

Policy: Prior Authorization Code List	Policy Number: UM-22
Department: Utilization Management	Original Issue Date: 12/02/2021
Approver: UM Committee Dependencies: None Date Approved: 06/27/2025	 ☑ Date Last Reviewed / Revised [06/11/2025] OR ☑ Date Last Reviewed / No Revisions [mm/dd/yyyy] OR ☑ New Policy / N/A
	Effective Date: 07/01/2025

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: <u>Provider Forms and Resources - Mass Advantage</u>.
- 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 <u>here</u>.
- 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.

PROCEDURES

Inpatient Hospitalizations for Acute, Psychiatric, Rehabilitation, and Skilled Nursing Facility Admissions and Partial Hospitalization Program Admissions				
Services	Requirement			
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 (IRF)	All admissions require prior authorization.			
Air Ambulance Services				
Services	<u>Requirement</u>			
Air Ambulance (Non-Emergent)	All non-emergent air ambulance services require prior			
	authorization.			
Transplants				
Services	<u>Requirements</u>			
Transplant Evaluation	99205			



Transplant Inpatient Hospitalization	All inpatient transplant admissions require prior authorization.
CAR T-Cell Therapy	38225, 38226, 38227, 38228 Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, Q2057, Q2058

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: 	Out of Network Services				
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 for the type of specialty services needed.	Services	Requirements			
 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 innetwork health care professionals for the type 	HMO Plans (Basic & Plus)				
	PPO Plans (Premiere & Extra)	 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 innetwork health care professionals for the type 			

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			
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, 62380, 63001, 63003, 63005, 63011, 63012, 62045, 62046, 62047, 62020, 62020, 62025, 62040			
	63015, 63016, 63017, 63020, 63030, 63035, 63040, 62042, 62042, 62044, 62045, 62046, 62047, 62048			
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J9228, J9264, J9271, J9276, J9289, J9299, J9305, J9312, J9332, J9355, J9382 Q5098, Q5099, Q5100, Q5103, Q5106, Q5107, Q5108 Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117 Q5118, Q5119, Q5128, Q5153 Durable Medical Equipment	MASS ADVANTAGE				
36475, 36476, 36478, 36479, 36482, 37500, 37760, 37786, 37780, 37761, 37765, 37766, 37780, 37785, 37760, 37761, 37765, 37766, 37780, 37785, 37760, 37761, 37761, 37765, 37766, 37780, 37785, 37760, 37761, 37761, 3776, 33760, 37761, 37762, 33760, 37764, 3778, 43774, 43775, 43845, 43847, 43838, 43886, 43887, 43888, 43887, 43888 Urologic Surgery 09351, 09417, 09427 Hysterectomy 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554 Neurostimulators 09087, 09047 63661, 63662, 63663, 63664 A4593, A4594 Other Implanted Stimulators 61880, 64555, 64596, 64570, 64575, 64581, 64585, 64595, 64999 Cother Stimulators 09067, 09077 Bone Growth Stimulators 69714, 6930, 69349 Outpatient Diagnostic Procedures and Tests Services Requirements Genetic Testing All services require prior authorization. Heart Catheterization 93452, 93453, 93454, 93453, 93464 CTA Coronary Arteries 75574 Cardiac Resynchronization Therapy 37223, 37224, 37225, 37226, 37227, 37228, 37227, 37228, 37230, 37241, 37226, 37237, 37268, 37356, 34369, 3464 CTA Coronary Arteries Requirements Perculaneous Transluminal Angiography (PTA) 37229, 37224, 37224, 37225, 37226, 37227, 37228, 3724, 37224, 37225, 37226, 37227, 37228, 3724, 37230, 37241, 37276, 32281, 33254,		63075, 63076, 63265, 63266, 63267, 63268 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T			
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	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/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