MASS ADVANTAGE

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: 12/31/2024	☒ Date Last Reviewed / Revised [12/31/2024] OR ☐ Date Last Reviewed / No Revisions [mm/dd/yyyy] OR ☐ New Policy / N/A
	Effective Date: 01/01/2025

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: 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.

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	Requirement
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 Cell Therapy	38225, 38226, 38227, 38228

	Q2041, Q2042, Q2053, Q2054, Q2055, Q2056
Out of Network Services	
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 Hospital 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, 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, 22850, 22852, 22853, 22854, 22855, 22856, 22858, 22859, 22867, 22868, 22869, 22870, 22999, 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, 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, 43838, 43886, 43887, 43888
Urologic Surgery	0935T, 0941T, 0942T, 0943T 51721, 55881, 55882
Hysterectomy	58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554
Neurostimulators	0908T, 0909T 63661, 63662, 63663, 63664 A4593, A4594
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
Cochlear Implants	69714, 69930, 69949
Outpatient Diagnostic Procedures and Tests	
Services	Requirements
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	Requirements
Part B Drugs	C9166, C9167, C9168, C9399 J0129, J0172, J0174, J0175, J0177, J0178, J0185, J0585, J0586, J0587, J0588, J0589, J0596, J0597, J0598, J0881, J0885, J0897, J1300, J1303, J1306, J1453, J1459, J1561, J1569, J1602, J1745, J1952, J2350, J2353, J2357, J2469, J2506, J2777, J2778, J2781, J3111, J3262, J3357, J3358, J3380, J3489, J3490, J3590, 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	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