

CarePartners of Connecticut Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines

Effective: July 1, 2024

Overview

The following tables list services and items requiring prior authorization and notification from Point32Health.

While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) and MassHealth for coverage determinations for its Dual Product Eligible plan members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals and MassHealth Medical Necessity Determinations are the basis for coverage determinations. When CMS and MassHealth do not provide guidance, the Plan internally developed medical necessity guidelines are used.

Refer to the Referrals, Authorizations and Notifications chapter of the Tufts Health Medicare Preferred Products Provider Manual for additional guidelines.

Member eligibility can be verified [electronically](#) on the secure Provider website and detailed benefit coverage may be verified by contacting Provider Services 888-341-1508. If you have questions about a specific procedure, service or item not found on the list, contact Provider Services.

Table of Contents

Prior Authorization Required.....	1
Notification Required.....	4
No Prior Authorization Required	5

<p>Prior Authorization Required</p> <p>Supporting clinical documentation pertinent to service request must be submitted to the FAX numbers below</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
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The following tables list services and items requiring prior authorization:

- Table 1 includes DME, prosthetic items, procedures and services that require prior authorization through the Precertification Operations Department.
- Table 2 includes procedure codes that require prior authorization through the Behavioral Health Department.
- Table 3 includes drug and therapy codes managed by the Medical Policy Department require prior authorization from the Pharmacy Utilization Management Department.
- Table 4 includes vendor managed programs and services that require prior authorization through the Vendor Program.

TABLE 1

The following DME, prosthetic items, and procedure codes for procedures, services and items require prior authorization from the Precertification Operations Department. Prior authorization requests may be submitted by fax to 857-304-6463.

Service	Procedure Codes	Medicare Criteria Reference
Dorsal Column Neurostimulation	63650, 63655, 63663, 63685, 95972	CMS criteria used: NCD - Electrical Nerve Stimulators (160.7) (cms.gov)
FoundationOne CDX	0037U	CMS criteria is used: NCD - Next Generation Sequencing (NGS) (90.2) (cms.gov)
Functional Neuromuscular Stimulators	E0764, E0770	CMS criteria is used: NCD - Neuromuscular Electrical Stimulation (NMES) (160.12) (cms.gov)
Glucose Monitors	E2102, A4238, E2103, A4239	CMS criteria is used: LCD - Glucose Monitors (L33822) (cms.gov) and Article - Glucose Monitor - Policy Article (A52464) (cms.gov)
Hyperbaric Oxygen Therapy	G0277, 99183	CMS criteria is used: NCD - Hyperbaric Oxygen Therapy (20.29) (cms.gov)
Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea	64568, 0466T, 0467T and 0468T	CMS criteria is used: LCD - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387) (cms.gov)
Oral Airway Appliances for Obstructive Sleep Apnea (OSA)	E0485, E0486	CMS criteria are used: LCD - Oral Appliances for Obstructive Sleep Apnea (L33611) (cms.gov)
Pneumatic Compression Device with Calibrated Gradient Pressure	E0652	CMS criteria is used: NCD - Pneumatic Compression Devices (280.6) (cms.gov) , LCD - Pneumatic Compression Devices (L33829) (cms.gov) , and Article - Pneumatic Compression Devices - Policy Article (A52488) (cms.gov)
Power Mobility Devices and Accessories Note: Batteries do not require prior authorization and are covered according to Medicare guidelines	Power Wheelchairs: K0010-K0014, K0813-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, K0890-K0891, K0898-K0899, E0983, E0984, E0986, E1002-E1010, E1012, E1239, E2310-E2313, E2321-E2331, E2340-E2343, E2351, E2368-E2370, E2373-E2377 Power Operated Vehicles:	CMS criteria is used: NCD - Mobility Assistive Equipment (MAE) (280.3) (cms.gov) LCD - Power Mobility Devices (L33789) (cms.gov) and Article - Power Mobility Devices - Policy Article (A52498) (cms.gov) LCD - Wheelchair Options/Accessories (L33792) (cms.gov) and Article - Wheelchair Options/Accessories - Policy Article (A52504) (cms.gov)

Service	Procedure Codes	Medicare Criteria Reference
	E1230, K0800-K0802, K0806-K0808, K0812, K0899	
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599	CMS criteria is used: NCD - Speech Generating Devices (50.1) (cms.gov) LCD - Speech Generating Devices (SGD) (L33739) (cms.gov)
Osteogenesis Stimulators	E0748, E0749	CMS criteria is used: NCD - Osteogenic Stimulators (150.2) (cms.gov) LCD - Osteogenesis Stimulators (L33796) (cms.gov) and Article - Speech Generating Devices (SGD) - Policy Article (A52469) (cms.gov)
ThyroSeq	0026U	CMS criteria is used: LCD - Biomarkers for Oncology (L35396) (cms.gov)
Ultraviolet Light Therapy Systems	E0691-E0694	CMS criteria is used: NCD - Durable Medical Equipment Reference List (280.1) (cms.gov)
Unlisted Procedure Codes	A9999, E0676, E1399, K0009, K0108, L0999, L1499, L2999, L3649, L3999, L7499, L5999, L8039, L8048, L8499, L8699, L9900	
Upper Limb Prostheses	L6000-L7405	CMS criteria is used: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf Social Security Act §1862A1A

TABLE 2

The following procedures, services and items require prior authorization from the Behavioral Health Department. Prior authorization requests may be submitted by fax to 857-304-6463.

Service	Procedure Codes	Medicare Criteria Reference
None		

TABLE 3

The following drug and therapy codes managed by the Medical Policy Department require prior authorization from the Pharmacy Utilization Management Department. Prior authorization requests may be submitted by fax to 617-673-0956.

Note: This list is not an all-encompassing list of medical benefit drugs that require prior authorization. Any medical benefit drug owned by the pharmacy department can be found at the [Provider resource center](#).

Service	Procedure Codes	Medicare Criteria Reference
Abecma	Q2055, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Adstiladrin	J9029	MassHealth criteria represented on an internal MNG: See MNG .
Amtagvi	J3490	Internal criteria used. See MNG

Service	Procedure Codes	Medicare Criteria Reference
Breyanzi	Q2054, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Carvykti	Q2056, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Casgev	J3490	MassHealth criteria represented on an internal MNG. See MNG.
CGM: Freestyle and Dexcom Products	A4238, E2102	CMS Criteria is used: LCD - Glucose Monitors (L33822) (cms.gov)
Hemgenix	J1411	MassHealth criteria represented on an internal MNG. See MNG.
Kymriah	Q2042, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Lyfgenia	J3394	MassHealth criteria represented on an internal MNG. See MNG.
Roctavian	J1412	MassHealth criteria represented on an internal MNG: See MNG
Tecartus	Q2053, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Vyjuvek	J3401	MassHealth criteria represented on an internal MNG. See MNG.
Yescarta	Q2041, 0537T, 0538T, 0539T, 0540T	CMS Criteria Used: NCD - Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) (cms.gov)
Zynteglo	J3393	MassHealth criteria represented on an internal MNG. See MNG.

TABLE 4

The following codes are managed by various Vendor Managed Programs and services that require prior authorization through the Vendor Program.

Service	Procedure Codes	Medicare Criteria Reference
None		

Notification Required

IF REQUIRED, concurrent review may apply

Yes No

The following tables list services and items requiring notification:

- Table 5 includes DME, prosthetic items, and associated procedure codes that require notification through the Precertification Operations Department.
- Table 6 includes procedure codes that require notification through the Behavioral Health Department.

TABLE 5

The following procedure codes require notification from the Precertification Operations Department. Prior authorization requests may be submitted by fax to 857-304-6463.

Service	Procedure Codes	Medicare Criteria Reference
Acute Inpatient (includes acute rehabilitation care)	Acute rehab revenue codes: LTAC Level – 120 Rehab Level 1–128 Rehab Level 2–129	CMS criteria is used: Medicare Benefit Policy Manual (cms.gov)
Skilled Nursing Facility (SNF)	SNF revenue codes: Level 1A –190 Level 1B – 191 Level 2 –192	CMS criteria is used: Medicare Benefit Policy Manual (cms.gov)

TABLE 6

The following procedure codes require notification through the Behavioral Health Department. Notifications can be sent by fax to 857-304-6463.

Service	Procedure Codes	Medicare Criteria Reference
Behavioral Health Inpatient and 24-Hour Level of Care Determinations	See MNG. for Services that Require notification	InterQual® and American Society of Addictive Medicine (ASAM)
Behavioral Health Level of Care for Non 24 Hour/ Intermediate/Diversionsary Services	See MNG. for Services that Require notification	InterQual® and American Society of Addictive Medicine (ASAM)

Prior Authorization Required

Yes No

TABLE 7

The following procedure codes do not require prior authorization from the Plan. The criteria represent a medically necessary service. Post- service edits may apply.

Service	Procedure Codes	Coverage Guideline
Remote Patient Monitoring	99091, 99453, 99454, 99457, 99458 ICD-10 codes	cpct-pdoc-remote-patient-monitoring (carepartnersct.com)

Approval And Revision History

May 15, 2024: Reviewed by the Medical Policy Approval Committee (MPAC)

June 13, 2024: Joint Medical Policy and Health Care Service Utilization Management Committee (UM Committee)

- September 15, 2020: Reviewed by IMPAC. PA of FoundationOne, Hyperbaric Oxygen Therapy, Doral Column Neurostimulation and ThyroSeq effective 1/1/21.
- December 16, 2020: Reviewed by IMPAC. Removal of CMS NGS LCD for Drugs and Biologicals, Coverage of for Label and Off-Label (L33394) from Modified T-Cell Therapies Section.

- April 1, 2021: Coding update to Table 1, Modified T-Cell Therapies, Per AMA CPT®, effective April 1, 2021 the following code(s) added: Q2053
- July 21, 2021: Reviewed by IMPAC. Removal of link to Modified T-Cell Therapies MNG. Added link to National Coverage Determination (NCD) for Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24), effective July 23, 2021. Addition of codes C9076 and J9999.
- October 20, 2021: Reviewed by IMPAC. Addition of HGNS for OSA to Table 2, effective January 1, 2022.
- March 16, 2022: Reviewed by MPAC. Removal of SNF Part B language on Table 1, Skilled Nursing Facility.
- June 30, 2022, AMA CPT® coding update. Quarterly Code update removal of C9076, replaced by Q2054, addition of C9098 to be effective July 1, 2022.
- July 20, 2022, Reviewed by MPAC. Addition of codes E2102 and A4238 to Glucose Monitors on Table 3.
- August 22, 2022, Reviewed and approved by MPAC. Removal of Modified T-Cell Therapies in Section 2.
- January 1, 2023-AMA CPT and HCPCS quarterly coding update. Removal of end dated codes K0553 and K0554, replaced with new codes E2103 and A4239 to be effective January 1, 2023.
- August 30, 2023: Revision to Informational Notes-Addition of link to Provider Resource Center for Pharmacy Management Program
- December 1, 2023: Reviewed and approved by UM Committee effective January 1, 2024
- May 2024: Template updated, added table 3, and Remote Patient Monitoring added to table 7.
- June 13, 2024: Reviewed and approved by the UM Committee effective July 1, 2024
- June 20, 2024: Updated HCPCS code for Zynteglo to J3393 and Lyfgenia to J3394, added Amtagvi under table 4, and updated criteria references for Lyfgenia, Hemgenix, Zynteglo, Roctavian, and Adstiladrin effective July 1, 2024