

Dual Eligible Special Needs (DSNP) Prior Authorization and Notification Guidelines

The chart below is an overview of customary services that require prior authorization or notification for the Dual Eligible Special Needs (DSNP) Plan.

Mass General Brigham Health Plan (MGBHP) will use Local Coverage Determination (LCD) or National Coverage Determination (NCD), CMS and EOHHS guidelines to review codes/services requiring prior authorization (PA), when available, and leverages InterQual, a widely used clinical decision support tool developed by Change Healthcare. If there are no LCD/NCD or standardized InterQual criteria established, MGBHP will develop and implement internal criteria supporting the medical policy for coverage.

This Chart is not intended to be a statement on benefit coverage for services offered under this Plan. Services in the Plan may not be covered or included in this chart or may have restricted coverage. Limited benefit information has been included when this information is necessary to support prior authorization or notification requirement. Prior to scheduling a service, providers are advised to check member eligibility, [Provider payment guidelines | Mass General Brigham Health Plan](#), and evidence of coverage for the member's Product/Plan.

Please note the following:

- All Prior Authorization information on this document relates to Providers who provide services to members enrolled in the Mass General Brigham Health Plan DSNP Plan.
- For Behavioral Health specific services, you may also contact Optum directly at the following number:
 - 844-357-0946 – Mass General Brigham Health Plan
- Benefit coverage is determined by the plan; refer to plan materials for covered benefits.
- Prior Authorization is not a guarantee of Provider payment.
- Prior Authorizations should be entered using [Mass General Brigham Health Plan Provider Portal](#). The rendering facility and physicians are strongly encouraged to verify, using the Provider Portal, the existence of an authorization before the service is rendered.
- Prior to scheduling a service, providers should check member eligibility, and evidence of coverage for the member's Product/Plan.
- If an inpatient admission is emergent, authorization/notification is required by the next business day. Concurrent authorization is required for additional days post stabilization.
- Additional resources:
 - [Medical Policies](#)
 - [Medical Specialty and Pharmacy Policies](#)
 - [Find a doctor | Mass General Brigham Health Plan](#)

Service		Prior Authorization Required	Medical Policy and Notes
Adult Foster/ Adult Day Care		Yes	Subject to Medical Necessity
Ambulance	Emergency	No	No PA for emergency care
	Non-emergent	Yes	Subject to Medical Necessity
Ambulatory Surgery		Yes	• Not all codes require PA • Subject to Medical Necessity
Autologous Chondrocyte Implantation in the Knee		Yes	Subject to Medical Necessity
Bariatric (weight loss) Surgery		Yes	Subject to Medical Necessity
Breast Implant Removal		Yes	Subject to Medical Necessity
Breast Revision/Augmentation		Yes	Subject to Medical Necessity
Cardiac Imaging		Yes	• Not all codes require PA • Subject to Medical Necessity
Chiropractic Service Visits		Yes	Subject to Medical Necessity
Chore Services		Yes	Subject to Medical Necessity
Cochlear Implants and Bone Anchored Hearing Aids/Devices		Yes	Subject to Medical Necessity
Companion Services		Yes	Subject to Medical Necessity
Complex Care Training		Yes	Subject to Medical Necessity
Continuous Glucose Monitoring		Yes	Subject to Medical Necessity
Cosmetic/Reconstructive Surgery		Yes	Subject to Medical Necessity
Diabetic Supplies		Yes	Subject to Medical Necessity
Durable Medical Equipment		Yes	• Not all DME require PA • Subject to Medical Necessity
Environmental Accessibility Adaptation		Yes	Subject to Medical Necessity
Grocery Services		Yes	Subject to Medical Necessity
High Tech Radiology (CT, MRI, MRA, PET)		Yes	• Not all codes require PA • No PA for emergency care • Subject to Medical Necessity
Home Delivered Meals		Yes	Subject to Medical Necessity
Home Health Aid		Yes	Subject to Medical Necessity
Homemaker		Yes	Subject to Medical Necessity
Home Medical Social Worker		Yes	Subject to Medical Necessity

Home Nutritional Counsel		No	No PA required
Home Skilled Nursing		Yes	Subject to Medical Necessity
Home Occupational Therapy		Yes	Subject to Medical Necessity
Home Physical Therapy		Yes	Subject to Medical Necessity
Home Speech Therapy		Yes	Subject to Medical Necessity
Hospital at Home		Yes	This is considered an inpatient authorization request, which includes, but is not limited to, services such as transportation, DME, oxygen, infusion, MD/RN services. No additional authorization required.
Infertility Services		Yes	Subject to Medical Necessity
Infusion Therapy Drug		Yes	• Subject to Medical Necessity • Novologix • MGBHP
Infusion Therapy Setting		No	No PA required
Inpatient Admission	Emergent	No	• No PA for emergency care • Authorization is required for inpatient request post stabilization (concurrent and/or retrospectively)
	Elective	Yes	Subject to Medical Necessity
Institutional Extended Care (Long-Term Care LTAC, Skilled Nursing Facility, Acute Rehab)		Yes	Subject to Medical Necessity
Laboratory Services		Yes	• Not all codes require PA • No PA for emergency care • Subject to Medical Necessity
Laundry Services		Yes	Subject to Medical Necessity
Medication Dispensing System		No	No PA Required
Neuromodulation for Overactive Bladder		Yes	Subject to Medical Necessity
Observation Stay/Services		No	• No PA is required- up to 48 hours of observation level of care is covered • PA required for conversion to inpatient level of care
Orientation and Mobility		Yes	Subject to Medical Necessity
Oral and Maxillofacial Surgery		Yes	• Not all codes require PA • No PA for emergency care • Subject to Medical Necessity

Outpatient Therapy (Physical, Occupational, Speech)	Yes	Subject to Medical Necessity
Outpatient Radiation Therapy	Yes	Subject to Medical Necessity
Peer Support Services	No	No PA required
Personal Care Attendant (PCA)	Yes	Subject to Medical Necessity
Personal Care Management Agency (PCM or PCMA)	Yes	Subject to Medical Necessity
Prosthetics	Yes	Subject to Medical Necessity
Respite	Yes	Subject to Medical Necessity
Sleep PAP Devices	Yes	• Subject to Medical Necessity • Managed by CareCentrix • CareCentrix • CareCentrix 866-827-5861
Sleep Studies	Yes	
Surgical Services for treatment of Obstructive Sleep Apnea	Yes	
Supportive Day Program	Yes	Subject to Medical Necessity
Supportive Home Care Aide	Yes	Subject to Medical Necessity
Therapeutic Lenses	Yes	Subject to Medical Necessity
Transitional Assistance	Yes	Subject to Medical Necessity
Transportation (non-emergent)	Yes	Subject to Medical Necessity
Transplants (organ, bone marrow, stem cell)	Yes	Subject to Medical Necessity