

## Prior Authorization, Notification, and Referral Guidelines

The chart below is an overview of customary services that require referral, prior authorization (PA), or notification for all plans. **Please note: MGB ACO (MassHealth) and MGB ASO members can see specialists without obtaining a referral from Mass General Brigham Health Plan. Referral Guidelines vary by plan; please refer to your plan materials.**

This chart is not intended to be a statement on benefit coverage for all products offered under a plan type. Some products in a plan type may not cover a service included in this chart or may have restricted coverage. Limited benefit information has been included when this information is necessary to support a referral, 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. Services rendered without the required referral, authorization or notification by Mass General Brigham Health Plan will not be covered.

Please note the following:

- For Behavioral Health specific services, you may also contact Optum directly at the following numbers:
  - 844-451-3518 – Mass General Brigham Health Plan Commercial
  - 844-451-3519 – Mass General Brigham Health Plan ACO MassHealth/Medicaid
  - 844-451-3520 – Mass General Brigham Health Plan ASO-Employee Plan
  - 844-875-5722 – Group Insurance Commission (GIC)
- Benefit coverage is determined by individual 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, then notification is required. Concurrent authorization that follows the initial authorization is required.
- **Referrals:** The Treating Provider is the only provider authorized to make referrals, as required by plan type, to Specialists In-Network.
- Additional resources:
  - [Medical Policies](#)
  - [Medical Specialty Drug Policies](#)
  - [Provider Directory](#)



Service	Prior Authorization Required	Additional Information
<b>Artificial Pancreas Device System</b>	Yes	See Medical Policy: <a href="#">Artificial Pancreas Device System</a>
<b>Autologous Chondrocyte Implantation in the Knee</b>	Yes	See Medical Policy: <a href="#">Autologous Chondrocyte Implantation in the Knee</a>
<b>Bariatric Surgery (Weight Loss Surgery)</b>	Yes	See Medical Policy: <a href="#">Bariatric Surgery</a>
<b>Bed Hold-20 Day</b>	Yes	Covered only for Mass General Brigham ACO/MassHealth (MGB ACO) plans with a Skilled Nursing Facility benefit.  <a href="#">Extended Care Facility</a>
<b>Blepharoplasty</b>	Yes	See Medical Policy: <a href="#">Reconstructive and Cosmetic Procedures</a>
<b>Bone Growth Stimulation*</b>	Yes	*Ultrasound, noninvasive and invasive electric bone growth stimulation.  See Medical Policy: <a href="#">Bone Growth Stimulators</a>
<b>Breast Implant Removal</b>	Yes	See Medical Policy: <a href="#">Breast Surgeries</a> <a href="#">Reconstructive and Cosmetic Procedures</a>

<b>Breast Reduction for Gynecomastia</b>	Yes	See Medical Policies: <a href="#">Breast Surgeries</a> <a href="#">Reconstructive and Cosmetic Procedures</a>
<b>Breast Revision/Augmentatin Surgery</b>	Yes	See Medical Policies: <a href="#">Breast Surgeries</a> <a href="#">Gender Affirming Procedures</a> <a href="#">Reconstructive and Cosmetic Procedures</a>
<b>Cardiac Imaging</b>	*Yes  **No	<p><b>*Commercial Members:</b> Prior authorization is required for through Mass General Brigham Health Plan.</p> <p><b>** Mass General Brigham ACO/MassHealth (MGB ACO) members.</b> Prior authorization is not required.</p> <p><b>MGB ASO members:</b>  <b>** Prior authorization is not required</b> for these services <b>when provided by MGB tier 1 (preferred) providers</b></p>
<b>Cardiac Outpatient Monitoring</b> <ul style="list-style-type: none"> <li>• <b>Cardiac Outpatient Mobile Telemetry</b></li> </ul>	Yes	See Medical Policy for services that require PA: <a href="#">Mobile Cardiac Outpatient Telemetry</a>
<ul style="list-style-type: none"> <li>• <b>Holter Monitoring/Event Monitoring</b></li> </ul>	No	

Service	Prior Authorization Required	Additional Information
<b>Chiropractic Services Visits</b>	No	<p><b>*Mass General Brigham ACO/MassHealth (MGB ACO)</b> - No prior authorization is required for the 20 visits per benefit period.</p> <p>See Medical Policy: <a href="#">Chiropractic Services</a></p>
	**Yes	<p><b>**Commercial:</b> Some Commercial plans have a PA required after the 12<sup>th</sup> visit or the 20th visit.</p> <p>See Medical Policy: <a href="#">Chiropractic Services</a></p>
<b>Cleft Lip and Palate Repair</b> <ul style="list-style-type: none"> <li>17 yrs. of age and under</li> </ul>	Yes	See Medical Policies: <a href="#">Oral &amp; Maxillofacial Surgery &amp; Procedures</a> <a href="#">Dental Treatment Setting</a>
<ul style="list-style-type: none"> <li>18 yrs of age and older</li> </ul>	*Yes	<b>*Not covered - see general exclusions in Medical Policy</b>
<b>Clinical Trials</b>	Yes	See Medical Policy: <a href="#">Experimental and Investigational</a>
<b>Cochlear Implants and Bone Anchored Hearing Aids</b>	Yes	See Medical Policy: <a href="#">Hearing Devices</a>
<b>Continuous Glucose Monitoring Devices</b>	No	See Medical Policy: <a href="#">Continuous Glucose Monitors</a>
<b>Corneal Transplants</b>	Yes	
<b>Cosmetic/Reconstructive Surgery</b>	*Yes	See Medical Policies: <a href="#">Breast Surgeries</a> <a href="#">Reconstructive and Cosmetic Procedures</a>
<b>Dental Treatment Setting (Inpatient &amp; Surgical Day)</b>	Yes	See Medical Policies: <a href="#">Dental Treatment Setting</a> Also reference: <a href="#">Oral &amp; Maxillofacial Surgery &amp; Procedures</a>
<b>Dermabrasion</b>	Yes	See Medical Policies: <a href="#">Reconstructive and Cosmetic Procedures</a>
<b>Destruction of Vascular Cutaneous Lesions</b>	Yes	See Medical Policies: <a href="#">Reconstructive and Cosmetic Procedures</a>

Service	Prior Authorization Required	Additional Information
<b>Durable Medical Equipment (DME)</b>	*Yes	*Not all DME requires authorization. Prior authorization depends upon the type of DME. Please reference the MGBHP Code Checker for DME that requires authorization.
<b>Early Intervention</b> <ul style="list-style-type: none"> <li>• Screening assessment and treatment for children with developmental delays and disabilities</li> <li>• Early Intensive Behavioral Intervention (EIBI) (also known as Early Intervention Applied Behavioral Analysis- EI ABA)</li> </ul>	No	Restricted to members under the age of 3.
	Yes	<b>Commercial and MassHealth (Mass General Brigham ACO (MGB ACO)):</b> For members who qualify for EIBI: <b>Under the age of 3:</b> EIBI services are reviewed by Mass General Brigham Health Plan in coordination with our behavioral health partner. <b>Please submit request directly to Mass General Brigham Health Plan.</b>  <b>Over the age of 3:</b> Applied Behavioral Analysis (ABA) services are reviewed by our behavioral health partner. <b>Please submit request directly to Optum.</b>
<b>Elective Inpatient Surgery</b>	Yes	<b>Commercial Fully Insured, ASO, MGB ASO and Mass General Brigham ACO/MassHealth (MGB ACO):</b>  <b>Prior authorization required.</b>  <b>Also see Inpatient Admissions.</b>

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<b>Enteral, Parenteral and Nutritional Formulas</b>	Yes	See Medical Policy: <a href="#">Enteral Nutrition Formulas and Supplements</a>
<b>Eye Related Cosmetic Surgery</b>	Yes	<b>Such as but not limited to:</b> <ul style="list-style-type: none"> <li>• Radial Keratotomy</li> <li>• Blepharoplasty</li> <li>• Repair of Blepharoptosis</li> <li>• Brow Ptosis</li> <li>• Excision Repair or Reconstruction of the Eyelid</li> </ul> See Medical Policies: <a href="#">Reconstructive and Cosmetic Procedures</a>
<b>Facial Surgery and Prosthetics</b>	Yes	See Medical Policies: <a href="#">Reconstructive and Cosmetic Procedures</a>
<b>Gender Affirming Procedures</b>	Yes	See Medical Policies: <a href="#">Gender Affirming Procedures</a>
<b>Genetic - Molecular Genomic Testing</b>	*Yes	Prior authorization is obtained through EviCore.  Provider Service: <a href="tel:888-693-3211">888-693-3211</a>  <a href="#">Visit the dedicated Mass General Brigham Health Plan resource page on the EviCore website.</a>  <a href="#">eviCore Provider Portal</a> to submit prior authorization requests
<b>Genital Surgery</b>	*Yes	*As part of treatment for gender dysphoria.  See Medical Policies: <a href="#">Gender Affirming Procedures</a>

Service	Prior Authorization Required	Additional Information
Hearing Aids* <hr/> <b>Hearing Aids Specialized:</b> <ul style="list-style-type: none"> <li>• Cochlear Implants</li> <li>• Bone Anchored Hearing Aids (BAHA)</li> <li>• Bone Anchored Hearing Devices (BAHD)</li> </ul>	Yes	<p><b>*Commercial:</b> Some plans may have coverage for member 22 years of age and older. Consult the member's summary of benefits.</p> <p>See Medical Policy: <a href="#">Hearing Devices</a></p>
<b>High Tech- Radiology</b> CT, MRI, MRA, PET	*Yes	<p><b>Commercial members:</b></p> <p>*Prior authorization is required for outpatient non- emergent CT, MRI &amp; PET studies for through Mass General Brigham Health Plan.</p>
	**No	<p><b>Mass General Brigham ACO/MassHealth (MGB ACO):</b></p> <p>**Prior authorization is not required</p> <p><b>MGB ASO members:</b></p> <p><b>** Prior authorization is not required</b> for these services <b>when provided by MGB tier 1 (preferred) providers</b></p>
<b>HIV-associated Lipodystrophy Syndrome</b>	Yes	See Medical Policy: <a href="#">HIV-associated lipodystrophy syndrome</a>
<b>Home Health Services</b> <b>Includes:</b> <ul style="list-style-type: none"> <li>• Skilled Nursing</li> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Speech Therapy</li> <li>• Home Health Aide</li> <li>• Home Social Worker</li> <li>• Home Nutritional Counseling Services</li> </ul>	*No	See Medical Policy: <a href="#">Home Health Care</a> <p><b>*Commercial:</b> no prior authorization required</p>
	**Yes	<p><b>**Mass General Brigham ACO/MassHealth (MGB ACO)</b></p> <p><b>Skilled Nursing:</b> Two post-partum home visits do not require prior authorization.</p>

Service	Prior Authorization Required	Additional Information
<b>Medication Administration Visits</b>	<b>**Yes</b>	<p><b>**This service is only covered for Mass General Brigham ACO/MassHealth (MGB ACO).</b></p> <p><b>Please note:</b> this is <u>not</u> Medication Assisted Treatment (MAT) for substance use.</p> <p>See Medical Policy: <a href="#">Home Health Care</a></p>
<b>Hospice</b> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> <li>• Respite Care</li> </ul>	No	
<b>Hospital at Home (HaH)</b>  <b>Also known as: Hospital in the Home (HITH)</b>	Yes	<p>This inpatient authorization is for adult admission to Acute Hospital at Home which includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Acute Inpatient Admission at Home</li> <li>• Included services such as               <ul style="list-style-type: none"> <li>○ Transportation</li> <li>○ DME</li> <li>○ Oxygen,</li> <li>○ IV infusion</li> <li>○ MD/RN services</li> </ul> </li> </ul> <p>No additional authorization required.</p>
<b>Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra- uterine Insemination, Fertility Drugs</b>	Yes	<p><b>Mass General Brigham ACO/MassHealth (MGB ACO):</b> coverage limited to:</p> <ul style="list-style-type: none"> <li>• Diagnosis of infertility</li> <li>• Treatment of underlying medical condition.</li> </ul> <p><b>**Assistive reproductive services are not a covered benefit.**</b></p> <p><b>Commercial:</b> Some employer groups may exclude coverage for assisted reproduction. Refer to plan materials.</p> <p>See Medical Policy: <a href="#">Assisted Reproductive Services/Infertility Services</a></p>

<b>Infusion Therapy</b> Clinic/Office	No	Some specialty pharmacy drugs require Prior Authorization regardless of setting (office or home).
Home	Yes	For Infusion therapy needs related to Hospital at Home, refer to Hospital at Home PA grid directives above.  Please reference <a href="#">Medical Specialty Drug Policies</a> .
<b>Inpatient Admissions</b>  Elective/ Emergency	Yes	
Hospital at Home (HaH)		
Sick Newborn	*Yes	<b>*Commercial:</b> Newborn must be enrolled in the plan for coverage to apply; notification is required within 72 hours or by the next business day.  <b>Medicaid ACO:</b> Newborn must be enrolled with the health plan and have their own Member ID in order for an auth to be loaded.
<b>Inpatient Maternity</b>  Preterm (Antepartum) admission)	Yes	Preterm (antepartum) admissions require prior authorization regardless of delivery.  Includes emergency maternity admissions.
Delivery	No	If the member delivers while inpatient for pre-term/antepartum admission, then no notification/auth is required for the delivery.
Postpartum Admission	Yes	Any admissions longer than 96 hours (4 days) post delivery require authorization
<b>Post Acute Care</b>	Yes	This includes: <ul style="list-style-type: none"> <li>• Skilled Nursing Facility</li> <li>• Acute Rehabilitation Hospital</li> <li>• Long Term Care Hospital (LTACH)/Chronic Disease Hospital level of care</li> </ul> See Medical Policy: <a href="#">Extended Care Facility</a>
<b>Insulin Pump and Pump Supplies</b>	No	
<b>Laboratory Services</b>	No	Unless otherwise specified in this document

Service	Prior Authorization Required	Additional Information
<b>Lenses</b>	Yes	See Medical Policy: <a href="#">Therapeutic Lenses</a>
<b>Light Therapy</b>	Yes	See Medical Policy: <a href="#">Phototherapy and Photochemotherapy for Dermatological Conditions</a>
<ul style="list-style-type: none"> <li>• Photo- chemotherapy</li> </ul>	No	
<ul style="list-style-type: none"> <li>• Phototherapy</li> </ul>	No	
<ul style="list-style-type: none"> <li>• Photodynamic Therapy*</li> </ul>	No	*Only Covered for specific conditions
<b>Neuromodulation for Overactive Bladder</b>	Yes	See Medical Policy: <a href="#">Neuromodulation for Overactive Bladder</a>
<b>Neuropsychological Testing</b>	*Yes	When requested by a BH Provider, request should be submitted to Optum.  When ordered or authorized by a medical or primary care provider, claims should be submitted to Mass General Brigham Health Plan. <b>**No Prior Authorization required**</b>
<b>Nuclear Stress Tests</b>	No	
<b>Observation Services</b>	No	Claims will pay up to 48 hours of observation stay.
<b>Oral Surgery and Oral Maxillofacial Surgery</b>	Yes	See Medical Policy: <a href="#">Oral &amp; Maxillofacial Surgery &amp; Procedures</a>  Also reference: <a href="#">Dental Treatment Setting</a>
<b>Orthotics</b>	Yes	Prior authorization requirement depends upon the type of orthotic.

Service	Prior Authorization Required	Additional Information
Outpatient Chest Physical Therapy	Yes	See Medical Policy: <ul style="list-style-type: none"> <li>• <a href="#">Outpatient Chest Physical Therapy</a></li> </ul>
Panniculectomy	Yes	See Medical Policy: <a href="#">Reconstructive and Cosmetic Procedures</a>
<b>Outpatient Therapy</b> <b>Includes: Physical, Occupational and Speech Therapy</b>	*Yes	Please refer to plan materials for office visit limits <b>*Mass General Brigham ACO/MassHealth (MGB ACO):</b> The initial evaluation does not require prior authorization. Subsequent visits do require prior authorization.  <b>Commercial:</b> does not require prior authorization.  See Medical Policy: <a href="#">Definition of Skilled Care</a>
Preimplantation Genetic Testing	Yes	See Medical Policy: <a href="#">Preimplantation Genetic Testing</a>
Prosthetics	Yes	Prior authorization requirement depends upon the type of prosthetic.  <a href="#">Prostheses - Lower Limb</a> <a href="#">Prostheses - Upper Limb</a>
Radiation Therapy (outpatient)	No	
Rhinoplasty	Yes	See Medical Policy: <a href="#">Reconstructive and Cosmetic Procedures</a>
Septoplasty	Yes	See Medical Policy: <a href="#">Reconstructive and Cosmetic Procedures</a>
Skin Lesion or Skin Tag Removal	*No	*See Medical Policy: for circumstances when PA is not required. <a href="#">Reconstructive and Cosmetic Procedures</a>

Service	Prior Authorization Required	Additional Information
<b>Sleep Studies including:</b> <ul style="list-style-type: none"> <li>• PAP Therapy Devices</li> <li>• Surgical Treatment for Obstructive Sleep Apnea (OSA)</li> </ul>	Yes	*See CareCentrix Clinical Criteria  <a href="#">Criteria for Determining the Medical Necessity for the Diagnosis and Treatment of Sleep Disordered Breathing in Adults</a>  CareCentrix Provider Service: 866-827-5861
<b>Spinal Surgery</b>	Yes	Prior authorization is required for elective surgery.
<b>Telemetry - Mobile Cardiac Telemetry</b>	Yes	See Medical Policy: <a href="#">Mobile Cardiac Outpatient Telemetry</a>
<b>Therapeutic Lenses</b>	Yes	See Medical Policy: <a href="#">Therapeutic Lenses</a>
<b>Transportation, (Non-emergency)</b>	Yes	See Medical Policy: <a href="#">Non-emergency Medically Necessary Transportation</a>
<b>Transplants (organ, bone marrow and stem cell)</b> <ul style="list-style-type: none"> <li>• Surgeon's Office Visit</li> </ul>	*Yes	*Surgical Office Visits for transplant evaluation (organ, bone marrow and stem cell) require prior authorization.
<ul style="list-style-type: none"> <li>• Surgery</li> </ul>	Yes	Transplant surgery sites must be in Mass General Brigham Health Plan Optum Transplant Network (except PPO plans).  Providers who are not part of the Optum network are considered out of network providers.
<b>Urine Drug Testing</b>	No	

Service	Prior Authorization Required	Additional Information
<b>UVB Home Phototherapy Units for Skin Disease</b>	Yes	See Medical Policy: <a href="#">UVB Home Phototherapy Units for Skin Disease</a>
<b>Vitamin D Screening and Testing</b>	*No	*Vitamin D Screening/Testing is only covered for adults (age ≥18) with certain clinically documented underlying diseases or conditions. The diagnosis code must be on the claim.  See Medical Policy: <a href="#">Vitamin D Screening and Testing in Adults</a>

6.3.25