

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](#).
- Outpatient Rehabilitation [**Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)**] **requires Prior Authorization through the Precertification Department.**
 - PT requires prior authorizations after the initial evaluation and first 8 treating visits.
 - OT and ST requires prior authorization after the initial evaluation visit. All treating visits require prior authorization.

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
Deep Brain Stimulation	61863,61864, 61867, 61868, 61880 The following associated implant codes will be covered if the procedure is authorized: L8680, L8681, L8682, L8683, L8685, L8686, L8687, L8688, L8689	NCD for Deep Brain Stimulation (160.4)
Dental Services/Inpatient Maxillofacial Surgery/ Facial Osteotomy	D0120-D9999	Medicare Benefit Policy Manual Chapter 1, Chapter 15, Chapter 16
Cardiac Pacemaker- Elective	33206, 33207, 33208, 33212, 33213, 33214, C1785, C1786	NCD for Cardiac Pacemakers (20.8)
Cochlear Implantation	69930, 69714, 69715, 69717, 69718 The following associated implant and accessory codes will be covered if the procedure is authorized: L8614-L8624	NCD for Cochlear Implantation (50.3)

Description	Procedure Codes	Reference
CPAP and BiPAP Note: Prior authorization required for initial use only. After the initial approval, by contract, supplying providers are required to: 1.) Contact the member and confirm compliance. 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.	CPAP: E0601 BiPAP: E0470, E0471, E0472	NCD for Continuous Positive Airway Pressure System (CPAP) (240.4)
CPM for use on knee Note: CPM for other indications (E0936) is not covered	E0935	NCD for DME Reference List (280.1)
Functional Neuromuscular Stimulators	E0764	NCD for Neuromuscular Electrical Stimulation (NMES) (160.12)
Gastric Bypass Surgery	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 43847, 43848	NCD for Bariatric Surgery (100.1)
Gynecomastia Surgery	19300	LCD for Reduction Mammoplasty (L3243)
Hyperbaric Oxygen Therapy Note: Topical hyperbaric oxygen treatment (A4575) is not covered)	99183, C1300	NCD for Hyperbaric Oxygen Therapy (20.29)
Implantable Automatic Defibrillators	33240, C1721, G0297, G0300 37.94, 37.95, 37.96, 37.97, 37.98	NCD for Implantable Automatic Defibrillators (20.4)
Lasik Procedure – [Keratoplasty to treat specific lesion of cornea.]	66821, 65770	NCD for Refractive Keratoplasty (80.7)
LDL Apheresis	36516	LCD for Apheresis (L26856)
Oral Airway Appliances	E0485, E0486	See page 10 of Medicare News
Outpatient Occupational Therapy requires prior authorization after the initial evaluation visit. All treating visits require prior authorization.	97004	Benefit Policy Manual - Chapter 15, Section 220 NCD for Speech-Language Pathology Services for Dysphagia (170.3) Outpatient Physical and Occupational Therapy Services (L26884)
Outpatient Physical Therapy	97002, 97010-97799	Benefit Policy Manual - Chapter

Description	Procedure Codes	Reference
requires prior authorizations after the initial evaluation and 8 treating visits.		15, Section 220 LCD for Outpatient Physical and Occupational Therapy Services (L26884)
Outpatient Speech Therapy [Speech and Language Pathology requires prior authorization after the initial evaluation visit. All treating visits require prior authorization.	92507, 92598	Benefit Policy Manual - Chapter 15, Section 220
Percutaneous Vertebroplasty	22520, 22521, 22522, 22523, 22524, 22525	LCD for Percutaneous Vertebroplasty/ Balloon-Assisted Vertebroplasty (L11417)
Photoreactive and Radial Keratotomy	65771	NCD for Refractive Keratoplasty (80.7)
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)
Reduction Mammoplasty	19318	LCD for Reduction Mammoplasty (L3243)
Repair of Brow Ptosis	67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909	LCD for Blepharoplasty (L26448)
Spinal Cord Stimulators	63650, 63685	160.7 NCD 160.12 NCD
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,	

Description	Procedure Codes	Reference
	L8699, L9900	
Upper Limb Protheses	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
Home Health Care Note: Prior 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>	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 50.51, 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	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
	<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>41.01, 41.02, 41.03, 41.04, 41.05, 41.06, 41.07, 41.08, 41.09</p> <p><u>Intestinal and Multivisceral</u> 44132, 44133, 44135, 44136, 44715, 44720, 44721</p> <p>46.97</p>	