

Effective: March 1, 2026

<p>Prior Authorization Required</p> <p>If REQUIRED, submit supporting clinical documentation pertinent to service request to the fax numbers below</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
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Overview

The following table lists services and items requiring prior authorization from Point32Health.

All of the Medical Necessity Guidelines (MNG) referenced in this document can be found on our [Provider Resource Center](#).

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

Refer to the Referrals, Authorizations and Notifications chapter of the Tufts Health Public Plans 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.

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 vendor managed programs and services that require prior authorization through the Vendor Program.
- **Table 4** includes procedure codes that the Plan considers investigation and therefore are not covered by the Plan

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 may be submitted by [portal](#), or if you prefer to submit your request via fax, please refer to [this chart](#) for the appropriate fax number.

Service/MNG name on Provider Resource Center to view more details
Anterior Vertebral Body Tethering
Applied Behavior Analysis (ABA) Therapy for Tufts Health Together
Bariatric Surgery
Basivertebral Nerve Ablation

Service/MNG name on Provider Resource Center to view more details
Blepharoplasty, Upper/Lower Eyelid, and Brow and/or Eyelid Ptosis Repair
Comprehensive Genomic Profiling with FoundationOne® CDx or FoundationOne® Liquid CDx to Guide Cancer Treatment in Patients with Advanced Cancer
Continuous Glucose Monitoring and Diabetes Management Devices for Tufts Health Together
Custom Fabricated Oral Appliances for Obstructive Sleep Apnea (OSA)
Dental Procedures Requiring Hospital/Facility-Based Care for Tufts Health Direct, Tufts Health Together, RITogether, and One Care
Endoscopic Sinus Surgeries
Gender Affirming Services
Genetic and Molecular Diagnostic Testing
Hematopoietic Stem-Cell Transplantation (HSCT)
High-Cost Durable Medical Equipment (DME), Adaptive Strollers and Speech Generating Devices
Home Accessibility Adaptations
Home Health Care Services for Tufts Health Together, Tufts Health RI Together, and One Care
Hospice Services for Tufts Health Together, Tufts Health RI Together and Tufts Health One Care
Human Leukocyte Antigen Genotyping for Tufts Health Direct, Tufts Health Together, Tufts Health RI Together, and Tufts Health One Care
Hyperbaric Oxygen Treatment
Hysterectomy, Certain Elective
Implantable Neurostimulators
Inpatient Acute and Post-Acute Levels of Care (Medical/Surgical)
Laser Vision Correction Surgery
Lower Limb Prostheses
Minimally Invasive Procedures for the Treatment of Benign Prostatic Hypertrophy
Mobile Cardiac Outpatient Telemetry (MCOT)
Non-Emergency Medical Transportation (Ground/Air)
Orthognathic Surgery for Severe Oral Maxillofacial Functional Disorders
Osteogenesis Stimulators, Noninvasive
Out-of-Network Coverage at the In-Network Level of Benefits and Continuity of Care (All Plans)
Outpatient Physical Therapy, Occupational Therapy and Speech Therapy
Percutaneous Tibial Nerve Stimulation (PTNS)
Power Operated Vehicles (POVs) for Tufts Health Together, Tufts Health RITogether and Tufts Health One Care
Power Wheelchairs for Tufts Health Together, Tufts Health RITogether and Tufts Health One Care
Procedures for the Treatment of Symptomatic Varicose Veins
Proton Beam Therapy

Service/MNG name on Provider Resource Center to view more details
Reconstructive and Cosmetic Surgery
Solid Organ Transplant (Heart, Heart/Lung, Intestinal, Kidney, Liver, Lung, Pancreas, Pancreas/Kidney)
Stereotactic Radiosurgery and Stereotactic Body Radiotherapy
Surgical Procedures for the Treatment Obstructive Sleep Apnea
Surgical Treatments for Lymphedema
Temporomandibular Joint (TMJ) Disorder Treatment
Tonic Motor Activation for the Treatment of Restless Leg Syndrome
Upper Limb Prostheses
Vertebroplasty and Kyphoplasty
Video Capsule Endoscopy
Whole Genome Sequencing

Table 2

The following procedures, services and items require prior authorization from the Behavioral Health Department. Prior authorization may be submitted by [portal](#), or if you prefer to submit your request via fax, please refer to [this chart](#) for the appropriate fax number.

Service/MNG name on Provider Resource Center to view more details
Children’s Behavioral Health Initiative Family-Based Intensive Treatment (FIT)
Children’s Behavioral Health Initiative In-Home Behavioral Services (IHBS) for Tufts Health Together
Children’s Behavioral Health Initiative In-Home Therapy (IHT) Services for Tufts Health Together
Community Support Programs including Specialized Community Support Programs
Neuropsychological and Psychological Testing and Assessment
Recovery Support Navigator
Targeted Case Management Services: Intensive Care Coordination (ICC) For Tufts Health Together
Transcranial Magnetic Stimulation (rTMS)

Table 3

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

Service/Vendor name on Provider Resource Center to view more details	
Evotent	Cardiac Diagnostic Testing/ Interventional Procedures
Carelon	Genetic Testing
Evotent	Interventional Pain Management for Back Pain
Evotent	Joint Surgeries-Hip
Evotent	Joint Surgeries-Knee
Evotent	Joint Surgeries-Shoulder
Evotent	Outpatient Diagnostic Imagine/Advanced Imaging

Service/Vendor name on Provider Resource Center to view more details	
EviCore	Sleep Studies and PAP Therapy Prior Authorization Program
Evolent	Spine Surgery and Cervical Spine Procedures

Table 4

The following procedure codes are considered investigation and therefore are not covered by the Plan.

Service/MNG name on Provider Resource Center to view more details
Noncovered Investigational Service

Approval and revision history

February 18, 2025: Reviewed by the Medical Policy Approval Committee (MPAC), effective March 1, 2026