



Senior Whole Health of Massachusetts Provider Notice

Re: Changes to prior authorization requirements

October 15, 2020

Dear Valued Provider:

As part of our effort to ease provider administrative work and ensure our members live healthier lives, we continue to refine our prior authorization (PA) requirements. We do this by adding and removing PA requirements for certain medications and services.

The chart below shows changes with an effective date of December 15, 2020.

IP/OP	OP UM Type	Proc Code	Code Description	PA Change Type (Add/Remove)
OP	DME	A4670	AUTOMATIC BLOOD PRESSURE MONITOR	Remove
OP	DME	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Remove
OP	DME	A7005	NON-DISPOSABLE NEBULIZER SET	Remove
OP	DME	E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Remove
OP	DME	A9280	BED ALARM	Remove
OP	DME	L8000	MASTECTOMY BRA	Remove
OP	DME	E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Remove
OP	DME	E0156	SEAT ATTACHMENT, WALKER	Remove
OP	DME	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	Remove

We will notify you of any further changes. If you have any questions, please contact the UM team at 1-855-838-7999. Please visit www.seniorwholehealthMA.com to view the full prior authorization list.