

Harvard Pilgrim Stride Medicare Advantage Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines

Effective: July 1, 2024

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.

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 Harvard Pilgrim’s online provider portal, [HPHConnect](#), and detailed benefit coverage may be verified by contacting Provider Services.

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<p>Prior Authorization Required Supporting clinical documentation pertinent to service request must be submitted to the FAX numbers below</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
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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 1

The following DME, prosthetic items, and procedure codes procedures, services and items require prior authorization from the Precertification Operations Department. Prior authorization requests may be submitted by fax to 866-874-0857.

Subject	Procedure Codes	Medicare Reference
Bariatric Surgery	43644, 43645, 43659, 43770-43775, 43845-43848, 43886-43888	NCD - Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (100.1) (cms.gov)
Diabetes Management Devices	95249, 0446T-0448T, A4253, A4255, A4256, A9274, A9276, a9277, A9278, E0784	LCD - Glucose Monitors (L33822) (cms.gov)
Durable Medical Equipment	<p>E0467, E4085, E0486, E1399, A9270, D7880, K0739</p> <p>A4600, A9900, E0650- E0652, E0655- E0657, E0660, E0665- E0673, E0675, E0676</p> <p>E2310, E2311, E2313, E2377, E0986, K0800- K0802, K0806- K0808, K0812-K0816, K0820- K0831, K0835-K0843, K0848- K0864, K0868-K0871, K0877- K0880, K0884-K0886, K0890- K0891, K0898</p> <p>E0990, E0995, E1020, E0973, E0951-E0952, E0954, E2209, K0015, K0017-K0020, K0037- K0047, K0050-K0053, K0195</p> <p>E2500, E2502, E2504, E2506, E2508, E2510- E2512, E2599 Modifiers: EY, GA, GZ, KX</p> <p>E0470, E0471, E0601, A4604, A7027- A7039, A7044-A7046, E0561, E0562, Modifiers: EY, GA, GZ, KX</p>	<p>NCD - Durable Medical Equipment Reference List (280.1) (cms.gov)</p> <p>Oral appliances for OSA: LCD - Oral Appliances for Obstructive Sleep Apnea (L33611) (cms.gov) and Article - Oral Appliances for Obstructive Sleep Apnea - Policy Article (A52512) (cms.gov)</p> <p>Pneumatic Compression devices: LCD - Pneumatic Compression Devices (L33829) (cms.gov) and Article - Pneumatic Compression Devices - Policy Article (A52488) (cms.gov)</p> <p>Power mobility devices: LCD - Power Mobility Devices (L33789) (cms.gov) and Article - Power Mobility Devices - Policy Article (A52498) (cms.gov)</p> <p>Wheelchair accessories/options: LCD - Wheelchair Options/Accessories (L33792) (cms.gov) and Article - Wheelchair Options/Accessories - Policy Article (A52504) (cms.gov)</p> <p>Speech Generating Devices: LCD - Speech Generating Devices (SGD) (L33739) (cms.gov) and Article - Speech Generating Devices (SGD) - Policy Article (A52469) (cms.gov)</p> <p>Positive airway pressure (PAP) device- LCD - Respiratory Assist Devices (L33800) (cms.gov), Article - Respiratory Assist Devices - Policy Article (A52517) (cms.gov), LCD -</p>

Subject	Procedure Codes	Medicare Reference
		Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718) (cms.gov) , and Article - Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea - Policy Article (A52467) (cms.gov)
Gynecomastia Surgery	19300	LCD - Cosmetic and Reconstructive Surgery (L39051) (cms.gov) and Article - Billing and Coding: Cosmetic and Reconstructive Surgery (A58774) (cms.gov)
Implantable Neurostimulators	61850, 61860, 61863-61864, 61867-61868, 61880, 61885-61886, 61888, 63650, 63655, 63663, 63685, 64553, 95970-95972	Deep brain stimulation for Parkinson and essential tremor: NCD - Deep Brain Stimulation for Essential Tremor and Parkinson's Disease (160.24) (cms.gov) Deep brain and spinal cord stimulation: NCD - Electrical Nerve Stimulators (160.7) (cms.gov) Neuromuscular electrical stimulation: NCD - Neuromuscular Electrical Stimulation (NMES) (160.12) (cms.gov) Vagus nerve stimulation: NCD - Vagus Nerve Stimulation (VNS) (160.18) (cms.gov)
Inpatient Level of Care		Uses InterQual. See MNG .
Medical Transportation	A0130, A0425- A0426, A0428, A0430, A0435, A0999, S0209	Medicare Benefit Policy Manual (cms.gov) is being supplemented. See MNG .
Panniculectomy	15830, 15832-15836, 15839, 15847	LCD - Cosmetic and Reconstructive Surgery (L39051) (cms.gov) and Article - Billing and Coding: Cosmetic and Reconstructive Surgery (A58774) (cms.gov)
Reconstructive Eye Procedures	15820-15823, 67900-67904, 67906, 67908- 67909, 67911-67912, 67916- 67917, 67923-67924, 67950, 67961	LCD - Blepharoplasty, Blepharoptosis and Brow Lift (L34528) (cms.gov) and Article - Billing and Coding: Blepharoplasty, Blepharoptosis and Brow Lift (A56908) (cms.gov)
Skilled Nursing Facility and Subacute Care		Uses InterQual. See MNG .
Varicose Vein Procedures	36465-36466, 36468, 36470-36471, 36473-36476, 36478-36479, 36482-36483, 37500, 37700, 37718, 37722, 37735, 37760- 37761, 37765- 37766, 37780, 37785, 37799, 93970-93971	LCD - Treatment of Varicose Veins of the Lower Extremities (L34536) (cms.gov) , LCD - Varicose Veins of the Lower Extremity, Treatment of (L33575) (cms.gov) , Article - Billing and Coding: Treatment of Varicose Veins of the Lower Extremities (A56914) (cms.gov) , and Article - Billing and Coding: Treatment of Varicose Veins of the Lower Extremity (A52870) (cms.gov)

TABLE 2

The following procedures, services and items require prior authorization from Optum Behavioral Health. Prior authorization requests may be submitted by fax to 844-512-9824.

Subject	Procedure Codes	Medicare Reference
Alcohol and Substance Abuse Treatment		See Optum Behavioral Health Solutions Medical Coverage Summary
Health and Behavior Assessment and Intervention	96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, G2214	See Optum Behavioral Health Solutions Medicare Coverage Summary
Home Health Psychiatric Care		See Optum Behavioral Health Solutions Medicare Coverage Summary
Intensive Outpatient Programs		See Optum Behavioral Health Solutions Medicare Coverage Summary
Outpatient Services		See Optum Behavioral Health Solutions Medicare Coverage Summary
Psychiatric Inpatient Hospitalization		See Optum Behavioral Health Solutions Medicare Coverage Summary
Psychiatric Partial Hospitalization		See Optum Behavioral Health Solutions Medicare Coverage Summary
Psychological and Neuropsychological Testing	96105, 96110, 96112, 96113, 96116, 96121, 96125, 96127, 96136-96139, 96146	See Optum Behavioral Health Solutions Medicare Coverage Summary
Transcranial Magnetic Stimulation (TMS)		See Optum Behavioral Health Solutions Medicare Coverage Summary

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](#).

Service	Procedure Codes	Medicare Criteria Reference
Abecma	Q2055, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Adstiladrin	J9029	MassHealth criteria represented on an internal MNG: See MNG .
Amtagvi	J3490	Internal criteria used. See MNG
Breyanzi	Q2054, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Carvykti	Q2056, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Casgevvy	J3490	MassHealth criteria represented on an internal MNG. See MNG .
CGM: Freestyle and Dexcom Products	A4238, E2102	CMS Criteria is used: LCD - Glucose Monitors (L33822) (cms.gov)

Service	Procedure Codes	Medicare Criteria Reference
Hemgenix	J1411	MassHealth criteria represented on an internal MNG. See MNG.
Kymriah	Q2042, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Lyfgenia	J3394	MassHealth criteria represented on an internal MNG. See MNG.
Roctavian	J1412	MassHealth criteria represented on an internal MNG: See MNG
Tecartus	Q2053, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Vyjuvek	J3401	MassHealth criteria represented on an internal MNG. See MNG.
Yescarta	Q2041, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Zynteglo	J3393	MassHealth criteria represented on an internal MNG. See MNG.

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
Hip, Knee, Shoulder Surgery (NIA)	See Coding Matrix	NIA is used: Welcome to RadMD.com RADMD
Interventional Pain Management for Back Pain (NIA)	See Coding Matrix	NIA is used: Welcome to RadMD.com RADMD
Outpatient Diagnostic Imaging (NIA)	See Coding Matrix	NIA is used: Welcome to RadMD.com RADMD
Sleep Studies (NIA)	See Coding Matrix	NIA is used: Welcome to RadMD.com RADMD
Pluvicto	A9607	OncoHealth is used: OH Catch All 20240223.pdf (oncohealth.us)

Notification Required

IF REQUIRED, concurrent review may apply

Yes No

The following tables list services and items requiring notification:

- Table 5 includes DME, prosthetic items, and associated procedure codes that require notification through the Precertification Operations Department.

- Table 6 includes procedure codes that require notification through the Behavioral Health Department.

TABLE 5

The following procedure codes require notification from the Precertification Operations Department. Notifications may be submitted by fax to 866-874-0857.

Subject	Procedure Codes	Medicare Reference
None		

TABLE 6

The following procedure codes require notification through the Behavioral Health Department. Notifications can be sent by fax to 844-512-9824.

Subject	Procedure Codes	Medicare Reference
None		

Prior Authorization Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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TABLE 7

The following procedure codes do not require prior authorization from the Plan. They represent Medical Necessity criteria to receive the services. Post- service edits may apply.

Subject	Procedure Codes	Medicare Reference
Remote Patient Monitoring	99091, 99453, 99454, 99457, 99458 ICD-10 codes	Remote-Patient-Monitoring-mng.pdf (point32health.org)

Approval And Revision History

May 15, 2024: Reviewed by the Medical Policy Approval Committee (MPAC)
 June 13, 2024: Reviewed by Joint Medical Policy and Health Care Service Utilization Management Committee (UM Committee) effective July 1, 2024