Policy: Prior Authorization Code List	Policy Number: UM-22
Department: Utilization Management	Original Issue Date: 12/02/2021
Approver: UM Committee Date Approved: 09/25/2024	☒ Date Last Reviewed / Revised 09/25/2024 OR ☐ Date Last Reviewed / No Revisions _____OR ☐ New Policy/NA
Dependencies: Claims	Effective Date: 01/01/2025

I. General Information

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 Form 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 contracting 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 Decisions, 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.

Inpatient Hospitalizations for Acute, Psychiatric, Rehabilitation, and Skilled Nursing Facility Admissions and Partial Hospitalization Admissions	
Services	Requirement
Inpatient Acute and Acute 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	Requirement
Air Ambulance (Non-Emergent)	All non-emergent air ambulance services all require prior authorization.

Transplants	
Services	Requirement
Transplant Evaluation	99205
Transplant Inpatient Hospitalization	All inpatient transplant admissions require prior authorization.
CAR-T Cell Therapy	0537T, 0538T, 0539T, 0540T Q2041, Q2042, Q2053, Q2054, Q2055, Q2056

Out of Network Services	
Services	Requirement
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 health care professionals for the type of specialty services needed. A network physician or health care professional requests in-network cost sharing or benefit level

PPO Plans (Premiere & Extra) cont.	because there aren't in-network health care professionals for the type of specialty services needed.
Outpatient Hospital Services	
Services	Requirement
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, 15790, 15791, 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 37961, 37966, 37971, 37973, 37974, 37975 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, 22856, 22858, 22859, 22867, 22868, 22869, 22870, 22899, 27279 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63052,63053, 63054, 63055, 63056, 63057, 63064, 63066, 63075,

Spinal Procedures cont.	63076, 63194, 63195, 63196, 63198, 63199, 63265, 63266, 63267, 63268 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T C1821, C2614, C9757 S2348, S2350, S2351
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 S2202
Bariatric Surgery/Gastric Restrictive Procedures	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43845, 43846, 43847, 43848, 43886, 43887, 43888
Hysterectomy	58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554
Neurostimulators	63661, 63662, 63663, 63664 A4593, A4594
Other Implanted Stimulators	61880, 64553, 64561, 64569, 64570, 64575, 64581, 64585, 64595, 64999 E0736
Bone Growth Stimulators	E0747, E0748, E0749, E0760
Cochlear Implants	69714, 69930, 69949
Outpatient Diagnostic Procedures and Tests	
Services	Requirement
Genetic Testing	All services require prior authorization.
Molecular Pathology	All services require prior authorization.
Heart Catheterization	93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93463, 93464, 93465, 93466, 93467, 93468
CTA Coronary Arteries	75574
Cardiac Resynchronization Therapy	33221, 33224, 33225, 33231
Percutaneous Transluminal Angiography (PTA)	37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231
Medicare Part B Drugs	
Services	Requirement
Part B Drugs	C9166, C9167, C9168 J0129, J0172, J0174, J0175, J0177, J0178, J0185, J0585, J0586, J0587, J0588, J0589, J0596, J0597, J0598, J0881, J0885, J0897, J1300, J1303, J1306,

Part B Drugs cont.	J1453, J1459, J1561, J1569, J1602, J1745, J1952, J2350, J2353, J2357, J2469, J2506, J2777, J2778, J2781, J3111, J3262, J3357, J3358, J3380, J3489, J3490, J9022, J9041, J9144, J9332 J9145 (IV), J9173, J9217, J9228, J9264, J9271, J9299, J9305, J9312, J9355 Q5103, Q5106, Q5107, Q5108, Q5111, Q5112, Q5113, Q5114, Q5115, Q5116, Q5117, Q5118, Q5119, Q5128
Durable Medical Equipment	
Services	Requirement
Durable Medical Equipment	Requires authorization for any billed purchase or rental Medicare allowable amount of $1000 or greater.
Prosthetics/Orthotics	
Services	Requirement
Prosthetics	Requires authorization for any billed purchase or rental Medicare allowable amount of $1000 or greater.
Orthotics	Requires authorization for any billed purchase or rental Medicare allowable amount of $1000 or greater.

II. VERSION & 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
3	Revised	07/01/2024	Removed home health and dialysis prior authorization requirements.	Melissa Heath, RN	07/01/2024	UM Committee 07/01/2024
4	Revised	07/31/2024	Removed home infusion prior	Melissa Heath, RN	07/01/2024	UM Committee 07/01/2024

			authorization requirements.			
5	Revised	09/20/2024	Updated for 2025 prior authorization requirements.	Melissa Heath, RN	01/01/2025	UM Committee 09/25/2024