Policy: Prior Authorization Code List	**Policy Number: UM-22**
Department: Utilization Management	**Original Issue Date: 10/21/2021**
Approver: UM Committee **Dependencies: None** **Date Approved: 12/11/2025**	☒ **Date Last Reviewed / Revised (12/11/2025) OR** ☐ **Date Last Reviewed / No Revisions [mmlddlyyyy)** **OR** **New Policy / NIA** ☐ **Effective Date: 01/01/2026**

PURPOSE

This list provides prior authorization guidance for providers who participate in the Mass Advantage Medicare Advantage HMO Basic, HMO Plus, PPO Premiere, and PPO Extra plans.

- To request prior authorization, please complete and submit the Inpatient Authorization Request or Outpatient Authorization Request Forms and fax to 888-656-7783. You can also contact our Utilization Management team, delegated to Prime Therapeutics Management LLC, by phone at 866-312-8467. Authorization forms can be found on our website: Provider Forms and Resources - Mass Advantage.
- Member eligibility and benefit coverage can be verified by contacting Provider Services or electronically on our secure provider website. You can find contact information for Provider Services here.
- Obtaining a prior authorization is not a guarantee of payment. In addition, while some providers may not be directly responsible for obtaining prior authorization, in some instances as a condition for payment, you may need to make sure that prior authorization has been obtained.
- As a Medicare Advantage plan, Mass Advantage is required to make coverage determinations for services through the Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) policies and Medicare Administrative Contractors (MACs) Local Coverage Determination (LCD) policies. When cited by CMS, NCDs, LCDs, and Original Medicare guidance in Medicare manuals are utilized for decision making. When CMS citations are unavailable, we will follow a Hierarchy of Evidence for Medical Necessity Decision, including, but not limited to, MCG guidelines.
- New CPT/HCPCS codes approved released quarterly by CMS that are similar to existing services listed below will automatically require prior authorization prior to policy updates.

AUTHORIZATION REQUIRED SERVICES

Inpatient Hospitalizations for Acute, Psychiatric, Rehabilitation, and Skilled Nursing Facility Admissions and Partial Hospitalization Program Admissions	
Services	Requirements
Inpatient Acute and Psychiatric Hospitalizations	• All elective inpatient admissions require prior authorization. • Emergent/Urgent admissions require notification of admission within 24 hours of admission.
Long Term Acute Care Hospitalization (LTACH)	All admissions require prior authorization.
Partial Hospitalization Program (PHP)	All admissions require prior authorization.
Skilled Nursing Facility (SNF)	All admissions require prior authorization.
Inpatient Rehabilitation Facility (/RF)	All admissions require prior authorization.

Air Ambulance Services	
Services	Requirements
Air Ambulance (Non-Emergent)	All non-emergent air ambulance services require prior authorization.
Transplants	
Services	Requirements
Transplant Evaluation	99205
Transplant Inpatient Hospitalization	All inpatient transplant admissions require prior authorization
CAR T-Gene Therapy	38225,38226,38227,38228,Q2041,Q2042, Q2053,Q2054,Q2055,Q2056,Q2057,Q2058
Out of Network Service	
Services	Requirements
HMO Plans (Basic & Plus)	All non-emergent out-of-network services require prior authorization.
PPO Plans (Premiere & Extra)	Advance notification is recommended for members in the following circumstances: • A network physician or health care professional directs a member to an out-of-network facility, physician, or other health care professional and the member's benefit plan includes benefits for out-of-network services - but there are no available in-network healthcare professionals for the type of specialty services needed. • A network physician or health care professional requests in-network cost sharing or benefit level because there aren't in-network health care professionals for the type of specialty services needed.
Outpatient Services	
Services	Requirements
Sleep Apnea Procedures	21685,41512,41530,41599,42145,64582, 64583,64584,95806,95807, 95808,95810,95811
Cosmetic and Reconstructive Procedures	11960,11971,15780,15781,15782,15783,15788, 15789,15792,15793,15820,15821, 15822,15823,15830,15832,15833,15834, 15835,15836,15837,15838,15839,15847, 15876,15877,15878,15879,17106,17107, 17108,17999,19316,19318,19325,21010, 21050,21060,21073,21089,21116,21120, 21121,21122,21123,21141,21198,21206, 21230,21240,21242,21243,21244,21248, 21255,21260,21267,21299,21480,21485, 21490,28296,28297,28298,28299,28306, 28308,28310,29800,29804,55970,55980, 67900,67901,67902,67903,67904,67906, 67908,67909,67911,67914,67915,67916, 67917,67921,67922,67923,67924,67950, 96567,96900,96910,96920,96921

Implantable Cardiac Defibrillators	33270
Cardiac Resynchronization Therapy (Pacemakers)	33221,33224,33225,33231
Spinal Procedures	20999,22100,22101,22102,22103,22220, 22224,22510,22511,22512,22513,22514, 22515,22526,22527,22551,22552,22554, 22585,22586,22590,22595,22600,22610, 22612,22614,22630,22632,22633,22634, 22840,22842,22845,22850,22852,22853, 22854,22855,22850,22852,22853,22854, 22855,22856,22858,22859,22867,22868, 22869,22870,22999,27279,62287,62330, 62331,62380,63001,63003,63005,63011, 63012,63015,63016,63017,63020,63030, 63032,63035,63040,63042,63043,63044, 63045,63046,63047,63048,63052,63053 63055,63056,63057,63064,63066,63075, 63076,63265,63266,63267,63268, 0095T,0098T,0164T,0165T,0202T,0219T, 0220T,0221T,0222T,0274T,0275T,0656T, 0657T,C1821,C2614,C9757
Vein Procedures	36465,36466,36468,36470,36471, 36473,36474,36475,36476,36478,36479, 36482,36483,37500,37700,37718,37722, 37735,37760,37761,37765,37766,37780, 37785,0524T
Bariatric Surgery/Gastric Restrictive Procedures	43644,43645,43659,43770,43771,43772, 43773,43774,43775,43845,43846,43847, 43838,43886,43887,43888,43889
Neurostimulators	0908T,0909T,0988T,0989T,1013T 63661,63662,63663,63664,64654,64655,64656, A4593,A4594,C1607
Other Implanted Stimulators	61880,64553,64561,64569,64570,64575, 64581,64585,64595,64999,E0736
Other Stimulation Techniques	0906T,0907T
Bone Growth Stimulators	E0747,E0748,E0749,E0760
Orthopedic Implants	0946T,27458,27713
Cochlear Implants	69714,69930,69949
Outpatient Diagnostic Procedures and Tests	
Services	Requirements
Genetic Testing	Requires authorization for any billed genetic test with a Medicare allowable amount of $1000 or greater.
Molecular Pathology	Requires authorization for any billed molecular pathology test with a Medicare allowable amount of $1000 or greater.
CTA Coronary Arteries	75574
Other Procedures & Testing	0956T,0960T,0999T,1000T,1001T,1002T,1003T, 1011T,1020T

Medicare Part B Drugs	
Services	Requirements
Part B Drugs	J0013,J0129,J0174,J0175,J0177,J0178, J0185,J0585,J0586,J0587,J0588,J0589, J0596,J0597,J0598,J0881,J0885,J0897, J1073,J1303,J1306,J1326,J1453,J1459, J1561,J1569,J1602,J1745,J1952,J2350, J2353,J2357,J2469,J2506,J2777,J2778, J2781,J3111,J3247,J3262,J3357,J3358, J3380,J3389,J3403,J3489,J3490,J3590, J7171,J7172,J7356,J9022,J9024,J9041, J9054,J9144,J9145,J9173,J9174,J9217, J9228,J9264,J9271,J9276,J9289,J9299, J9305,J9312,J9332,J9355,J9382,Q2043, Q5098,Q5099,Q5100,Q5103,Q5106,Q5107, Q5108,Q5111,Q5112,Q5113,Q5114,Q5115, Q5116,Q5117,Q5118,Q5119,Q5128,Q5153
Durable Medical Equipment	
Services	Requirements
Durable Medical Equipment	Requires authorization for any billed purchase or rental with a Medicare allowable amount of $1000 or greater.
Prosthetics I Orthotics	
Services	Requirements
Prosthetics	Requires authorization for any billed purchase or rental with a Medicare allowable amount of $1000 or greater.
Orthotics	Requires authorization for any billed purchase or rental with a Medicare allowable amount of $1000 or greater.

VERSION AND REVIEW HISTORY					
Version#	**Action (Original Issue, Reviewed, Revised)**	**Description of Changes**	**Business Lead Name/Title**	**Approving Committee Or Business Lead Area Approver**	**Committee or Business Lead Approval Date**
v1	Original Issue	Policy origination	MWhitley/Executive Director of Health Plan Operations	UM Committee	10/01/2023
v2	Revised	Revision, codes added or removed after quarterly review.	MHeath/UM Manager	UM Committee	04/01/2024
v3	Revised	Revision, codes added or removed after quarterly review.	MHeath/UM Manager	UM Committee	07/01/2024
v4	Revised	Revision, codes added or removed after quarterly review	MHeath/Director, Utilization Management	UM Committee	09/25/2024
v5	Revised	Revision, codes added or removed after quarterly review.	MHeath/Director, Utilization Management	UM Committee	12/31/2024
v6	Revised	Revision, codes added or removed after quarterly review.	MHeath/Director, Utilization Management	UM Committee	04/04/2025
v7	Revised	Revision, codes added or removed after quarterly review.	MHeath/Director, Utilization Management	UM Committee	06/27/2025
v8	Revised	Revision, codes added or removed after quarterly review.	GGelman/Chief Medical Officer, Utilization Management	UM Committee	12/11/2025