



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 Form and fax to 888-656-7783.

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 on our website:

[Provider Main Page | Mass Advantage](#)

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 released quarterly by CMS that are similar to existing services listed below will automatically require prior authorization prior to policy updates.

Prior Authorization List - Effective April 1, 2026

Inpatient Admissions	
<i>Inpatient Acute and Psychiatric Hospitalizations</i>	All elective inpatient admissions require prior authorization. Emergent/Urgent admissions require notification of admission within 24 hours of admission.
<i>Long Term Acute Care Hospitalization (LTACH)</i>	All admissions require prior authorization.
<i>Partial Hospitalization Program (PHP)</i>	All admissions require prior authorization.
<i>Skilled Nursing Facility (SNF)</i>	All admissions require prior authorization.
<i>Inpatient Rehabilitation Facility (IRF)</i>	All admissions require prior authorization.
Air Ambulance Services	
<i>Air Ambulance (Non-Emergent)</i>	All non-emergent air ambulance services require prior authorization.
Transplants	
<i>Transplant Evaluation</i>	99205
<i>Transplant Inpatient Hospitalization</i>	All inpatient transplant admissions require prior authorization.
<i>CAR T-Cell Therapy</i>	38225, 38226, 38227, 38228

Out of Network Services

<i>HMO Plans (Basic & Plus)</i>	All non-emergent out-of-network services require prior authorization
<i>PPO Plans (Premiere & Extra)</i>	<p>Advance notification is recommended for members in the following circumstances:</p> <p>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.</p> <p>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.</p>

Outpatient Services

<i>Sleep Apnea Procedures</i>	21685, 41512, 41530, 41599, 42145, 64582, 64583, 64584, 95806, 95807, 95808, 95810, 95811, C8807, C8008, C8011, C8012
<i>Cosmetic and Reconstructive Procedures</i>	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
<i>Implantable Cardiac Defibrillators</i>	33270
<i>Cardiac Resynchronization Therapy (Pacemakers)</i>	33221, 33224, 33225, 33231
<i>Spinal Procedures</i>	20999, 22100, 22101, 22102, 22103, 22220, 22224, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22551, 22552, 22554, 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
<i>Vein Procedures</i>	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

Outpatient Services (continued)	
<i>Bariatric Surgery/Gastric Restrictive Procedures</i>	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43845, 43846, 43847, 43838, 43886, 43887, 43888
<i>Neurostimulators</i>	0908T, 0909T, 0988T, 0989T, 1013T, 63661, 63662, 63663, 63664, 64655, 64656, A4593, A4594, C1607
<i>Other Implanted Stimulators</i>	61880, 64553, 64561, 64569, 64570, 64575, 64581, 64585, 64595, 64999, E0736
<i>Other Stimulation Techniques</i>	0906T, 0907T
<i>Bone Growth Stimulators</i>	E0747, E0748, E0749, E0760
<i>Orthopedic Implants</i>	0946T, 27458, 27713
<i>Cochlear Implants</i>	69714, 69930, 69949
Outpatient Diagnostic Procedures and Tests	
<i>Genetic Testing</i>	Requires authorization for any billed genetic test with a Medicare allowable amount of \$1000 or greater.
<i>Molecular Pathology</i>	Requires authorization for any billed molecular pathology test with a Medicare allowable amount of \$1000 or greater.
<i>CTA Coronary Arteries</i>	75574
<i>Other Procedures & Testing</i>	0956T, 0960T, 0999T, 1000T, 1001T, 1002T, 1003T, 1011T, 1020T
Part B Drugs	
<i>Part B Drugs</i>	J0013, J0129, J0174, J0175, J0177, J0178, J0185, J0585, J0586, J0587, J0588, J0589, J0596, J0597, J0598, J0881, J0885, J0897, J1073, J1303, J1306, J1326, J1453, J1459, J1553, J1561, J1569, J1602, J1745, J1952, J2350, J2353, J2357, J2469, J2506, J2777, J2778, J2781, J3111, J3247, J3262, J3357, J3358, J3380, J3389, J3403, J3404, J3490, J3590, J7171, J7172, J7330, J7356, J9022, J9024, J9041, J9003, J9054, J9144, J9145, J9173, J9174, J9183, J9217, J9228, J9264, J9271, J9276, J9277, J9289, J9299, J9601, 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	
<i>Durable Medical Equipment</i>	Requires authorization for any billed purchase or rental with a Medicare allowable amount of \$1000 or greater.
Prosthetics/Orthotics	
<i>Prosthetics</i>	Requires authorization for any billed purchase or rental with a Medicare allowable amount of \$1000 or greater.
<i>Orthotics</i>	Requires authorization for any billed purchase or rental with a Medicare allowable amount of \$1000 or greater.