

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. Although not required, Members are strongly encouraged to obtain prior authorization for services rendered by non-plan providers to determine whether the services are covered. Members will pay more when receiving services from non-plan providers.
- 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](#).

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.

Description	Procedure Codes	Reference
Functional Neuromuscular Stimulators	E0764, E0770	NCD for Neuromuscular Electrical Stimulation (NMES) (160.12)
Spinal Osteogenic Devices	E0748, E0749	NCD for Osteogenic Stimulators (150.2) LCD for Osteogenesis Stimulators (L11501)
Unlisted Procedure Codes	A9999, E0676, E1399, K0009, K0108, L0999, L1499, L2999, L3649, L3999, L7499, L5999, L8039, L8048, L8499, L8699, L9900	

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
Bariatric Surgery	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 43847, 43848	NCD for Bariatric Surgery (100.1)
Home Health Care	G0151, G0152, G0153, G0154, G0155, G0156, 99211	Benefit Policy Manual, Chapter 7 Home Health Services
Note: Prior authorization not		

Description	Procedure Codes	Reference
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>		
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 50.51, 50.59 <u>Pancreas</u> 48160, 48550, 48551, 48552, 48554, 48556 52.80, 52.82, 52.83 <u>Kidney</u> 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547 55.69 <u>Heart</u> 33940, 33944, 33945 37.51 <u>Lung</u> 32850, 32851, 32852, 32853, 32854, 32855, 32856 33.50, 33.51, 33.52 <u>Heart-lung</u> 33930, 33933, 33935, 33940, 33944, 33945 33.6 Stem Cell Transplantation	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	Reference
	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	