

The following tables list services and items that require prior authorization from Tufts Medicare Preferred.

- The first table includes DME and prosthetics items and the associated procedure codes that require prior authorization from the Precertification Department.
- The second table includes the services and items and the associated procedure codes that require prior authorization from the Member's Case Manager.
- The tables both include links to the applicable Medicare coverage guidelines that will be used in making coverage determinations.

Important Notes:

- Plan providers are responsible for obtaining prior authorization.
- Inpatient acute, SNF, and SDC (Surgical Day Care) require Preregistration by the facility through the Precertification Department.
- This list does not include drugs that require prior authorization as part of the [Tufts Health Plan Medicare Preferred Pharmacy Management Program](#).
- This list does not include services that require authorization by the member's primary care physician/medical group (e.g., services that require a referral).

Reference the [Tufts Health Plan Medicare Preferred Provider Manual](#) for additional guidelines.

If you have questions about a specific procedure, service or item not found on the list, please contact Provider Relations at (800) 279-9022.

The following services and items require prior authorization through the Tufts Health Plan Precertification Department. They may be reached by fax only at 617-972-9409.

Subject	Procedure Codes	Reference
<p>CPAP and BiPAP</p> <p>Note: Prior authorization required for initial use only. After the initial approval, by contract, supplying providers are required to:</p> <p>1.) Contact the member and confirm compliance.</p> <p>2) Notify the member's physician when a member is noncompliant and request authorization from the member's physician to remove the CPAP or Bi-PAP equipment from the home.</p>	<p>CPAP: E0601</p> <p>BiPAP: E0470, E0471, E0472</p>	<p>NCD for Continuous Positive Airway Pressure System (CPAP) (240.4)</p> <p>LCD for PAP Devices for the Treatment of OSA (L11528)</p>
<p>CPM for use on knee</p> <p>Note: CPM for other indications (E0936) is not covered</p>	<p>E0935</p>	<p>NCD for DME Reference List (280.1)</p>
<p>Functional Neuromuscular Stimulators</p>	<p>E0764, E0770</p>	<p>NCD for Neuromuscular Electrical Stimulation (NMES) (160.12)</p>
<p>Oral Airway Appliances</p>	<p>E0485, E0486</p>	<p>See page 10 of Medicare News</p>
<p>Pneumatic Compression Device with Calibrated Gradient Pressure</p>	<p>E0652</p>	<p>NCD for Pneumatic</p>

Subject	Procedure Codes	Reference
		Compression Devices (280.6) LCD for Pneumatic Compression Devices (L11503)
Power Mobility Devices and Accessories Note: Batteries do not require prior authorization and are covered according to Medicare guidelines	<u>Power Wheelchairs</u> K0010-K0014 K0813-K0899 , E0983, E0984, E0986, E1002-E1010, E1239, E2310-E2351, E2368-E2370, E2373-E2377, E2399 <u>Power Operated Vehicles</u> E1230, K0800-K0812	NCD for Mobility Assistive Equipment (MAE) (280.3) LCD for Power Mobility Devices (L21271) LCD for Wheelchair Options/Accessories (L11473)
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	NCD for Speech Generating Devices (50.1) LCD for Speech Generating Devices (L11534)
Spinal Osteogenic Devices	E0748, E0749	NCD for Osteogenic Stimulators (150.2) LCD for Osteogenesis Stimulators (L11501)
Ultraviolet Light Therapy Systems	E0691-E0694	NCD for DME 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	L6000-L7405	Benefit Policy Manual, Chapter 15 Covered Medical and Other Health Services Social Security Act §1862A1A

The following procedures, services and items require prior authorization through the Member's Case Manager. **Providers should contact Provider Relations at (800) 279-9022 to verify benefits/eligibility and to identify the Member's Case Manager.**

Description	Procedure Codes	Reference
Acute Inpatient: Including Acute Rehab Rehabilitation Care	Acute Rehab Revenue codes LTAC Level - 120 Rehab Level 1- 128 Rehab Level 2 129	Benefit Policy Manual

Description	Procedure Codes	Reference
<p>Home Health Care</p> <p>Note: <u>Prior</u> authorization not required for the initial skilled nursing or physical therapy evaluation (evaluation visits will be authorized at the time of request for continued services). Prior authorization required for <u>all continued services after the initial evaluation.</u></p>	<p>G0151, G0152, G0153, G0154, G0155, G0156, 99211</p>	<p>Benefit Policy Manual, Chapter 7 Home Health Services</p>
<p>Skilled Nursing Facility Care</p>	<p>Revenue codes Level 1A: 190 Level 1B: 191 Level 2: 192</p> <p>Part B services: 92506, 92507, 97001, 97003, G0151, G0152</p>	<p>Benefit Policy Manual, Chapter 8 Coverage of Extended Care (SNF) Services</p>
<p>Transplants</p> <p>Note: Services must be rendered at a Medicare Approved Facility for heart, liver, lung, heart-lung, and intestinal/multivisceral transplants.</p>	<p><u>Liver</u> 47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147</p> <p>50.51, 50.59</p> <p><u>Pancreas</u> 48160, 48550, 48551, 48552, 48554, 48556</p> <p>52.80, 52.82, 52.83</p> <p><u>Kidney</u> 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547</p> <p>55.69</p> <p><u>Heart</u> 33940, 33944, 33945</p> <p>37.51</p> <p><u>Lung</u> 32850, 32851, 32852, 32853, 32854, 32855, 32856</p> <p>33.50, 33.51, 33.52</p> <p><u>Heart-lung</u> 33930, 33933, 33935, 33940, 33944, 33945</p> <p>33.6</p>	<p>NCD for Heart Transplants (260.9)</p> <p>NCD for Pancreas Transplants (260.3)</p> <p>NCD for Intestinal & Multi-Visceral Transplantation (260.5)</p> <p>NCD for Liver Transplants (260.1)</p> <p>NCD for Stem Cell Transplants (110.8.1)</p> <p>Benefit Policy Manual, Chapter 11 ESRD</p>

Description	Procedure Codes	Reference
	<u>Stem Cell Transplantation</u> 38204, 38205, 38206, 38207, 38230, 38240, 38241, 38242, 41.01, 41.02, 41.03, 41.04, 41.05, 41.06, 41.07, 41.08, 41.09 <u>Intestinal and Multivisceral</u> 44132, 44133, 44135, 44136, 44715, 44720, 44721 46.97	