

Depending upon the service, while you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

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).

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

- The first table includes DME and prosthetics items and the associated procedure codes that require prior authorization from the Precertification Department. Please refer to the [Medicare Coverage Database](#) to access complete Medicare guidelines and clinical criteria that will be used in making coverage decisions for services below.
- The second table includes the services and items and the associated procedure codes that require prior authorization from the member’s Case Manager.

Refer to the [Tufts Plan Medicare Preferred HMO Provider Manual](#) for additional guidelines. If you have questions about a specific procedure, service or item not found on the list, please contact Tufts Health Plan Medicare Preferred 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	Refer to
<p>CPAP and BiPAP</p> <p>For Tufts Medicare Preferred HMO plans, Tufts Health Plan has selected Sleep Management Solutions (SMS), in conjunction with CareCore National (CCN), to provide sleep diagnostic and therapy management services. Providers must request prior authorization for sleep studies and sleep-related services and supplies through CCN.</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>

Subject	Procedure Codes	Refer to
CPM for use on knee Note: CPM for other indications (E0936) is not covered	E0935	NCD for DME Refer to List (280.1)
Functional Neuromuscular Stimulators	E0764, E0770	NCD for Neuromuscular Electrical Stimulation (NMES) (160.12)
Oral Airway Appliances for Obstructive Sleep Apnea	E0485, E0486	LCD for Oral Appliances for Obstructive Sleep Apnea (L28603)
Pneumatic Compression Device with Calibrated Gradient Pressure	E0652	NCD for Pneumatic 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 Refer to 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.

Member eligibility can be verified electronically on the Tufts Health Plan Provider website and detailed benefit coverage may be verified by contacting Tufts Health Plan Medicare Preferred Provider Relations at 800-279-9022.

Please access the [Tufts Medicare Preferred HMO Case Management List](#) to identify the appropriate Tufts Medicare Preferred HMO Case Manager or contact Tufts Health Plan Medicare Preferred Provider Relations.

Description	Procedure Codes	Refer to
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
Home Health Care Note: Prior authorization is 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 is required for <u>all continued services after the initial evaluation.</u>	G0151, G0152, G0153, G0154, G0155, G0156, 99211	Benefit Policy Manual, Chapter 7 Home Health Services
Skilled Nursing Facility Care	Revenue codes Level 1A: 190 Level 1B: 191 Level 2: 192 Part B services: 92506, 92507, 97001, 97003, G0151, G0152	Benefit Policy Manual, Chapter 8 Coverage of Extended Care (SNF) Services
Transplants Note: Services must be rendered at a Medicare Approved Facility for heart, liver, lung, heart-lung, and intestinal/multivisceral transplants.	<u>Liver</u> 47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147 50.22, 50.3, 50.51, 50.59 <u>Pancreas</u> 48160, 48550, 48551, 48552, 48554, 48556 52.6, 52.80, 52.81, 52.82, 52.83, 52.84, 52.85, 52.86 <u>Kidney</u> 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547 55.51, 55.53, 55.61, 55.69	NCD for Heart Transplants (260.9) NCD for Pancreas Transplants (260.3) NCD for Intestinal & Multi-Visceral Transplantation (260.5) NCD for Liver Transplants (260.1) NCD for Stem Cell Transplants (110.8.1) Benefit Policy Manual, Chapter 11 ESRD

Description	Procedure Codes	Refer to
	<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><u>Stem Cell Transplantation</u> 38204, 38205, 38206, 38207, 38230, 38240, 38241, 38242,</p> <p>41.00, 41.01, 41.02, 41.03, 41.04, 41.05, 41.06, 41.07, 41.08, 41.09, 41.91</p> <p><u>Intestinal and Multivisceral</u> 44132, 44133, 44135, 44136, 44715, 44720, 44721</p> <p>46.97</p>	