Massachusetts Medicare

Prior Authorization Code List

This document intends to serve as a reference guide for Mass General Brigham Health Plan Medicare services requiring prior authorization.

Please refer to the table below prior to performing services to Mass General Brigham Health Plan members. You may also refer to the Mass General Brigham Provider Manual Addendum located on Provider Express for prior authorization requirements. If you have additional questions, please call the Customer Service number on the back of the member's ID card.

Please note that all out-of-network (non-participating) providers must obtain prior authorization approval before providing behavioral health services. Prior authorization is not required when performing emergent or urgent services.

While the services listed below require prior authorization, other services only require notification and/or authorization. Please refer to the Mass General Brigham Provider Manual Addendum for additional information. If you are unsure which service requires prior authorization, authorization, or notification, please contact the Dedicated Massachusetts Provider Services Line at **1-866-860-7308.**

Not all listed services are covered for all Medicare products. Please refer to plan materials for full coverage information.

Service	REV/CPT Code	Service Description
Inpatient Acute	114	Psychiatric/PVT
Inpatient Acute	116	Detoxification/PVT
Inpatient Acute	118	Rehabilitation/PVT
Inpatient Acute	124	Psychiatric/semi
Inpatient Acute	126	Detoxification/semi
Inpatient Acute	128	Rehabilitation/semi
Inpatient Acute	134	Psychiatric/3-4 bed
Inpatient Acute	136	Detoxification/3-4 bed
Inpatient Acute	138	Rehabilitation/3-4 bed
Inpatient Acute	154	Psychiatric/ward
Inpatient Acute	156	Detoxification/ward
Inpatient Acute	158	Rehabilitation/ward
Inpatient Acute	204	Intensive Care - Psychiatric
Intensive Outpatient (IOP)	905	Intensive OP Services - Psychiatric
Intensive Outpatient (IOP)/Partial Hospitalization (PHP)	914	Individual therapy

Intensive Outpatient (IOP)/Partial Hospitalization (PHP)	915	Group therapy
Intensive Outpatient (IOP)/Partial Hospitalization (PHP)	916	Family therapy
Intensive Outpatient (IOP)/Partial Hospitalization (PHP)	918	Behavioral Health Testing
Community Based Detox	944	Drug rehabilitation
Community Based Detox	945	Alcohol rehabilitation
Transcranial Magnetic Stimulation (TMS)	90867	Therapeutic Repetitive Transcranial Magnetic Stimulation treatment; planning 1 visit
Transcranial Magnetic Stimulation (TMS)	90868	Therapeutic Repetitive Transcranial magnetic Stimulation treatment; delivery and management; per session 1 visit
Transcranial Magnetic Stimulation (TMS)	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery and management 1 visit
Unlisted Outpatient Services	90899	Unlisted psychiatric service or procedure
Psychological/Neuropsychological Testing (in excess of 5 hours)	96130	Psychological testing evaluation services by physician or other qualified health care professional; including integration of patient data; interpretation of standardized test results and clinical data; clinical decision making; treatment planning and report and interactive feedback to the patient; family member(s) or caregiver(s); when performed; first hour
Psychological/Neuropsychological Testing (in excess of 5 hours)	96131	Psychological testing evaluation services; by physician or other qualified health care professional; each additional hour
Psychological/Neuropsychological Testing (in excess of 5 hours)	96136	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional; two or more tests; any method; first 30 minutes
Psychological/Neuropsychological Testing (in excess of 5 hours)	96137	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional; two or more tests; any method; each additional 30 minutes
Psychological/Neuropsychological Testing (in excess of 5 hours)	96138	Psychological or neuropsychological test admin and scoring by technician; two or more tests; any method; first 30 minutes

Psychological/Neuropsychological Testing (in excess of 5 hours)	96139	Psychological or neuropsychological test admin and scoring by technician; two or more tests; any method; each additional 30 minutes
Evaluation & Management (E/M)	99499	Unlisted evaluation and management service
Intensive Outpatient (IOP)	G0137	Intensive outpatient services; weekly bundle; minimum of 9 services over a 7 contiguous day period; which can include:
Outpatient Services	G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting; including assessment; referral to ongoing care; and arranging access to supportive services (list separately in addition to code for primary procedure)

This reference guide is for informational purposes only and is not intended to be an exhaustive list of covered services or prior authorization requirements. Prior authorization approval is not a guarantee of coverage or payment. Coverage and payment remain subject to member eligibility, benefit coverage, medical necessity criteria, provider participation status, applicable billing and coding requirements, MassHealth requirements, the provider agreement, and applicable Mass General Brigham Health Plan policies and procedures. If there is any inconsistency between this guide and controlling plan documents, MassHealth requirements, the provider agreement, or the applicable Provider Manual/Addendum, those controlling documents govern. Providers are responsible for confirming current authorization, notification, coding, and billing requirements before rendering services, except where emergent or urgent services are provided in accordance with applicable requirements.