all Plan referrals, notifications, in-network and out-of-network plan rules".

[Provider Relations](#)