

## Medicare Advantage Prior Authorization and Notification Guidelines

The chart below is an overview of customary services that require prior authorization or notification for the Medicare Advantage Plan. **Please note: Medicare Advantage members can see specialists without obtaining a referral from Mass General Brigham Health Plan.**

Mass General Brigham Health Plan will use Local Coverage Determination (LCD) or National Coverage Determination (NCD) to review codes/services requiring prior authorization (PA) using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our Mass General Brigham Health Plan medical policy.

This Chart is not intended to be a statement on benefit coverage for services offered under this Plan. Some 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 a prior authorization, or notification requirement. Prior to scheduling a service, providers should check member eligibility, [Provider Payment Guidelines](#), 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 Medicare Advantage Plans.
- For Behavioral Health specific services, please refer to the [United Behavioral Health \(Optum\) Provider Manual](#). You may also contact Optum directly at the following number:
  - 844-357-0946 – Mass General Brigham Health Plan Medicare Advantage
- Benefit coverage is determined by the plan; you may refer to plan materials for covered benefits.
- Prior Authorization is not a guarantee of Provider payment.
- Prior Authorizations should be entered using [provider.massgeneralbrighamhealthplan.org](http://provider.massgeneralbrighamhealthplan.org). The rendering facility and physicians are strongly encouraged to verify via [provider.massgeneralbrighamhealthplan.org](http://provider.massgeneralbrighamhealthplan.org) 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, then notification is required within 24 hours or by the next business day. Concurrent authorization for each day of care that follows the initial authorization is required.
- For surgical authorizations, applicable separate authorization numbers are required for the rendering physician and the facility. This can be done via [provider.massgeneralbrighamhealthplan.org](http://provider.massgeneralbrighamhealthplan.org) on a single authorization request form.
- [Medical Policies](#) | [Medical Specialty Drug Policies](#)
- [Provider Directory](#) |

Service		Prior Authorization Required	Medical Policy + Notes
Ambulance	Emergency Transportation (including Inter-facility Specialty Care Transport)	No	
	Non-emergent Transportation	*Yes	<b>*Covered when criteria are met.</b> Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
Ambulatory Surgical Procedure		*Yes	*Not all Ambulatory Surgical Procedures require prior authorization. Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<i>Autologous Chondrocyte Implantation in the Knee</i>		Yes	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<i>Bariatric Surgery (Weight Loss Surgery)</i>		Yes	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
Bone Growth Stimulation		*Yes	*For codes requiring PA:  Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.

Service	Prior Authorization Required	Medical Policy + Notes
<b>Breast Implant Removal</b>	<b>Yes</b>	*For codes requiring PA:  Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<i>Breast Reduction for Gynecomastia</i>	<b>Yes</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<i>Breast Revision/Augmentation Surgery</i>	<b>Yes</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Cardiac Imaging</b>	<b>*Yes</b>	*For codes requiring PA:  Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Chiropractic Services Visits</b>	<b>*No for first 20 visits</b> <b>**Yes for after 20 visits</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
Cochlear Implants and Bone Anchored Hearing Aids (BAHA) and Bone Anchored Hearing Devices (BAHD)	<b>Yes</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Continuous Glucose Monitoring Devices</b>	<b>Yes</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.

Service		Prior Authorization Required	Medical Policy + Notes
<i>Cosmetic / Reconstructive Surgery</i>		<b>*Yes</b>	*Not all Procedures require prior authorization:  Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<i>Diabetic Supplies /DME</i>	<i>Insulin Pump and Pump Supplies</i>	Yes	* For codes that require PA:  Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
	<i>Continuous Glucose Monitors</i>	Yes	
<b>Durable Medical Equipment (DME)</b>		<b>*Yes</b>	*Not all DME requires authorization. Prior authorization depends upon the type of DME.  Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Gender Affirming Procedures including Genital Surgery</b>		<b>Yes</b>	* For codes that require PA:  Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.

Service	Prior Authorization Required	Medical Policy + Notes	
<b>High Tech - Radiology</b> <ul style="list-style-type: none"> <li>CT, MRI, MRA, PET</li> </ul>	*Yes	<p>* For codes that require PA:</p> <p>Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.</p> <p>*Prior authorization is <b>required</b> for outpatient non-emergent CT, MRI &amp; PET studies for all members through Mass General Brigham Health Plan.</p> <p>Prior authorization is <b>not</b> required for MRI, CT &amp; PET imaging studies performed in an inpatient setting or through emergency care in the ER.</p>	
<b>HIV-associated Lipodystrophy Syndrome</b>	Yes	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.	
<b>Home Health Services</b>	<b>Home Health Aid</b>	*No for first 20 visits **Yes for after 20 visits	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
	<b>Home Medical Social Worker</b>	*No for first 20 visits **Yes for after 20 visits	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
	<b>Home Nutritional Counseling Services</b>	*No for first 20 visits **Yes for after 20 visits	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.

Service		Prior Authorization Required	Medical Policy + Notes
	<b>Home Skilled Nursing</b>	<p><b>*No for first 20 visits</b></p> <p><b>**Yes for after 20 visits</b></p>	<p>Two post-partum home visits do <b>not</b> require prior authorization.</p> <p>Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.</p>
	<b>Home Occupational Therapy</b>	<p><b>*No for first 20 visits</b></p> <p><b>**Yes for after 20 visits</b></p>	<p>Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.</p>
	<b>Home Physical Therapy</b>	<p><b>*No for first 20 visits</b></p> <p><b>**Yes for after 20 visits</b></p>	
	<b>Home Speech Therapy</b>	<p><b>*No for first 20 visits</b></p> <p><b>**Yes for after 20 visits</b></p>	
	<b>Hospital at Home (HaH)</b>	<b>Yes</b>	<p>For homecare needs related to Hospital at Home, refer to Hospital at Home PA grid directives below.</p>

Service		Prior Authorization Required	Medical Policy + Notes
<b>Hospital at Home (HaH) Also known as: Hospital in the Home (HITH)</b>		<b>Yes</b>	This inpatient authorization is for Adult admission to Acute Hospital at Home which includes, but is not limited to, the Acute Inpatient Admission at Home and included services such as Transportation, DME, Oxygen, IV infusion, MD/RN services, etc. No additional authorization required.
<b>Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra-uterine Insemination, Fertility Drugs</b>		<b>Yes</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Infusion Therapy</b>	<b>Home</b>	<b>Yes</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Inpatient Admissions</b>	<b>Elective</b>	<b>Yes</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
	<b>Hospital at Home (HaH)</b>	<b>Yes</b>	<p><b>Refer</b> to Hospital at Home on PA grid above</p> <p>Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.</p> <p>This inpatient authorization is for Adult admission to Acute Hospital at Home which includes, but is not limited to, the Acute Inpatient Admission at Home and included services such as Transportation, DME, Oxygen, IV infusion, MD/RN services, etc. No additional authorization required.</p>

Service	Prior Authorization Required	Medical Policy + Notes
Institutional Extended Care	Yes	<p><b>This includes:</b></p> <ul style="list-style-type: none"> <li>• Skilled Nursing Facility</li> <li>• Acute Rehabilitation Hospital</li> <li>• Long Term Care Hospital (LTCH)/Chronic Disease Hospital level of care</li> </ul> <p>Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.</p>
Laboratory Services including Genetic - Molecular Genomic Testing	*Yes	<p>*For codes that require PA:</p> <p>See Mass General Brigham Health Plan's eviCore resource page on AllWays Health Partners.org for <a href="#">CPT codes</a> subject to prior authorization and Clinical Guidelines</p>
Neuromodulation for Overactive Bladder	Yes	<p>Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.</p>
Observation Services	*Yes	<p>*Notification is required</p> <p>Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.</p>
<p><b>Occupational Therapy / Physical Therapy (Outpatient &amp; Homecare)</b>  See <b>Home Health Services</b> for home occupational therapy / physical therapy</p>	<p><b>*No for first 20 visits</b>  <b>**Yes for after 20 visits</b></p>	<p>Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.</p>



Service	Prior Authorization Required	Medical Policy + Notes
<b>Oral Surgery and Oral Maxillofacial Surgery</b>	<b>Yes</b>	For codes that require PA: Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Orthotics</b>	<b>Yes</b>	Prior authorization requirement depends upon the type of orthotic. For codes that require PA: Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Outpatient Chest Physical Therapy</b>	<b>Yes</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Physical Therapy / Occupational Therapy (outpatient)</b> See Home Health Services for home physical therapy / occupational therapy.	<b>*No for first 20 visits</b> <b>**Yes for after 20 visits</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Preimplantation Genetic Testing</b>	<b>Yes</b>	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
<b>Prosthetics</b>	<b>Yes</b>	Prior authorization requirement depends upon the type of prosthetic. For codes requiring PA: Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.

Service		Prior Authorization Required	Medical Policy + Notes
Radiation Therapy (outpatient)		Yes	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
Therapeutic Lenses		Yes	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
Sleep	Studies*	Yes	*See SMS/CareCentrix Clinical Criteria  <a href="#">SMS/CareCentrix Contact Info.</a>
	PAP Therapy Device	Yes	
	Surgical Treatment for OSA	Yes	
Speech Therapy (outpatient) See home health services for home speech therapy		*No for first 20 visits **Yes for after 20 visits	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
Transportation, (Non-emergency)		Yes	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.  For non-emergent transportation needs related to Hospital at Home, refer to Hospital at Home PA grid directives above
Transplants (organ, bone marrow and stem cell)	Surgeon's Office Visit	Yes	Mass General Brigham Health Plan will use LCD or NCD to review codes/services requiring PA using InterQual criteria. If there are no LCD/NCD or IQ criteria, we will use our MGB HP medical policy.
	Surgery	Yes	

11/01/2022