

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><b>Note:</b> 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><a href="#">NCD for Continuous Positive Airway Pressure System (CPAP) (240.4)</a></p>
<p>CPM for use on knee</p> <p><b>Note:</b> CPM for other indications (E0936) is not covered</p>	<p>E0935</p>	<p><a href="#">NCD for DME Reference List (280.1)</a></p>
<p>Functional Neuromuscular Stimulators</p>	<p>E0764</p>	<p><a href="#">NCD for Neuromuscular Electrical Stimulation (NMES) (160.12)</a></p>
<p>Oral Airway Appliances</p>	<p>E0485, E0486</p>	<p>See page 10 of <a href="#">Medicare News</a></p>
<p>Pneumatic Compression Device with Calibrated Gradient Pressure</p>	<p>E0652</p>	<p><a href="#">NCD for Pneumatic</a></p>

Subject	Procedure Codes	Reference
		<a href="#">Compression Devices (280.6)</a>  <a href="#">LCD for Pneumatic Compression Devices (L11503)</a>
Power Mobility Devices and Accessories  <b>Note:</b> 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	<a href="#">NCD for Mobility Assistive Equipment (MAE) (280.3)</a>  <a href="#">LCD for Power Mobility Devices (L21271)</a>  <a href="#">LCD for Wheelchair Options/Accessories (L11473)</a>
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	<a href="#">NCD for Speech Generating Devices (50.1)</a>  <a href="#">LCD for Speech Generating Devices (L11534)</a>
Spinal Osteogenic Devices	E0748, E0749	<a href="#">NCD for Osteogenic Stimulators (150.2)</a>  <a href="#">LCD for Osteogenesis Stimulators (L11501)</a>
Ultraviolet Light Therapy Systems	E0691-E0694	<a href="#">NCD for DME Reference List (280.1)</a>
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	<a href="#">Benefit Policy Manual, Chapter 15 Covered Medical and Other Health Services</a>  <a href="#">Social Security Act §1862A1A</a>

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	<a href="#">Benefit Policy Manual</a>

Description	Procedure Codes	Reference
<p>Home Health Care</p> <p><b>Note:</b> <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><a href="#">Benefit Policy Manual, Chapter 7 Home Health Services</a></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><a href="#">Benefit Policy Manual, Chapter 8 Coverage of Extended Care (SNF) Services</a></p>
<p>Transplants</p> <p><b>Note:</b> 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><a href="#">NCD for Heart Transplants (260.9)</a></p> <p><a href="#">NCD for Pancreas Transplants (260.3)</a></p> <p><a href="#">NCD for Intestinal &amp; Multi-Visceral Transplantation (260.5)</a></p> <p><a href="#">NCD for Liver Transplants (260.1)</a></p> <p><a href="#">NCD for Stem Cell Transplants (110.8.1)</a></p> <p><a href="#">Benefit Policy Manual, Chapter 11 ESRD</a></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	