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

Effective: October 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
Acute Inpatient Rehab ** **Note:** Select members may fall under our Post Acute Care vendor, see vendor section below for more information	Level 1–128 Rehab Level 2–129	CMS criteria is used: Medicare Benefit Policy Manual Chapter 1*
Long- Term Acute Care (LTAC) ** **Note:** Select members may fall under our Post Acute Care vendor, see vendor section below for more information	LTAC revenue codes: LTAC Level – 120	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.**		
Basivertebral Nerve Ablation	64628, 64629	CMS criteria used: LCD - Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain (L40302) and Article - Billing and Coding: Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain (A60324)
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)

Service	Procedure Codes	Medicare Criteria Reference
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)
FoundationOne Liquid CDX	0239U	CMS criteria is used: LCA MolDX: Molecular Diagnostic Tests (MDT) (A5777)
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 Provider Resource Center	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)
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	64568, 64582, 64583, and 64584	Internal criteria is used. See Hypoglossal Nerve Stimulation for TMP and SCO MNG on the Provider Resource Center
Implantable Neurostimulator-Sacral Nerve Stimulation for Urinary Incontinence	64561, 64581, 64590, 64595	CMS criteria is used: NCD- 230.18 Sacral Nerve Stimulation for Urinary Incontinence
Implantable Neurostimulator-Sacral Nerve Stimulation for Fecal Incontinence	64561, 64581, 64590, 64595	CMS criteria is used: CMS LCA from a different jurisdiction to be used: Billing and Coding: Sacral Nerve Stimulation for urinary and Fecal Incontinence (A53359)
Incontinence Devices	53445	CMS criteria is used: NCD- 230.10 Incontinence Control Devices
Lower Limb Prostheses	L5827, L5828, L5856, L5857, L5858, L5980, L5981, L5987, L5973	CMS criteria will be used: LCD- Lower Limb Prostheses (L33878) and LCA- Lower Limb Prostheses Policy Article (A52496)
Non-Emergent Ambulance Transport	A0426, A0428, A0430, A0435	CMS criteria is used: Medicare Benefit Policy Manual Chapter 10.

Service	Procedure Codes	Medicare Criteria Reference
		See Non-Emergent Ambulance Transport MNG for modifiers and additional details on the Provider Resource Center
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	E0747, 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 Provider Resource Center	CMS CY24 requirements used: 42 CFR 422.112(b)
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 Note: Batteries do not require prior authorization and are covered according to Medicare guidelines	**Power Wheelchairs:** 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, E2298, E2310-E2313, E2321-E2331, E2340-E2343, E2351, E2368-E2370, E2373-E2377 **Power Operated Vehicles:** E1230, K0800-K0802, K0806-K0808, K0812, K0899	CMS criteria is used: NCD - Mobility Assistive Equipment (MAE) (280.3) LCD - Power Mobility Devices (L33789) and Article - Power Mobility Devices - Policy Article (A52498) LCD - Wheelchair Options/Accessories (L33792) and Article - Wheelchair Options/Accessories - Policy Article (A52504)

Service	Procedure Codes	Medicare Criteria Reference
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)
Septoplasty	30520	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: 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 Provider Resource Center
Transurethral Waterjet Ablation of Prostate	C2596, 52597	CMS criteria is used: 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: CMS criteria is used: Medicare Benefit Policy Manual Chapter 15 Social Security Act §1862A1A
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: 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 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 96133, 96136, 96137 96138, 96139, 96146	Medicare Behavioral Health InterQual® Criteria Used. See Psychological and Neuropsychological Testing and Assessment MNG on the Provider Resource Center
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 Provider Resource Center

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: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Adstiladrin	J9029	See Adstiladrin MNG on the Provider Resource Center.
Amtagvi	J3490	See Amtagvi MNG on the Provider Resource Center.
Aucatzyl	Q2058	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Breyanzi	Q2054	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Carvykti	Q2056	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Casgevy	J3392	See Casgevy MNG on the Provider Resource Center.
CGM: Freestyle and Dexcom Products	A4238, E2102	CMS Criteria is used: LCD - Glucose Monitors (L33822) and Article - Glucose Monitor - Policy Article (A52464)
Encelto	J3403	See Encelto MNG on the Provider Resource Center.
Hemgenix	J1411	See Hemgenix MNG on the Provider Resource Center.

Service	Procedure Codes	Medicare Criteria Reference
Kebilidi	J3590	See Kebilidi MNG on the Provider Resource Center.
Kymriah	Q2042	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Lyfgenia	J3394	See Lyfgenia MNG on the Provider Resource Center.
Omisigre	J3406	See Omisigre MNG on the Provider Resource Center.
Tecartus	Q2053	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Tecelra	Q2057	See Tecelra MNG on the Provider Resource Center.
Vyjuvek	J3401	See Vyjuvek MNG on the Provider Resource Center.
Yescarta	Q2041	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24)
Zevaskyn	J3389	See Zevaskyn MNG on the Provider Resource Center.
Zynteglo	J3393	See Zynteglo MNG on the Provider Resource Center.

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 RADMD | Tufts Health Plan	
Spine Procedures	See Evolent website for full details RADMD | Tufts Health Plan	
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	**CPAP:** E0601 **BiPAP:** E0470, E0471 CPAP and BiPAP **Supplies:** 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) LCD - Respiratory Assist Devices (L33800) and Article - Respiratory Assist Devices - Policy Article (A52517) LCD - Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718) and Article - Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea - Policy Article (A52467)

Service	Procedure Codes	Medicare Criteria Reference
website or by calling 888- 511-0401		
Providers must submit prior notification for sleep studies through the eviCore healthcare website or by calling 888-511-0401	**Sleep Studies:** 95805, 95807, 95808, 95810, 95811	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)
Post- Acute Care Providers can request authorization using Access, Home and Community Care Transitions' online provider portal. Additional information can be found at Care Transitions Partner Hub ** Please note that members included in a designated care management agreement with an professional medical group are excluded from this vendor program	**Post- Acute Care codes** **Acute Inpatient Facility (AIR)/ Inpatient Rehab Facility (IRF)** Revenue: • Rehab Level 1: 0128 • Rehab Level 2: 0129 **Long Term Acute Care (LTAC)/ Long Term Acute Hospital (LTCH)** Revenue: • LTAC Level: 0120 **Skilled Nursing Facility (SNF)** Revenue: • SNF Level 1A: 0190 • SNF Level 1B: 0191 • SNF Level 2: 0192 **Home Health (HH)** ***PA required only after 30 days from Start of Care*** Revenue: • Skilled Nursing: 0551 • Physical Therapy: 0421 • Physical Therapy Aide: 0429 • Occupational Therapy: 0431 • Occupational Therapy Aide: 0439 • Speech Therapy: 0441 • Social Worker: 0561 • Home Health Aide: 0571, 0572, 0579 HCPCS codes: • G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G2168, G2169, S9127, S9128, S9129, S9131	CMS Criteria is used: **AIR/ IRF**- CMS Medicare Manual Chapter 1 under Part A Section 110 **LTAC/LTCH**- 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* **SNF**- CMS Medicare Manual Chapter 8, section 30 **HH**- CMS Medicare Manual Chapter 7

Service	Procedure Codes	Medicare Criteria Reference
***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 Provider Resource Center

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 Provider Resource Center
Acute inpatient		CMS criteria is used: Medicare Benefit Policy Manual Chapter 1*
Skilled Nursing Facility ** **Note:** Select members may fall under our Post Acute Care vendor, see vendor section below for more information	SNF revenue codes: Level 1A –190 Level 1B – 191 Level 2 –192	CMS criteria is used: Medicare Benefit Policy Manual Chapter 8*
***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 Provider Resource Center 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 Provider Resource Center 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
Post- Acute Care Providers can request authorization using Access, Home and Community Care Transitions' online provider portal. Additional information can be found at Care Transitions Partner Hub ** Please note that members included in a designated care management agreement with a professional medical are excluded from this program	Post- Acute Care revenue codes **Home Health (HH)** Revenue: • Skilled Nursing: 0551 • Physical Therapy: 0421 • Physical Therapy Aide: 0429 • Occupational Therapy: 0431 • Occupational Therapy Aide: 0439 • Speech Therapy: 0441 • Social Worker: 0561 • Home Health Aide: 0571, 0572, 0579 HCPCS codes: • G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G2168, G2169, S9127,	CMS Criteria is used: **HH-** CMS Medicare Manual Chapter 7

Service	Procedure Codes	Medicare Criteria Reference
	S9128, S9129, S9131	

Prior Authorization Required	Yes ☐ No ☒

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 ICD-10 codes	See Intravitreal Implants and Corticosteroid Inserts for Ophthalmic Conditions on the Provider Resource Center
Remote Patient Monitoring	99091, 99453, 99454, 99457, 99458 ICD-10 codes	See Remote Patient Monitoring MNG on the Provider Resource Center
Removal of Benign Skin Lesions	17000, 17003, 17004, 17100, 17111 ICD-10 codes	See Removal of Benign Skin Lesions MNG on the Provider Resource Center
Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy, EGD)	42300, 43202, 43231, 43233, 43235, 43237, 43238, 43239, 43242, 43249, 43259 ICD-10 codes	See Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy, EGD) MNG on the Provider Resource Center

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 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.
- 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.

- 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 Zynteglo to J3393 and Lyfgenia to J3394, added Amtagvi under table 4, and updated criteria references for Lyfgenia, Hemgenix, Zynteglo, 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 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
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    - 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 protheses 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
    - added note to Acute Inpatient Rehab and Long Term Acute Care in table 1; 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; added note to Skilled Nursing Facility in table 6; 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
- February 18, 2026: Reviewed by MPAC to include the following changes:
    - Incontinence Devices (53445), Septoplasty (30520), FoundationOne Liquid CDx (0239U), Lower Limb Prostheses (L5827, L5828, L5856, L5857, L5858, L5980, L5981, L5987, L5973) added to prior authorization effective June 1, 2026
    - Implantable Neurostimulator- Sacral Nerve Simulator criteria updated and split into Urinary Incontinence and Fecal Incontinence due to difference in CMS criteria and added prior authorization to 64561 and 64581 effective June 1, 2026
    - Added E0747 to Osteogenesis Stimulators effective June 1, 2026
    - added code 43249 to Upper Gastrointestinal Endoscopy MNG effective June 1, 2026
    - Zevaskyn added to prior authorization effective April 1, 2026
    - Removed Roctavian from prior authorization effective May 1, 2026
- March 10, 2026: Reviewed by UM Committee to include the following changes:
    - Incontinence Devices (53445), Septoplasty (30520), FoundationOne Liquid CDx (0239U), Lower Limb Prostheses (L5827, L5828, L5856, L5857, L5858, L5980, L5981, L5987, L5973) added to prior authorization effective June 1, 2026
    - Implantable Neurostimulator- Sacral Nerve Simulator criteria updated and split into Urinary Incontinence and Fecal Incontinence due to difference in CMS criteria and added prior authorization to 64561 and 64581 effective June 1, 2026
    - Added E0747 to Osteogenesis Stimulators effective June 1, 2026
    - added code 43249 to Upper Gastrointestinal Endoscopy MNG effective June 1, 2026
    - Zevaskyn added to prior authorization effective April 1, 2026
    - Removed Roctavian from prior authorization effective May 1, 2026
- August 19, 2026: Reviewed by MPAC, Basivertebral nerve ablation CMS criteria updated and updated Omisigre code to J3406 per AMA HCPCS update effective October 1, 2026
- September 15, 2026: Reviewed by UM Committee, Basivertebral nerve ablation CMS criteria updated and updated Omisigre code to J3406 per AMA HCPCS update effective October 1, 2026