

# **Tufts Medicare Preferred (HMO and PPO) Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines**

**Effective:** April 1, 2026

## **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 \(cms.gov\)](#)
- 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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## **Prior Authorization Required**

Supporting clinical documentation pertinent to service request must be submitted to the FAX numbers below

**Yes  No**

**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 5 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 requests may be submitted by fax to 617-972-9409.

| Service   | Procedure Codes   | Medicare Criteria Reference   |
|---|---|---|
| Basivertebral Nerve Ablation                                      | 64628, 64629  | CMS criteria is used: LCD Intraosseous Basivertebral Nerve Ablation (L39642) and Article- Billing and Coding: Intraosseous Basivertebral Nerve Ablation (A5466)           |
| 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)                   |
| Deep Brain Stimulation for Essential Tremor and Parkinson Disease | 61880, 61885, 61886, 61863, 61864, 61867, 61868   | CMS criteria is used: NCD- Deep Brain Stimulation for Essential Tremor and Parkinson's Disease (160.24)   |
| Dorsal Column Neurostimulation                                    | 63650, 63655, 63663, 63685, 95972   | CMS criteria is used: NCD - Electrical Nerve Stimulators (160.7)  |
| 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 <a href="#">Provider Resource Center</a> | CMS criteria is used: LCD - Molecular Pathology Procedures (L35000) and Article - Billing and Coding: Molecular Pathology Procedures (A56199) reference MNG for details   |
| 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)                   |

| Service  | Procedure Codes  | Medicare Criteria Reference   |
|--|--|---|
| 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  | Internal criteria is used. See Hypoglossal Nerve Stimulation for TMP and SCO MNG on the <a href="#">Provider Resource Center</a>  |
| Implantable Neurostimulator- Sacral Nerve  | 64590, 64595   | CMS criteria is used: LCA- Sacral Nerve Stimulation for Urinary and Fecal Incontinence (A53017)   |
| 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 <a href="#">Provider Resource Center</a>  |
| 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)   |
| Osteogenesis Stimulators   | E0748, E0749   | CMS criteria is used: NCD - Osteogenic Stimulators (150.2), LCD - Osteogenesis Stimulators (L33796) and Article - Osteogenesis Stimulators - Policy Article (A52513)  |
| Out-of-Network Coverage at the In-Network Level of Benefits and Continuity of Care (All Plans) | See Inpatient Acute Level of Care MNG for details on the <a href="#">Provider Resource Center</a>                                    | CMS CY24 requirements used: <a href="#">42 CFR 422.112(b)</a>   |
| 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 Vertebral Compression Fracture      | 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 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<br><br>Note: Batteries do not                           | <b>Power Wheelchairs:</b><br>K0010-K0014, K0813-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, | CMS criteria is used: NCD - Mobility Assistive Equipment (MAE) (280.3)  |

| Service  | Procedure Codes  | Medicare Criteria Reference  |
|--|--|--|
| require prior authorization and are covered according to Medicare guidelines | K0890-K0891, K0898-K0899, E0983, E0984, E0986, E1002-E1010, E1012, E1239, E2298, E2310-E2313, E2321-E2331, E2340-E2343, E2351, E2368-E2370, E2373-E2377<br><b>Power Operated Vehicles:</b> E1230, K0800-K0802, K0806-K0808, K0812, K0899 | LCD - Power Mobility Devices (L33789) and Article - Power Mobility Devices - Policy Article (A52498)<br><br>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:<br>NCD - Speech Generating Devices (50.1), LCD - Speech Generating Devices (SGD) (L33739) and Article - Speech Generating Devices (SGD) - Policy Article (A52469)  |
| Tonic Motor Activation for the Treatment of Restless Leg Syndrome            | A4544, E0743   | Internal criteria is used. See Tonic Motor Activation for the Treatment of Restless Leg Syndrome MNG on the <a href="#">Provider Resource Center</a>   |
| Transurethral Waterjet Ablation of Prostate                                  | C2596, 52597   | CMS criteria is used:<br>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)  |
| 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  | L6026, L6700, L6880, L6881, L6882, L7007, L7008, L7009, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259  | CMS criteria is used:<br>CMS criteria is used: Medicare Benefit Policy Manual Chapter 15 <a href="#">Social Security Act §1862A1A</a>  |
| Varicose Veins   | 36465, 36466, 36468, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799  | CMS criteria is used:<br>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 |

| Service | Procedure Codes | Medicare Criteria Reference   |
|---------|-----------------|---|
|         |                 | 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<br>96133, 96136, 96137<br>96138, 96139, 96146 | Medicare Behavioral Health InterQual® Criteria Used. See Psychological and Neuropsychological Testing and Assessment MNG on the <a href="#">Provider Resource Center</a>   |
| 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 <a href="#">Provider Resource Center</a> |

## 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           | CMS Criteria Used:<br>NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) |
| Adstiladrin | J9029           | See Adstiladrin MNG on the <a href="#">Provider Resource Center</a> .               |
| Amtagvi     | J3490           | See Amtagvi MNG on the <a href="#">Provider Resource Center</a> .                   |
| Aucatzyl    | Q2058           | CMS Criteria Used:<br>NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) |
| Breyanzi    | Q2054           | CMS Criteria Used:<br>NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) |
| Carvykti    | Q2056           | CMS Criteria Used:<br>NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) |
| Casgevy     | J3392           | See Casgevy MNG on the <a href="#">Provider Resource Center</a> .                   |

| Service                            | Procedure Codes | Medicare Criteria Reference  |
|------------------------------------|-----------------|--|
| CGM: Freestyle and Dexcom Products | A4238, E2102    | CMS Criteria is used:<br>LCD - Glucose Monitors (L33822) and Article - Glucose Monitor - Policy Article (A52464) |
| Encelto                            | J3403           | See Encelto MNG on the <a href="#">Provider Resource Center</a> .  |
| Hemgenix                           | J1411           | See Hemgenix MNG on the <a href="#">Provider Resource Center</a> .   |
| Kebilidi                           | J3590           | See Kebilidi MNG on the <a href="#">Provider Resource Center</a> .   |
| Kymriah                            | Q2042           | CMS Criteria Used:<br>NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)                              |
| Lyfgenia                           | J3394           | See Lyfgenia MNG on the <a href="#">Provider Resource Center</a> .   |
| Omisigre                           | J3590           | See Omisigre MNG on the <a href="#">Provider Resource Center</a> .   |
| Roctavian                          | J1412           | See Roctavian MNG on the <a href="#">Provider Resource Center</a> .  |
| Tecartus                           | Q2053           | CMS Criteria Used:<br>NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)                              |
| Tecelra                            | Q2057           | See Tecelra MNG on the <a href="#">Provider Resource Center</a> .  |
| Vyjuvek                            | J3401           | See Vyjuvek MNG on the <a href="#">Provider Resource Center</a> .  |
| Yescarta                           | Q2041           | CMS Criteria Used:<br>NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)                              |
| Zynteglo                           | J3393           | See Zynteglo MNG on the <a href="#">Provider Resource Center</a> .   |

**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  |
|---|--|--|
| Interventional Pain Management  | See Evolent website for full details <a href="#">RADMD   Tufts Health Plan</a>   |  |
| Spine Procedures  | See Evolent website for full details <a href="#">RADMD   Tufts Health Plan</a>   |  |
| Positive airway pressure (PAP) devices — CPAP and BiPAP.<br><br>eviCore healthcare provides sleep diagnostic and therapy management for Tufts | <b>CPAP:</b> E0601<br><b>BiPAP:</b> E0470, E0471 CPAP and BiPAP<br><b>Supplies:</b> A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045 A7046, E0561, E0562 | CMS criteria is used: NCD - Continuous Positive Airway Pressure (CPAP) (240.4)<br><br>LCD - Respiratory Assist Devices (L33800) and Article - Respiratory Assist Devices - Policy Article (A52517)<br><br>LCD - Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718) and Article - |

| Service  | Procedure Codes  | Medicare Criteria Reference  |
|--|--|--|
| <p>Medicare Preferred HMO members.</p> <p>Providers must submit prior notification for PAP therapy through the eviCore healthcare website or by calling 888- 511-0401</p>  |  | <p>Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea - Policy Article (A52467)</p>   |
| <p>Providers must submit prior notification for sleep studies through the eviCore healthcare website or by calling 888-511-0401</p>  | <p><b>Sleep Studies:</b><br/>95805, 95807, 95808, 95810, 95811</p>   | <p>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)</p>   |
| <p>Post- Acute Care</p> <p>Providers can request authorization using <a href="#">Access</a>, Home and Community Care Transitions' online provider portal. Additional information can be found at <a href="#">Care Transitions Partner Hub</a></p> <p>** Please note that members included in a designated care management agreement with a professional medical are excluded from this program</p> | <p><b>Post- Acute Care codes</b></p> <p><b>Acute Inpatient Facility (AIR)/ Inpatient Rehab Facility (IRF)</b></p> <p>Revenue:</p> <ul style="list-style-type: none"> <li>• Rehab Level 1: 0128</li> <li>• Rehab Level 2: 0129</li> </ul> <p><b>Long Term Acute Care (LTAC)/ Long Term Acute Hospital (LTCH)</b></p> <p>Revenue:</p> <ul style="list-style-type: none"> <li>• LTAC Level: 0120</li> </ul> <p><b>Skilled Nursing Facility (SNF)</b></p> <p>Revenue:</p> <ul style="list-style-type: none"> <li>• SNF Level 1A: 0190</li> <li>• SNF Level 1B: 0191</li> <li>• SNF Level 2: 0192</li> </ul> <p><b>Home Health (HH)</b><br/><i>PA required only after 30 days from Start of Care</i></p> <p>Revenue:</p> <ul style="list-style-type: none"> <li>• Skilled Nursing: 0551</li> <li>• Physical Therapy: 0421</li> <li>• Physical Therapy Aide: 0429</li> <li>• Occupational Therapy: 0431</li> <li>• Occupational Therapy Aide: 0439</li> <li>• Speech Therapy: 0441</li> <li>• Social Worker: 0561</li> <li>• Home Health Aide: 0571, 0572, 0579</li> </ul> <p>HCPCS codes:</p> <ul style="list-style-type: none"> <li>• G0151, G0152, G0153, G0155, G0156, G0157,</li> </ul> | <p>CMS Criteria is used:<br/><b>AIR/ IRF</b>- CMS Medicare Manual Chapter 1 under Part A Section 110</p> <p><b>LTAC/LTCH</b>- CMS Medicare Manual Chapter 1 under Part A; Medicare Claims Processing Manual Chapter 3, section 150; Medicare Program Integrity Manual Chapter 6, section 6.5*</p> <p><b>SNF</b>- CMS Medicare Manual Chapter 8, section 30</p> <p><b>HH</b>- CMS Medicare Manual Chapter 7</p> |

| Service | Procedure Codes   | Medicare Criteria Reference |
|---------|---|-----------------------------|
|         | G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G2168, G2169, S9127, S9128, S9129, S9131 |                             |

**\*Optum uses InterQual along with the CMS Medicare Benefit Policy Manual as a source of medical evidence to support medical necessity and level of care decisions as part of initial and concurrent review processes.**

**TABLE 5**

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

| Service                                       | Procedure Codes     | Coverage Guideline  |
|---|---------------------|---|
| Medicare Non-Covered Investigational Services | See MNG for details | See Medicare Non-Covered Investigational Services MNG on the <a href="#">Provider Resource Center</a> |

**Notification Required**

IF REQUIRED, concurrent review may apply

Yes  No

**The following tables list services and items requiring notification:**

- Table 6 includes DME, prosthetic items, and associated procedure codes that require notification through the Precertification Operations Department.
- Table 7 includes procedure codes that require notification through the Behavioral Health Department.

**TABLE 6**

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 Hospital at Home | See MNG         | See Acute Hospital at Home MNG on the <a href="#">Provider Resource Center</a> |
| Acute inpatient        |                 | CMS criteria is used: Medicare Benefit Policy Manual Chapter 1*                |

**\*Point32Health uses InterQual along with the CMS Medicare Benefit Policy Manual as a source of medical evidence to support medical necessity and level of care decisions as part of initial and concurrent review processes.**

**TABLE 7**

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 <a href="#">Provider Resource Center</a> for Services that Require notification                 | InterQual® and American Society of Addictive Medicine (ASAM) |
| Behavioral Health Level of Care for Non 24 Hour/ Intermediate/Diversionary Services | See Behavioral Health Level of Care for Non 24 Hour/ Intermediate/ Diversionary Services MNG on the <a href="#">Provider Resource Center</a> for Services that Require notification | InterQual® and American Society of Addictive Medicine (ASAM) |

**TABLE 8**

The following procedure codes require notification through Vendor Managed Programs; notification should be submitted to the Vendor Program.

| Service  | Procedure Codes   | Medicare Criteria Reference  |
|--|---|--|
| <p>Post- Acute Care</p> <p>Providers can request authorization using <a href="#">Access</a>, Home and Community Care Transitions' online provider portal. Additional information can be found at <a href="#">Care Transitions Partner Hub</a></p> <p>** Please note that members included in a designated care management agreement with a professional medical are excluded from this program</p> | <p>Post- Acute Care revenue codes</p> <p><b>Home Health (HH)</b></p> <p>Revenue:</p> <ul style="list-style-type: none"> <li>• Skilled Nursing: 0551</li> <li>• Physical Therapy: 0421</li> <li>• Physical Therapy Aide: 0429</li> <li>• Occupational Therapy: 0431</li> <li>• Occupational Therapy Aide: 0439</li> <li>• Speech Therapy: 0441</li> <li>• Social Worker: 0561</li> <li>• Home Health Aide: 0571, 0572, 0579</li> </ul> <p>HCPCS codes:</p> <ul style="list-style-type: none"> <li>• G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G2168, G2169, S9127,</li> </ul> | <p>CMS Criteria is used:</p> <p><b>HH</b>- CMS Medicare Manual Chapter 7</p> |

| Service | Procedure Codes        | Medicare Criteria Reference |
|---------|------------------------|-----------------------------|
|         | S9128, S9129,<br>S9131 |                             |

|                              |   |
|------------------------------|---|
| Prior Authorization Required | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|------------------------------|---|

**The following tables list services and items requiring no prior authorization:**

- Table 9 includes services and procedures that do not require prior authorization; however, a post service edit may apply.

**TABLE 9**

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   |
|--|--|--|
| Intravitreal Implants and Corticosteroid Inserts for Ophthalmic Conditions | 67027, 67028, J1096, J7313, J7311, J7312, J7314<br><a href="#">ICD-10 codes</a>                      | See Intravitreal Implants and Corticosteroid Inserts for Ophthalmic Conditions on the <a href="#">Provider Resource Center</a> |
| Remote Patient Monitoring  | 99091, 99453, 99454, 99457, 99458<br><a href="#">ICD-10 codes</a>                                    | See Remote Patient Monitoring MNG on the <a href="#">Provider Resource Center</a>  |
| Removal of Benign Skin Lesions   | 17000, 17003, 17004, 17100, 17111<br><a href="#">ICD-10 codes</a>                                    | See Removal of Benign Skin Lesions MNG on the <a href="#">Provider Resource Center</a>   |
| Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy, EGD)         | 42300, 43202, 43231, 43233, 43235, 43237, 43238, 43239, 43242, 43259<br><a href="#">ICD-10 codes</a> | See Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy, EGD) MNG on the <a href="#">Provider Resource Center</a>     |

## 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 ThryoSeq 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 ThryoSeq 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.
- 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.

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- 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 Zytenglo to J3393 and Lyfgenia to J3394, added Amtagvi under table 4, and updated criteria references for Lyfgenia, Hemgenix, Zytenglo, Roctavian, and Adstiladrin effective July 1, 2024
- July 22, 2024: Reviewed by MPAC, added AposTherapy System as a no Prior Authorization Guideline effective April 1, 2025.
- 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
  - 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

- December 13, 2024: Reviewed and approved by the UM Committee, criteria from September UM Committee approved, updated hypoglossal nerve stimulation to internal criteria, removed prior authorization from CAR-T administration codes, and added Acute Hospital at Home as a notification MNG effective January 1, 2025. Added Skilled Nursing Facility, Long Term Acute Care, Basivertebral Nerve Ablation, Deep Brain Stimulation for Essential Tremor and Parkinson's Disease and Implantable Neurostimulation: Sacral Nerve Stimulation to prior authorization effective March 1, 2025
- December 18, 2024: Reviewed by MPAC, updated hypoglossal nerve stimulation to internal criteria, removed prior authorization from CAR-T administration codes, and added Acute Hospital at Home as a notification Medical Necessity Guideline (MNG), effective January 1, 2025. Added Skilled Nursing Facility, Long Term Acute Care, Basivertebral Nerve Ablation, Deep Brain Stimulation for Essential Tremor and Parkinson's Disease and Implantable Neurostimulation: Sacral Nerve Stimulation to prior authorization effective March 1, 2025
- January 1, 2025: Coding updated effective January 1, 2025: the following code was added for Casgevy: J3392.
- January 15, 2025: Reviewed by MPAC, removed 77387 and G6017 under Intensity Modulated Radiation Therapy from prior authorization retroactive to January 1, 2025.
- February 2025: Reviewed by MPAC, removed 77301, 77338 under Intensity Modulated Radiation Therapy from prior authorization retroactive to January 1, 2025.
- February 19, 2025: Reviewed by MPAC, added clarifying line to table 1 and 6 about using InterQual to support medical necessity, removed Skilled Nursing Facility from prior authorization effective March 1, 2025; added table 5 and Medicare Non-Covered Investigational Services MNG effective April 1, 2025.
- March 2025: Reviewed by UM Committee
  - removed 77301, 77387, 77338, G6017 under Intensity Modulated Radiation Therapy from prior authorization retroactive to January 1, 2025
  - removed 93970, 93971 under Varicose Veins from prior authorization retroactive to January 1, 2025
  - added Aucatzyl and Tecelra to table 3 effective April 1, 2025
  - removed Skilled Nursing Facility from prior authorization effective March 1, 2025
  - added clarifying line to table 1 and 6 about using InterQual to support medical necessity
  - added table 5 and Medicare Non-Covered Investigational Services MNG, moved all other tables down 1 effective April 1, 2025
  - removed 95800, 95801, 95806, G0398, G0399, and G0400 from table 4 evicore section, effective June 1, 2025
- March 2025: Per CMS HCPCS the following code added to prior authorization under upper limb prostheses in table 1: L6028, L6029, L6030, L6031, L6032, L6033, L6037, L6700, L7406; the following codes added to prior authorization in table 3 Aucatzyl: C9301, Tecelra Q2057, effective April 1, 2025
- May 21, 2025: Reviewed by MPAC to add PA to Spine Procedures and Interventional Pain Management under the vendor Evolent, as part of this add the Plan will move cervical fusion, lumbar fusion, and epidural steroid injection from internal management to Evolent Management. The following codes removed from PA: 22800, 22802, 22808, 22810, 22812 effective October 1, 2025
- June 2025: Coding updated per AMA HCPCS for Aucatzyl to Q2058 effective July 1, 2025
- June 13, 2025: Reviewed at UM Committee added no PA guidelines Intravitreal Implants and Corticosteroid Inserts for Ophthalmic Conditions and Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy, EGD) effective September 1, 2025, and PA guideline for Tonic Motor Activation for the Treatment of Restless Leg Syndrome effective August 1, 2025
- June 13, 2025: Reviewed by UM Committee to add PA to Spine Procedures and Interventional Pain Management under the vendor Evolent, as part of this add the Plan will move cervical fusion, lumbar fusion, and epidural steroid injection from internal management to Evolent Management. The following codes removed from PA: 22800, 22802, 22808, 22810, 22812 effective October 1, 2025

- October 1, 2025: Per CMS HCPCS the following codes added to prior authorization: L6034, L6035, L6036, L6038, L6039 under upper limb prosthesis effective October 1, 2025; added Encelto and Kebilidi to table 3 effective October 1, 2025.
- December 8, 2025: Reviewed by the UM Committee,
  - removed AposTherapy Systems from table 8 effective January 1, 2026
  - removed about 147 codes from prior authorization under upper limb prosthetics associated with a standard prosthetic build, services have been moved to covered, intent of services now is to just manage myoelectric and complex components of the prosthetic effective February 1, 2026
  - removed Acute Inpatient Rehab and Long Term Acute Care from table 1 and moved them to table 4 as it will remain on PA and now be managed by a vendor; added Post Acute Care to table 4 as it is a new vendor; added Home Health under this vendor as a newly managed service requiring PA after 30 days; removed Skilled Nursing Facility from table 6 and moved it to table 4 and it will now require PA; added new table 8 for vendor notification; added Post Acute Care to table 8 as it is a new vendor; added Home Health to table 8 as a new notification for first 30 days of care; moved old table 8 down to table 9 effective April 1, 2026
- December 17, 2025: Reviewed by MPAC, removed AposTherapy Systems from table 8 effective January 1, 2026
- December 30, 2025: Intensity-Modulated Radiation Therapy removed from table 1, codes 77385, 77386, G6015, G6016 end- dated by CMS effective December 31, 2025, these codes were not replaced by any new code; per new coding guidelines, category III CPT code 0421T updated to code 52597 and removed end-dated CPT code 37500, effective January 1, 2026