

## Prior Authorization, Notification, and Referral Guidelines

The chart below is an overview of customary services that require referral, prior authorization, or notification for all plans. **Please note: PPO and EPO 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:

- All Prior Authorization information on this document relates to Providers who belong in the Mass General Brigham Health Plan network only (In-Network Providers).
- 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 MassHealth/ACO (aka My Care Family)
  - 844-451-3520 – Mass General Brigham Health Plan ASO
  - 844-875-5722 – Group Insurance Commission (GIC)
- Benefit coverage is determined by individual plan; you may refer to plan materials for covered benefits.
- Commercial Plans include Connector and Qualified Health Plans.
- 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 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 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.
- Referrals: Mass General Brigham Health Plan promotes a health care delivery model that supports Treating Provider coordination and oversight. The Treating Provider is the only provider authorized to make referrals to Specialists In-Network.
- Referrals are required for all specialty visits **except** for the following:
  - Emergency Room (ER)
  - Urgent Care
  - Obstetrics/Gynecology (OB/GYN)
  - Family Planning

- Chiropractic
- Physical/Occupational/Speech Therapy (PT/OT/ST)
- Routine Eye Exam
- Early Intervention (EI)
- Acupuncture
- Additional resources:
  - [Medical Policies](#)
  - [Medical Specialty Drug Policies](#)
  - [Provider Directory](#)

Service		Prior Authorization Required	Medical Policy & Notes
Abortion		*No	Abortions for pregnancies beyond twenty-three weeks and 6 days are not allowed in Massachusetts unless performed to save the life of the mother or to eliminate substantial risk of grave impairment to her physical or mental health. *Elective inpatient admissions require prior authorization: <b>See auth rules in the table at the beginning of this document.</b>
Acupuncture	For the Treatment of Pain	*No	Please refer to plan materials for office visit limits. *My Care Family (MVACO), see Medical Policy: <a href="#">Acupuncture</a>
Ambulance	Emergency Transportation (including Inter-facility Specialty Care Transport)	No	See Medical Policy: <a href="#">Non-emergency Medically Necessary Transportation</a>
	Non-emergent Transportation	*Yes	<b>Covered when criteria are met. Refer to the medical policy. FOR COMMERCIAL MEMBERS ONLY.</b>  See Medical Policy: <a href="#">Non-emergency Medically Necessary Transportation</a>  *My Care Family (MVACO): Non-emergent ambulance transporting is covered through MassHealth.

Service	Prior Authorization Required	Medical Policy & Notes
<b>Ambulatory Surgical Procedure</b>	*Yes	<p>*Not all Ambulatory Surgical Procedures require prior authorization. Please refer to <b>Surgical Day Care</b>.</p> <p>Prior authorization must be obtained at least five (5) business days prior to an elective procedure date and may take up to 14 calendar days to complete.</p> <p>Ambulatory Surgical Services include up to 8 hours of observation recovery services. A separate notification/ authorization number for the observation/recovery services up to the initial 8 hours is not required. When the observation/recovery services exceed the initial 8 hours, a separate and new notification/authorization is required.</p> <p>When the observation/recovery services exceed the 8-hour period, a separate notification is required. See Observation.</p>
<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	<p>Covered only for My Care Family (MVACO) plans with a Skilled Nursing Facility benefit.</p> <p><a href="#">Extended Care Facility</a></p>
<b>Blepharoplasty</b>	Yes	See Medical Policy: <a href="#">Reconstructive and Cosmetic Procedures</a>
<b>Bone Growth Stimulation*</b>	Yes	<p>*Ultrasound, noninvasive and invasive electric bone growth stimulation.</p> <p>See Medical Policy: <a href="#">Bone Growth Stimulators</a></p>

Service		Prior Authorization Required	Medical Policy & Notes
Breast Implant Removal		Yes	See Medical Policy: <a href="#">Breast Surgeries</a> <a href="#">Reconstructive and Cosmetic Procedures</a>
Breast Reduction for Gynecomastia		Yes	See Medical Policies: <a href="#">Breast Surgeries</a> <a href="#">Reconstructive and Cosmetic Procedures</a>
Breast Revision/Augmentation Surgery		Yes	See Medical Policies: <a href="#">Breast Surgeries</a> <a href="#">Gender Affirming Procedures</a> <a href="#">Reconstructive and Cosmetic Procedures</a>
Cardiac Imaging		*Yes	*Prior authorization is <b>required</b> for certain outpatient, non-emergent diagnostic advanced imaging. Prior authorization is <b>not required</b> for cardiac catheterization.
Cardiac Outpatient Monitoring	Cardiac Outpatient Mobile Telemetry	Yes	See Medical Policy for services that require PA: <a href="#">Mobile Cardiac Outpatient Telemetry</a>
	Holter Monitoring	No	
	Event Monitoring	No	
Chiropractic Services Visits	My Care Family (MVACO)	*No	* <b>My Care Family (MVACO)</b> - No prior authorization is required for the 20 visits per benefit period.
	Commercial	**Yes	** <b>Commercial:</b> Most Commercial plans have a PA required after the 20th visit unless noted otherwise on plan documents.  See Medical Policy: <a href="#">Chiropractic Services</a>
Cleft Lip and Palate Repair	17 yrs. of age and under	Yes	See Medical Policies: <a href="#">Oral &amp; Maxillofacial Surgery &amp; Procedures</a> <a href="#">Dental Treatment Setting</a>
	18 yrs. of age and older*	*Yes	* <b>Not covered - see general exclusions in Medical Policy</b>

Service	Prior Authorization Required	Medical Policy & Notes
Clinical Trials	No	See Medical Policy: <a href="#">Experimental and Investigational</a>
Cochlear Implants and Bone Anchored Hearing Aids	Yes	See Medical Policy: <a href="#">Hearing Devices</a>
Continuous Glucose Monitoring Devices	Yes	See Medical Policy: <a href="#">Continuous Glucose Monitors</a>
Corneal Transplants	Yes	
Cosmetic/Reconstructive Surgery	*Yes	<p>*Includes, but not limited to:</p> <ul style="list-style-type: none"> <li>• Blepharoplasty</li> <li>• Breast Implant Removal</li> <li>• Mastectomy for Gynecomastia</li> <li>• Chest Deformities</li> <li>• Dermabrasion</li> <li>• Oral Maxillofacial Surgery (incl. cleft lip and palate repair)</li> <li>• Rhinoplasty</li> <li>• Septoplasty</li> <li>• Scar Revisions</li> <li>• Varicose Vein Treatment</li> </ul> <p>See Medical Policies: <a href="#">Breast Surgeries</a>  <a href="#">Reconstructive and Cosmetic Procedures</a></p>
Dental Treatment Setting (Inpatient & Surgical Day)	Yes	<p>See Medical Policies: <a href="#">Dental Treatment Setting</a></p> <p>Also reference: <a href="#">Oral &amp; Maxillofacial Surgery &amp; Procedures</a></p>
Dermabrasion	Yes	See Medical Policies: <a href="#">Reconstructive and Cosmetic Procedures</a>
Destruction of Vascular Cutaneous Lesions	Yes	See Medical Policies: <a href="#">Reconstructive and Cosmetic Procedures</a>

Service		Prior Authorization Required	Medical Policy & Notes
<b>Diabetic Supplies/DME</b>	Insulin Pump and Pump Supplies	No	<p>Insulin Pump: No PA required.</p> <p>See Medical Policies: <a href="#">Insulin Pumps</a></p> <p>*Mass General Brigham Health Plan members with a pharmacy benefit can obtain lancets, test strips, insulin, alcohol pads, syringes, etc. from participating pharmacies. For members with no pharmacy coverage through Mass General Brigham Health Plan, diabetic supplies may be covered under their pharmacy benefit through their employer.</p>
	Continuous Glucose Monitors	Yes	See Medical Policy: <a href="#">Continuous Glucose Monitors</a>
	Diabetic Supplies	*No	
<b>Durable Medical Equipment (DME)</b>		*Yes	<p>*Not all DME requires authorization. Prior authorization depends upon the type of DME. Please reference the DME Prior Authorization list for DME that requires authorization:</p> <p><a href="#">Prior Authorization Guidelines for Mass General Brigham Health Plan plans and members</a></p> <p>The ordering clinicians can contact vendors directly to place the orders. In turn, vendors will contact Mass General Brigham Health Plan DME department to initiate the authorization process.</p> <p>For DME needs related to Hospital at Home, refer to Hospital at Home PA grid directives below.</p>

Service		Prior Authorization Required	Medical Policy & Notes
Early Intervention	Screening, assessment, and treatment for children with developmental delays and disabilities	No	Restricted to members under the age of 3.
	Early Intensive Behavioral Intervention (EIBI) (also known as Early Intervention Applied Behavioral Analysis- EI ABA)	Yes	<p><b>Commercial and MassHealth (My Care Family):</b> For members who qualify for EIBI:</p> <p><b><u>Under the age of 3:</u></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></p> <p><b><u>Over the age of 3:</u></b> Applied Behavioral Analysis (ABA) services are reviewed by our behavioral health partner. <b>Please submit request directly to Optum.</b></p>
Elective Inpatient Surgery		Yes	<p><b>Commercial Fully Insured, ASO, and My Care Family (MVACO):</b> Prior authorization required at least five (5) business days <b>prior</b> to the surgery date.</p> <p>Authorization may take up to 14 calendar days to complete.</p> <p>Also see <b>Inpatient Admissions</b>.</p>
Enteral, Parenteral and Nutritional Formulas		Yes	<p>No PA required for food thickeners.</p> <p>See Medical Policy: <a href="#">Enteral Nutrition Formulas and Supplements</a></p>

Service		Prior Authorization Required	Medical Policy & Notes
Eye Related Cosmetic Surgery		Yes	<p><b>Such as but not limited to:</b></p> <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> <p>See Medical Policies:  <a href="#">Reconstructive and Cosmetic Procedures</a></p>
Facial Surgery and Prosthetics		Yes	See Medical Policies: <a href="#">Reconstructive and Cosmetic Procedures</a>
Gender Affirming Procedures		Yes	See Medical Policies: <a href="#">Gender Affirming Procedures</a>
Genetic - Molecular Genomic Testing		*Yes	<p>*Prior authorization is <b>required</b> for outpatient, non-emergent Molecular Genomic Testing.</p> <p>Prior authorization is <b>not required</b> for Molecular Genomic Testing performed during an inpatient admission.</p> <p>See Mass General Brigham Health Plan's <a href="#">eviCore Resource Page</a> for CPT codes subject to prior authorization and Clinical Guidelines.</p>
Genital Surgery		*Yes	<p>*As part of treatment for gender dysphoria.</p> <p>See Medical Policies:  <a href="#">Gender Affirming Procedures</a></p>
Hearing	Hearing Aids*	Yes	<p><b>*Commercial:</b> coverage is generally based on MGL: Chapter 233 of the Acts of 2012, an act providing hearing aids for children. Some plans may have coverage for member 22 years of age and older. Consult the member's summary of benefits.</p>



Service		Prior Authorization Required	Medical Policy & Notes
	Cochlear Implants, Bone Anchored Hearing Aids (BAHA) and Bone Anchored Hearing Devices (BAHD)	Yes	See Medical Policy: <a href="#">Hearing Devices</a>
<b>High Tech- Radiology</b> CT, MRI, MRA, PET		*Yes	<p>*Prior authorization is required for outpatient non- emergent CT, MRI &amp; PET studies for all members through Mass General Brigham Health Plan.</p> <p>Prior authorization is not required for MRI, CT &amp; PET imaging studies performed in an inpatient setting or through emergency care in the ER.</p> <p>See Mass General Brigham Health Plan’s resource page on <a href="http://MassGeneralBrighamHealthPlan.org">MassGeneralBrighamHealthPlan.org</a> for CPT codes subject to prior authorization and auth guidelines.</p>
<b>HIV-associated Lipodystrophy Syndrome</b>		Yes	See Medical Policy: <a href="#">HIV-associated lipodystrophy syndrome</a>
<b>Home Health Services</b>	Home Health Aid	*No **Yes	See Medical Policy: <a href="#">Home Health Care</a>  <b>*Commercial:</b> no prior authorization required <b>**My Care Family (MVACO)</b>
	Home Medical Social Worker	*No **Yes	See Medical Policy: <a href="#">Home Health Care</a>  <b>*Commercial:</b> no prior authorization required <b>**My Care Family (MVACO)</b>
	Home Nutritional Counseling Services	*No **Yes	See Medical Policy: <a href="#">Home Health Care</a>  <b>*Commercial:</b> no prior authorization required <b>**My Care Family (MVACO)</b>

Service		Prior Authorization Required	Medical Policy & Notes
	Home Skilled Nursing	*No **Yes	<p>Two post-partum home visits do not require prior authorization. Skilled nursing visits initiated on non-business days, such as over a weekend or holiday require notification on the next business day. Subsequent visits do require prior authorization.</p> <p><b>*Commercial:</b> no prior authorization required</p> <p><b>**My Care Family (MVACO):</b> The initial evaluation and re-evaluation do not require prior authorization. Subsequent visits do require prior authorization.</p> <p>See Medical Policy:  <a href="#">Home Health Care</a></p>
	Home Occupational Therapy	*No **Yes	<p><b>*Commercial:</b> no prior authorization is required for OT/PT/ST.</p>
	Home Physical Therapy	*No **Yes	<p><b>**My Care Family (MVACO):</b> If a therapy provider is unable to acquire a written medical referral</p>

Service		Prior Authorization Required	Medical Policy & Notes
	Home Speech Therapy	*No **Yes	<p>from a licensed physician prior to initiation of therapy services, or for any subsequent 60-day period, the therapy provider may obtain a verbal medical referral from a licensed physician approving the provision of therapy services. The verbal medical referral for therapy services must include the date and time acquired, as well as the signature of the licensed therapist obtaining the verbal medical referral and must be maintained in the member's record. The therapist provider must acquire the written medical referral for therapy services prior to billing.</p> <p><b>My Care Family (MVACO):</b> Home Health Agency Providers may request the continuation of an existing prior authorization. The provider must submit an extension request prior to the end date of the existing prior authorization. Such extension requests must have the following note in the comments field: "COVID-19". Extension requests will be reviewed (per medical necessity as appropriate) and may be approved for periods up to 90 days depending on the home health agency's ability to assess the member's continuing need for home health services. All approved extensions will be based off the member's most recently authorized frequency for home health services. <u>PA extensions will not be approved for requests to increase the frequency of services.</u></p> <p>See Medical Policy:  <a href="#">Home Health Care</a></p> <p><b>**My Care Family (MVACO):</b> The initial evaluation and re-evaluation <b>do not</b> require prior authorization. Subsequent visits do require prior authorization.</p>
	Hospital at Home (HaH)		For homecare needs related to Hospital at Home, refer to Hospital at Home PA grid directives below.

Service		Prior Authorization Required	Medical Policy & Notes
	Medication Administration Visits	<b>**Yes</b>	<p><b>**This service is only covered for My Care Family (MVACO).</b></p> <p><b>Please note:</b> this is <b>not</b> Medication Assisted Treatment (MAT) for substance use.</p> <p>See Medical Policy: <a href="#">Home Health Care</a></p>
<b>Hospice</b>	Hospice – inpatient and outpatient care	No	
	Hospice Respite Care	No	
<b>Hospital at Home (HaH)</b>  <b>Also known as: Hospital in the Home (HITH)</b>		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.
<b>Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra- uterine Insemination, Fertility Drugs</b>		Yes	<p><b>My Care Family (MVACO):</b> coverage limited to diagnosis of infertility and treatment of underlying medical condition. Assistive reproductive services are not a covered benefit.</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	<p>For Infusion therapy needs related to Hospital at Home, refer to Hospital at Home PA grid directives above.</p> <p>Please reference <a href="#">Medical Specialty Drug Policies</a>.</p>

Service		Prior Authorization Required	Medical Policy & Notes
Inpatient Admissions	Elective	Yes	
	Emergency	No	<b>Emergency:</b> only <b>notification</b> is required within 24 hours or by the next business day.  <b>Emergency Maternity:</b> Please refer to Inpatient Maternity.
	Hospital at Home (HaH)	Yes	Refer to <b>Hospital at Home</b> on PA grid directives above.
	Sick Newborn (Commercial)	*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.
Inpatient Maternity	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	
Institutional Extended Care		Yes	This includes: <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> <b>**Beginning 12/6/22-3/6/23</b> prior auth review is suspended for initial review from acute inpatient admissions at hospitals, to skilled nursing facilities and acute rehab facilities. This does not include long term care. Notifications should be submitted by the provider within 48 hours of admission and updates provided a minimum of every 5 days to support discharge planning.
Insulin Pump and Pump Supplies		No	See Medical Policy: <a href="#">Insulin Pumps</a>

Service		Prior Authorization Required	Medical Policy & Notes
<b>Laboratory Services</b>		*No	*Unless otherwise stated in this document  See Medical Policy: <a href="#">Genetic Testing for Hereditary Breast and Ovarian Cancer</a>
<b>Lenses</b>		Yes	See Medical Policy: <a href="#">Therapeutic Lenses</a>
<b>Light Therapy</b>	Photo-chemotherapy	Yes	See Medical Policy: <a href="#">Phototherapy and Photochemotherapy for Dermatological Conditions</a>  *Only Covered for specific conditions
	Phototherapy	No	
	Photodynamic Therapy*	No	
<b>Neuromodulation for Overactive Bladder</b>		Yes	See Medical Policy: <a href="#">Neuromodulation for Overactive Bladder</a>
<b>Neuropsychological Testing</b>		No	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>Nuclear Stress Tests</b>		*No	*Prior authorization is not required for out-patient, non-emergent nuclear stress tests or Nuclear Stress Test performed during an inpatient admission.
<b>Observation Services</b>		*Yes	*Notification is required by the end of the next business day; please refer to: <a href="#">Observation Provider Payment Guidelines</a>
<b>Occupational Therapy/Physical Therapy (Outpatient &amp; Homecare)</b>  See Home Health Services for home occupational therapy / physical therapy		*Yes	<b>*My Care Family (MVACO):</b> The initial evaluation and re-evaluation do 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>

Service	Prior Authorization Required	Medical Policy & Notes
Oral Surgery and Oral Maxillofacial Surgery	Yes	See Medical Policy: <a href="#">Oral &amp; Maxillofacial Surgery &amp; Procedures</a>  Also reference: <a href="#">Dental Treatment Setting</a>
Orthotics	Yes	Prior authorization requirement depends upon the type of orthotic.  <a href="#">Prior Authorization DME Guidelines for Mass General Brigham Health Plan plans and members</a>
Outpatient Chest Physical Therapy	Yes	See Medical Policy: <a href="#">Outpatient Chest Physical Therapy</a>
Pain Management Therapy (outpatient treatment)	Yes	A physician evaluation and ongoing medical care performed to alleviate or reduce chronic or severe pain services require prior authorization. Services may include: <ul style="list-style-type: none"> <li>• Injection of the facet joint (custom) – Mass General Brigham Health Plan</li> <li>• Epidural steroid injection</li> <li>• Therapeutic/diagnostic anesthetic agent via injection</li> </ul>
Panniculectomy	Yes	See Medical Policy: <a href="#">Reconstructive and Cosmetic Procedures</a>
<b>Physical Therapy / Occupational Therapy (outpatient)</b>  See Home Health Services for home physical therapy / occupational therapy.	*Yes	<b>*My Care Family (MVACO):</b> Prior authorization is a requirement for all My Care Family (MVACO) Plans. The initial evaluation <b>does not</b> require prior authorization. Subsequent visits do require prior authorization.  <b>Commercial:</b> do not require prior authorization. Physical Therapy (PT) / Occupational Therapy (OT) visits are reimbursed up to the member’s plan benefit. Reimbursement is based on the member’s benefit plan coverage for outpatient services.  See Medical Policy: <a href="#">Definition of Skilled Care</a>
Preimplantation Genetic Testing	Yes	See Medical Policy: <a href="#">Preimplantation Genetic Testing</a>

Service		Prior Authorization Required	Medical Policy & Notes
Prosthetics		Yes	Prior authorization requirement depends upon the type of prosthetic. <a href="#">Prostheses - Lower Limb</a> <a href="#">Prostheses - Upper Limb</a> <a href="#">Prior Authorization DME Guidelines for Mass General Brigham Health Plan plans and members</a>
Radiation Therapy (outpatient)		*No	*Effective 7/01/2020, Prior authorization is not required for out-patient, non-emergent radiation therapy or radiation therapy delivered during an inpatient admission or while in observation.  All elective inpatient admissions still require authorization through Mass General Brigham Health Plan.
Rhinoplasty		Yes	See Medical Policy: <a href="#">Reconstructive and Cosmetic Procedures</a>
Therapeutic Lenses		Yes	See Medical Policy: <a href="#">Therapeutic Lenses</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>
Sleep	Studies*		*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
	PAP Therapy Device		
	Surgical Treatment for OSA		



Service	Prior Authorization Required	Medical Policy & Notes	
<p><b>Speech Therapy (outpatient)</b></p> <p>See home health services for home speech therapy</p>	*Yes	<p><b>*My Care Family (MVACO):</b> The initial evaluation <b>does not</b> require prior authorization. Subsequent visits do require prior authorization.</p> <p><b>Commercial:</b> does NOT require prior authorization</p> <p>See Medical Policy:  <a href="#">Definition of Skilled Care</a></p>	
Spinal Surgery	Yes	<p>Prior authorization is required for elective surgery.</p> <p><b>Please note that applicable separate authorization numbers are required for the rendering physician and the facility.</b></p>	
Surgical Day Care	*Yes	*Only selected Ambulatory Surgical Procedures require prior authorization.	
Telemetry - Mobile Cardiac Telemetry	Yes	See Medical Policy: <a href="#">Mobile Cardiac Outpatient Telemetry</a>	
Transportation, (Non-emergency)	Yes	<p><b>My Care Family (MVACO):</b> Non-emergent ambulance transporting is covered through My Care Family (MVACO).</p> <p><b>Commercial:</b> Mass General Brigham Health Plan may cover medically necessary non-emergency transportation under prior authorization.</p> <p>For non-emergent transportation needs related to Hospital at Home, refer to Hospital at Home PA grid directives above.</p> <p>See Medical Policy:  <a href="#">Non-emergency Medically Necessary Transportation</a></p>	
Transplants (organ, bone marrow and stem cell)	Surgeon's Office Visit	*Yes	<p>*Surgical Office Visits for transplant evaluation (organ, bone marrow and stem cell) require prior authorization.</p> <p>Transplant surgery sites must be in Mass General Brigham Health Plan Optum Transplant Network (except PPO plans). Providers who are not part of network are considered out of network providers.</p>
	Surgery	Yes	

Service	Prior Authorization Required	Medical Policy & Notes
<b>Urine Drug Testing</b>	*No	*No Prior Authorization is required; however, urine drug tests beyond 20 per benefit period will deny for documentation to confirm coverage.  See Medical Policy: <a href="#">Outpatient Drug Screening and Testing</a>
<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>

1.10.2023