



UM-22 Prior Authorization Code List	
Department: Utilization Management	Original Issue Date: 12/02/2021
Approver: UM Committee Date Approved: 04/01/2024	X Date Last Reviewed / Revised <u>03.28.2024</u> OR Date Last Reviewed / No Revisions OR New Requirements
Dependencies: • <i>Claims</i>	Original Effective Date: 01/01/2023 Revised Effective Date: 04/01/2024

I. GENERAL INFORMATION

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

- To request prior authorization, please complete and submit the [Prior Authorization Request Form](#) via fax or call 888-656-7783
- Member eligibility and benefit coverage can be verified by contacting Provider Services or electronically on the secure Provider website.
- Prior Authorization is not required for emergency or urgent care, but inpatient stays require notice of admission (NOA) within 24 hours.
- 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.
- New CPT/HCPCS codes approved by AMA that are similar to existing services listed below will automatically require prior authorization prior to policy update.
- 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 Decisions, including, but not limited to, MCG guidelines.

II. PRIOR AUTHORIZATION IS REQUIRED FOR SOME ITEMS WITHIN THE SERVICE CATEGORIES BELOW.

1. Scheduled Inpatient Hospitalizations for Medical or Psychiatric stays; Rehabilitation, Skilled Nursing Facility stays
2. Transplants
3. Hospital Outpatient Services: Observation Stay.
4. Hospital Outpatient Services: Outpatient Surgery
5. Home Health and Home Infusion
6. Rehabilitation: Cardiac/Pulmonary, Occupational Therapy
7. Medicare Part B Prescription Drugs
8. Outpatient Diagnostic Procedures and Tests
9. Ambulance Services: Land, Air, Water
10. Prosthetics and Orthotics: Exceeding \$500

11. DME: Exceeding \$500

12. Dialysis Services

1. Inpatient Hospitalizations for Acute, Psychiatric, Rehabilitation, and Skilled Nursing Facility stays and Partial Hospitalization Stays	
Services	Requirement
<i>Inpatient Acute Hospitalization and Acute Psychiatric Hospitalization</i>	<ul style="list-style-type: none"> All Non-Emergent/Urgent Stays require Prior Authorization Emergent/Urgent stays require Notice of Admission with 24 hours of admit.
<i>Long Term Acute Care Hospitalization (LTACH)</i>	All Stays require Prior Authorization
<i>Partial Hospitalization</i>	All Stays require Prior Authorization
<i>Skilled Nursing Facility</i>	All Stays require Prior Authorization
<i>Inpatient Rehabilitation Hospitalization</i>	All Stays require Prior Authorization
2. Transplants	
Services	Requirement
<i>Transplant Inpatient Hospitalization</i>	Prior Authorization required at the time of transplant listing
3. Outpatient Hospital Services - Observation	
Services	Requirement
<i>Observation Stay</i>	<ul style="list-style-type: none"> All Stays require Prior Authorization, may be requested via Notice of Admission (NOA) with 24 hours. Stay may be denied if NOA not received within 24 hours
4. Outpatient Hospital Services – Outpatient Procedures	
Services - Outpatient Surgery and Procedures	Requirement – Procedure CPT/HCPCS and description*
	23472, 23473, 23474, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27444, 27445, 27446, 27447, 27486, 27487
<i>Hip /Knee /Shoulder Arthroplasty</i>	
<i>Sleep Apnea Procedures</i>	21685, 41512, 41530, 41599, 42145
<i>Attended Sleep Testing Procedures</i>	95806, 95807, 95808, 95810, 95811
<i>Blepharoplasty</i>	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67930, 67935, 67938, 67950, 37961, 37966, 37971, 37973, 37974, 37975, 60799
<i>Abdominoplasty</i>	15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17999, 15877
<i>Aortic, Implants, etc.</i>	33875, 33877, 33880, 33881, 33883, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34830, 34831, 34832, 34841, 34842, 34843, 34845, 34846, 34847, 34848
<i>Bunionectomy/Hammertoe</i>	28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641, 26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295
<i>Rhinoplasty, Septoplasty</i>	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, 20912, 21210, 30465, 30520, 30620

	20999, 22100, 22101, 22102, 22103, 22116, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22222, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22861, 22862, 22867, 22868, 22869, 22870, 22899, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63054, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T, C1821, C2614, C9757, S2348, S2350, S2351
<i>Spinal Fusion, Kyphoplasty, Decompression, Vertebroplasty</i>	
<i>Varicose Veins</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, S2202
<i>Bariatric Surgery/Gastric restrictive procedures</i>	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43845, 43846, 43847, 43848, 43886, 43887, 43888
<i>Dermabrasion</i>	15780, 15781, 15782, 15783
<i>Chemical peel</i>	15788, 15789, 15790, 15791, 15792, 15793
<i>Laser treatment</i>	96920 and 96921: Laser treatment for inflammatory skin disease 96900: Actinotherapy (UV light) 96910: Photochemotherapy; tar and ultraviolet B or petrolatum and ultraviolet B 96567: Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions
<i>Temporomandibular joint arthroplasty, reconstruction, prosthesis</i>	21010 Arthroscopy, temporomandibular joint 21050 Condylectomy, temporomandibular joint 21060 Meniscectomy, partial/complete, temporomandibular joint (separate procedure) 21073 Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care) 21085 Impression and custom preparation; oral surgical splint 21089 Unlisted maxillofacial prosthetic procedure 21116 Injection procedure for temporomandibular joint arthrography 21240 Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) 21242 Arthroplasty, temporomandibular joint, with allograft 21243 Arthroplasty, temporomandibular joint, with prosthetic joint replacement 21480 Closed treatments of temporomandibular dislocation; initial or subsequent 21485 Closed treatments of temporomandibular dislocation; complicated (e.g., recurrent)

	requiring intermaxillary fixation or splinting), initial or subsequent 21490 Open treatment of temporomandibular dislocation 29800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) 29804 Arthroscopy, temporomandibular joint, surgical
<i>Botox (botulism injection) for head/face and migraine</i>	64612, 64615
<i>Cervical fusion with disc removal</i>	22551, 22552
<i>Implanted spinal neurostimulator</i>	63650, 63655, 63661, 63662, 63663, 63664
<i>Any other implanted stimulator (deep brain, sleep apnea, gastric, sacral nerve, vagus nerve)</i>	Gastric: 64590, 64595 Deep brain: 61880 Sleep apnea hypoglossal: 64568 Sacral nerve: 64561, 64581 Others: 61885, 64553, 64555, 64569, 64570, 64575, 64585, 64999
<i>Cochlear implant</i>	69930, 69949
5. Home Health and Home Infusion	
Services	Requirement
<i>Home Health Services and Home Infusion Services</i>	All Services require Prior Authorization
6. Rehabilitation: Cardiac/Pulmonary	
Services	Requirement
<i>Cardiac/Pulmonary Services</i>	G042, G0423, G0433, 93668 (SET), 93737, 93798, 94625, 94626
7. Medicare Part B Prescription Drugs	
Services	Requirement
<i>Part B Prescription Drugs</i>	C9166, C9167, C9168 J0129, J0172, J0174, J0177, J0179, J0185, J0178, J0490, J0517, J0585, J0717, J0881 (non-ESRD use), J0885 (non-ESRD use), J0586, J0587, J0897, J0588, J0589, J0596, J0597, J0598, J1202, J1203, J1290, J1300, J1302, J1303, J1323, J1439, J1459, J1561, J1568, J1569, J1602, J1745, J2277, J2323, J2327, J2350, J2356, J2357, J2469, J2506, J2777, J2778, J2782, J3032, J3055, J3111, J3262, J3358, J3380, J3396, J3489, J7170, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J9022, J9034, J9035, J9041, J9144; J9145 (IV), J9173, J9217, J9228, J9248, J9249, J9264, J9271, J9299, J9305, J9306, J9312, J9355, J9376, Q5101, Q5103, Q5104, Q5108, Q5111, Q5103, Q5106 (non-ESRD use), Q5107, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5121, Q5124, Q5126, Q5128, Q5129
8. Outpatient Diagnostic Procedures and Tests:	
Services	Requirement
<i>Genetic Testing</i>	All Services require Prior Authorization
<i>Molecular Pathology</i>	All Services require Prior Authorization
<i>Transthoracic Echocardiogram</i>	93303, 93304, 93305, 93307, 93308, 93320, 93321, 93322
<i>Heart Catheterization</i>	93452, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93463, 93464, 93465, 93466, 93467, 93468, 93453
<i>Stress Echocardiogram</i>	93350, 93351, 93320, 93321, 93325, 93352
<i>CTA Coronary Arteries</i>	75574

<i>Cardiac Resynchronization Therapy</i>	33221, 33224, 33225, 33231
9. Ambulance Services: Land, Air, Water	
Services	Requirement
<i>Emergent Transport</i>	No Prior Authorization for Emergent Transports less than fifty (50) miles. Prior Authorization required for Transports over fifty (50) miles.
<i>Non-Emergent Transport</i>	No Prior Auth required for non-emergent facility-to-facility transport less than 50 miles with origin/destinations: EH, HE, EN, NE, HH, HN, NH, SH Prior Auth required for all other Non-Emergent Transports including Facility to Facility over fifty (50) miles.
10. Prosthetics and Orthotics	
Services	Requirement
<i>Prosthetics and Orthotics</i>	Requires Prior Authorization for any single item billed as \$500 or more
11. Durable Medical Equipment (DME)	
Services	Requirement
<i>Durable Medical Equipment</i>	Requires Prior Authorization for any single item billed as \$500 or more
12. Dialysis Services	
Services	Requirement
<i>Dialysis Services</i>	All Services require Prior Authorization

VIII. VERSION AND REVIEW HISTORY:

Version #	Action (Original Issue, Reviewed, Revised)	Date Action Taken	Brief Summary of Revision, if applicable	Individual Taking Action	Effective Date	Date Approved and By Whom
1	Original Issue	10/01/2023	NA	Melissa Whitley	01/01/2024	UM Committee 10/01/2023
2	Revised	04/01/2024	New codes added for quarterly code release.	Melissa Heath, RN	04/01/2024	UM Committee 04/01/2024