

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, 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 [Mass General Brigham Health Plan Provider Portal](#). The rendering facility and physicians are strongly encouraged to verify, using the Provider Portal linked above, 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 within 24 hours or by the next business day. Concurrent authorization is required for additional days following the initial authorization as per the next review date/last covered day.
- For surgical authorizations, applicable separate authorization numbers are created for the rendering physician and the facility. This will be done automatically via [Mass General Brigham Health Plan Provider Portal](#) on a single authorization request form.
- Additional resources:
 - [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	*Covered when criteria are met. 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 Mass General Brigham Health Plan 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 Mass General Brigham Health Plan medical policy.
Autologous Chondrocyte Implantation in the Knee		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 Mass General Brigham Health Plan medical policy.
Bariatric Surgery (Weight Loss Surgery)		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 Mass General Brigham Health Plan 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 Mass General Brigham Health Plan medical policy.

Service	Prior Authorization Required	Medical Policy + Notes
Breast Implant Removal	*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 Mass General Brigham Health Plan medical policy.
Breast Reduction for Gynecomastia	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 Mass General Brigham Health Plan medical policy.
Breast Revision/Augmentation Surgery	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 Mass General Brigham Health Plan medical policy.
Cardiac Imaging	*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 Mass General Brigham Health Plan medical policy.
Chiropractic Services Visits	*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 Mass General Brigham Health Plan medical policy.
Cochlear Implants and Bone Anchored Hearing Aids (BAHA) and Bone Anchored Hearing Devices (BAHD)	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 Mass General Brigham Health Plan medical policy.
Continuous Glucose Monitoring Devices	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 Mass General Brigham Health Plan medical policy.

Service		Prior Authorization Required	Medical Policy + Notes
Cosmetic / Reconstructive Surgery		*Yes	*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 Mass General Brigham Health Plan medical policy.
Diabetic Supplies /DME	Insulin Pump and Pump Supplies	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 Mass General Brigham Health Plan medical policy.
	Continuous Glucose Monitors	No	
Durable Medical Equipment (DME)		*Yes	*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 Mass General Brigham Health Plan medical policy.
Gender Affirming Procedures including Genital Surgery		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 Mass General Brigham Health Plan medical policy.

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High Tech - Radiology <ul style="list-style-type: none"> CT, MRI, MRA, PET 		*Yes	<p>* 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 Mass General Brigham Health Plan medical policy.</p> <p>*Prior authorization is required for outpatient non-emergent CT, MRI & PET studies for all members through Mass General Brigham Health Plan.</p> <p>Prior authorization is not required for MRI, CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER.</p>
HIV-associated Lipodystrophy Syndrome		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 Mass General Brigham Health Plan medical policy.</p>
Home Health Services	Home Health Aid	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 Mass General Brigham Health Plan medical policy.</p>
	Home Medical Social Worker	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 Mass General Brigham Health Plan medical policy.</p>

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	Home Nutritional Counseling Services	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 Mass General Brigham Health Plan medical policy.
	Home Skilled Nursing	Yes	<p>The initial evaluation and re-evaluation do not require prior authorization. Subsequent visits do require prior authorization.</p> <p>Two post-partum home visits do not 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 Mass General Brigham Health Plan medical policy.</p>
	Home Occupational Therapy	Yes	The initial evaluation and re-evaluation do not require prior authorization. Subsequent visits do require prior authorization.
	Home Physical Therapy	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 Mass General Brigham Health Plan medical policy.
	Home Speech Therapy	Yes	
	Hospital at Home (HaH)	Yes	For homecare needs related to Hospital at Home, refer to Hospital at Home PA grid directives below.

Service		Prior Authorization Required	Medical Policy + Notes
Hospital at Home (HaH) Also known as: Hospital in the Home (HITH)		Yes	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.
Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra-uterine Insemination, Fertility Drugs		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 Mass General Brigham Health Plan medical policy.
Infusion Therapy	Clinic/Office	No	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 Mass General Brigham Health Plan medical policy.
	Home	Yes	Some Part B drugs require Prior Authorization regardless of setting (office or home). Please reference links for Part B Drugs: Part B through Novologix Part B through Mass General Brigham Health Plan
Inpatient Admissions	Elective	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 Mass General Brigham Health Plan medical policy.
	Emergent	Yes	Authorization for emergent admissions is required within 24 hours or by the next business day

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	Hospital at Home (HaH)	Yes	<p>Refer 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 Mass General Brigham Health Plan medical policy.</p> <p>HaH 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>
Institutional Extended Care		Yes	<p>This includes:</p> <ul style="list-style-type: none"> • Skilled Nursing Facility • Acute Rehabilitation Hospital • Long Term Care Hospital (LTCH)/Chronic Disease Hospital level of care <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 Mass General Brigham Health Plan 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 CPT codes 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 Mass General Brigham Health Plan medical policy.</p>

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Observation Services	*Yes	<p>* Authorization is required within 24 hours or by the next business day</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 Mass General Brigham Health Plan medical policy.</p>
Occupational Therapy / Physical Therapy (Outpatient & Homecare) See Home Health Services for home occupational therapy / physical therapy	*No for first 20 visits **Yes for after 20 visits	<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 Mass General Brigham Health Plan medical policy.</p>
Oral Surgery and Oral Maxillofacial Surgery	Yes	<p>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 Mass General Brigham Health Plan medical policy.</p>
Orthotics	Yes	<p>Prior authorization requirement depends upon the type of orthotic.</p> <p>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 Mass General Brigham Health Plan medical policy.</p>
Outpatient Chest Physical Therapy	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 Mass General Brigham Health Plan medical policy.</p>

Service		Prior Authorization Required	Medical Policy + Notes
Physical Therapy / Occupational Therapy (outpatient) See Home Health Services for home physical therapy / occupational 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 Mass General Brigham Health Plan medical policy.
Preimplantation Genetic Testing		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 Mass General Brigham Health Plan medical policy.
Prosthetics		Yes	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 Mass General Brigham Health Plan medical policy.
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 Mass General Brigham Health Plan 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 Mass General Brigham Health Plan medical policy.
Sleep	Studies*	Yes	*See CareCentrix Clinical Criteria
	PAP Therapy Device	Yes	Criteria for Determining the Medical Necessity for the Diagnosis and Treatment of Sleep Disordered Breathing in Adults

Service		Prior Authorization Required	Medical Policy + Notes
	Surgical Treatment for OSA	Yes	CareCentrix Provider Service: 866-827-5861
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 Mass General Brigham Health Plan 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 Mass General Brigham Health Plan 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 Mass General Brigham Health Plan medical policy.
	Surgery	Yes	

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