

Prior Authorization/Notification Requirements

This document, outlining common services that require prior authorization or Plan notification, is for use by participating WellSense providers and vendors. Prior authorization/notification requirements apply to Plan products- MassHealth and Clarity plans (formerly known as Qualified Health Plans/Commercial) as indicated by the symbol ♦.

Please note that all non-emergent out-of-network requests require prior authorization.

The Plan and contracted vendors evaluate requests for covered services and determine medical necessity through the use of InterQual® criteria (nationally recognized commercially purchased) or internal medical policies that are evidence-based.

Prior to scheduling a service, please refer to Covered Services list MassHealth and Clarity plans (formerly known as QHP) and the Plan's Provider Manual, Clinical Coverage or Reimbursement Policies, behavioral health Performance Specifications, and Provider Communications for coverage and/or processing requirements for the service in question. Check the Lookup Tools for Prior Auth requirements for specific CPT and HCPCS codes. These documents and tools can be found on the Plan's website www.wellsense.org.

If the requested service is of an urgent nature, as defined in the Provider Manual, Section 8.7, please indicate "URGENT" on your request.

The plan will follow InterQual® 2025 criteria sets until 05/31/26. Starting 06/01/26 the plan will follow InterQual® 2026 criteria sets.

With any questions, contact the Plan's Prior Authorization Department at:

1-888-566-0008, option 4 "Medical Services, Behavioral Health Services, Authorizations and Notifications other than Pharmacy" or the appropriate vendor as listed below.

The Plan has contracted with vendors to manage the following services:

Service	Types of Services	Vendor	Contact Information
Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS)	<ul style="list-style-type: none"> • Durable Medical Equipment • Prosthetics/Orthotics • Medical Supplies <p>Please click the link below here for more information regarding Provider Types managed and exclusions from Prior Authorization.</p> <p>Northwood Information</p>	Northwood, Inc. (Northwood)	Phone: 1-866-802-6471 Fax: 1-877-552-6551
Genetic, Molecular and Genomic Testing	<ul style="list-style-type: none"> • Genetic, Molecular and Genomic Testing 	eviCore	Phone: 1-800-918-8924 https://www.evicore.com/
Musculoskeletal Procedures	<ul style="list-style-type: none"> • Outpatient pain management services • Joint Surgeries • Spine Surgeries • Spinal Implants • Spinal Cord Stimulators • Pain Pumps 	eviCore	Phone: 1-800-918-8924 https://www.evicore.com/
Non-Emergency Transportation	Manages the travel arrangements for non-emergent sea transport, non-emergent air transport, and non-emergent ground transportation for MassHealth ACO and MCO members.	WellSense Health Plan transportation line	MassHealth Phone: 1-800-841-2900
Radiology (Non-Emergent Outpatient, Excluding Those Associated with Observation or Emergency Department Visits)	<ul style="list-style-type: none"> • MRI/MRA • CT/CTA • Nuclear Cardiology Imaging Studies • PET Scans 	eviCore	Phone: 1-800-918-8924 https://www.evicore.com/

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Actigraphy	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Acupuncture	Servicing Provider		◆	Not a covered benefit	Medical Policy	<p>For MassHealth members, prior auth is not required for the following indications: withdrawing from dependence on substances or in recovery of addiction or for pain relief/anesthesia (i.e., loss of sensitivity to pain), as specified in the Medical Policy.</p> <p>Plan prior authorization with individual consideration by a Plan Medical Director is required for acupuncture provided to a MassHealth member when used for any other medical or behavioral health indication.</p>
Administratively Necessary Day(s) (AND), Inpatient	Servicing Facility		◆	Not a covered benefit	Medical Policy	Discussion/submission during concurrent review process


Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Ambulatory Monitoring Devices <ul style="list-style-type: none"> Ambulatory Cardiac Monitors Continuous Glucose Monitoring Systems, Artificial Pancreas Device Systems, and Insulin Delivery Systems 	PCP or Servicing Provider PCP or Servicing Provider		◆ ◆	◆ ◆	Medical Policy Medical Policy	At least 5 calendar days before requested DOS
Amtagvi™ (lifileucel)	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS
Assisted Reproductive Technology (formerly known as <i>Infertility Services</i>)	PCP or Servicing Provider		Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS
Autism Spectrum Disorders			See specific service	◆	Medical Policy	At least 5 calendar days before requested DOS
Balloon Sinus Ostial Dilation as a Stand-Alone Procedure	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Bariatric Surgery	PCP or Servicing Provider		◆	◆	InterQual®	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Breast/Chest Procedures: <ul style="list-style-type: none"> • Breast Reconstruction • Breast Reduction Surgery • Mastopexy • Gynecomastia Surgery 	PCP or Servicing Provider PCP or Servicing Provider PCP or Servicing Provider PCP or Servicing Provider		◆ ◆ ◆ ◆	◆ ◆ ◆ ◆	Medical Policy Medical Policy Medical Policy Medical Policy	At least 5 calendar days before requested DOS (See policy for Cancer related diagnosis waivers)
Capsule Endoscopy	PCP or Servicing Provider		◆	◆	InterQual®	At least 5 calendar days before requested DOS.
CAR T-Cell Therapy to Treat Hematological Malignancies	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Casgevy™ (exagamglogene autotemcel)	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS
Cervical Artificial Disc Replacement	PCP or Servicing Provider		◆	◆	eviCore	At least 5 calendar days before requested DOS.
Chronic Back and Neck Pain Treatment:						
• Facet Joint Nerve Injections	PCP or Servicing Provider		◆	◆	eviCore	At least 5 calendar days before requested DOS.
• Percutaneous Radiofrequency Denervation	PCP or Servicing Provider		◆	◆		
• Sacroiliac Joint Injections	PCP or Servicing Provider		◆	◆		
Clinical Trials	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Cochlear Implants	PCP or Servicing Provider		◆	◆	InterQual®	At least 5 calendar days before requested DOS
Contact Lens and Scleral Lens for Certain Medical Conditions	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Cosmetic, Reconstructive & Restorative Services	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Dental Services, Additional Plan Benefits.	Servicing Provider		DentaQuest Customer Service 800-207-5019 or click here.	DentaQuest Customer Service 800-207-5019 or click here.	Plan Benefits	For specific detailed benefits please review the plan specific benefits here by clicking on the Members tab and selecting the plan type.
Dental Services, Medically Necessary Facility/Hospital Services to Provide Dental Services (Due to a Serious Medical Condition)	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Drug Screening/Testing for Illicit Drugs and/or Controlled Substances	Servicing Provider		◆	◆	Medical Policy Reimbursement Policy	At least 5 calendar days before requested DOS
Down Syndrome Diagnosis and Treatment	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Electric Tumor Treatment Fields (TTF)	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Elevidys® (delandistrogene moxeparvovec-rokl)	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Enteral Nutrition (Tube Feeding) Products Supplied and Billed by Home Infusion Providers and Digestive Enzyme Cartridges	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Endoscopic Procedures or Magnetic Esophageal Sphincter Augmentation to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Experimental and Investigational	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Gender Affirmation Services	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	PCP or Servicing Provider			N/A	Medical Policy	<p>Prior authorization (PA) is required for all gene therapies and cell therapies listed on the MassHealth Acute Hospital Carve-Out Drugs List. Providers may direct requests to MassHealth at (800) 841-2900, TDD/TTY: 711, or via email at provider@masshealthquestions.com. Hospitals will continue to submit all other required PA requests to the Plan, including authorization for inpatient admissions. The Plan will not authorize an inpatient admission related to gene therapy or cell therapy until the treatment has been authorized by MassHealth. When there is no service-specific medical policy (or the Gene/Cell Therapy MassHealth Acute Hospital Carve-Out Drugs List does not apply, the Plan's Medically Necessary policy will be utilized.</p>

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
<p>Genetic, Molecular and Genomic Testing <i>(Please see the below examples, for specific codes authorization requirements please consult the plan's Code Look up tool here Code Look-Up Tool)</i></p> <ul style="list-style-type: none"> • Gene Expression Profiling Cancer Recurrence (e.g., Oncotype DX) • Genetic/Genomic Testing and Pharmacogenetics • Hereditary Breast and Ovarian Cancer Syndrome • Hereditary Colorectal Cancer 	<p>PCP or Servicing Provider</p> <p>PCP or Servicing Provider</p> <p>PCP or Servicing Provider</p> <p>PCP or Servicing Provider</p>		<p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p>	<p>◆</p> <p>◆</p> <p>◆</p> <p>◆</p>	<p>eviCore</p>	<p>At least 5 days before requested DOS</p>

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Hospice Care	PCP or Servicing Provider		◆	◆	Reimbursement Policy	Request to initiate services following evaluation at least prior to the first requested DOS. Request for continuing services at least 5 calendar days before requested DOS.
Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT)	PCP or Servicing Provider		◆	◆	Medical Policy for dx codes that waive auth requirements; InterQual® for medical necessity review	At least 5 calendar days before requested DOS.
IB-Stim® Device (Percutaneous Electrical Nerve Field Stimulation) for Functional Abdominal Pain Disorder	PCP or Servicing Provider		◆	N/A	Medical Policy	At least 5 calendar days before requested DOS
Implantable Bone-Conduction (Bone-Anchored) Hearing Aids	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Inpatient Care at an Acute Hospital:						
• Elective Admission	Servicing Facility or Treating Physician		◆	◆	Provider Manual	At least 5 calendar days before requested DOS
• Emergent or Urgent Admission	Servicing Facility or Treating Physician		◆	◆	Provider Manual	Plan notification within 1 business day following admission date
• Following Observation Admission	Servicing Facility		◆	◆	Provider Manual	Plan notification within 1 business day following admission date, not to exceed 4 business days from the first observation day
• Maternity:						
• Elective C-Section	Servicing Facility	Servicing Facility	◆	◆	Provider Manual	Plan notification within 1 business day following admission date
• Emergent C-Section and Routine Delivery		Servicing Facility	◆	◆	Provider Manual	Plan notification within 1 business day following admission date
• Newborn Birth		Servicing Facility	◆	◆	Provider Manual	Plan notification within 1 business day following admission date
• Newborn Continued Stay Post Mother's Discharge		Servicing Facility	◆	◆	Provider Manual	Prior to mother's discharge
• Newborn Admission to NICU or Level 2 Nursery		Servicing Facility	◆	◆	Provider Manual	Within 1 business day following admission to NICU/Level 2 Nursery

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Inpatient Care at Other Type of Facility: <ul style="list-style-type: none"> • Chronic Disease Hospital • Long-Term Acute Care (LTAC) • Rehabilitation Hospital • Skilled Nursing Facility 	Servicing Facility or Treating Physician		◆	◆	Provider Manual	Prior to admission
Inpatient Readmission	Servicing Facility		◆	◆	Medical Policy	Applies to inpatient readmission
Inpatient Short Stay (0-1 Midnight Length of Stay)	Servicing Facility		◆	◆	Medical Policy	
Laviv® (azficel-T)	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Lumbar Artificial Disc Replacement	PCP or Servicing Provider		◆	◆	eviCore	At least 5 calendar days before requested DOS
Luxturna® (voretigene neparvovec-rzyl)	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Lyfgenia™ (lovotibeglogene autotemcel)	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS
Mechanized Spinal Distraction Therapy	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Minimally Invasive Procedures and Associated Devices used to Treat Back Pain (Including Thermal Intradiscal Procedures, Interspinous Spacers, Interlaminar Stabilization Devices, Facet Arthroplasty, Lysis of Adhesions, and Minimally Invasive Surgical Procedures for Spinal Fusion and/or to Remove Disc Material)	PCP or Servicing Provider		◆	◆	eviCore	At least 5 calendar days before requested DOS
Nerve Repair for Peripheral Nerve Injury	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Non- Implantable Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Omisirge® (omidubicel-only)	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS
Osteochondral Defects of the Knee Treatments	PCP or Servicing Provider		◆	◆	eviCore	At least 5 calendar days before requested DOS
Out-of-Network Services	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Panniculectomy and Redundant Skin of the Abdomen Surgical Procedures	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Peripheral Nerve Stimulation	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Pharmacy	PCP or Servicing Provider		◆	◆	Medical Policy	2 calendar days before requested therapy start date
Photochemotherapy, Phototherapy, or Excimer Laser Therapy for Dermatological Conditions	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Pregnancy		Obstetrics Provider	◆	◆	Provider Manual	Within 3 business days of pregnancy confirmation
Preimplantation Genetic Testing (Preimplantation Genetic Diagnosis and Preimplantation Screening)	PCP or Servicing Provider		Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS
Private Duty Nursing/Continuous Skilled Nursing Services and Complex Care Assistant Services	PCP or Servicing Provider		◆*	Not a covered benefit	Medical Policy	At least 5 calendar days before requested DOS *Covered benefit for members in the Special Kids Special Care program ONLY.
Prolotherapy	PCP or Servicing Provider		Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS
Rehabilitation Therapy (Functional Therapy), Outpatient <ul style="list-style-type: none"> • Occupational Therapy (OT) • Physical Therapy (PT) • Speech Therapy, Language Therapy or Voice Therapy (ST) 	PCP or Servicing Provider PCP or Servicing Provider PCP or Servicing Provider		Auth only required for members 21 years and older ◆ ◆ ◆	◆ ◆ ◆	Medical policy applied for prior authorization waivers in conjunction with InterQual® criteria Medical Policy	See Product Specific policies for authorization requirements.

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Rethymic® (Allogeneic Processed Thymus Tissue-agdc)	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Roctavian™ (valoctocogene roxaparvovec-rvox)	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS
Skin Substitutes in the Outpatient Setting	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Skysona® (elivaldogene autotemcel)	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS
Sleep Studies Polysomnography (Attended testing only for members age 21 or older)	PCP or Servicing Provider		◆	◆	InterQual®	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Stimulators, Neuro/ Neuromuscular/Nerve: <ul style="list-style-type: none"> Gastric Electrical Spinal Cord Vagus Nerve 	PCP or Servicing Provider		◆	◆	InterQual®	At least 5 calendar days before requested DOS
Surgical Procedures: <ul style="list-style-type: none"> Inpatient (All Elective Procedures) Outpatient (Select Elective Procedures) Additions/Changes to Existing Authorizations 	PCP or Servicing Provider		◆	◆	Provider Manual	At least 5 calendar days before requested DOS
	PCP or Servicing Provider		◆	◆	Provider Manual	At least 5 calendar days before requested DOS
	PCP or Servicing Provider		◆	◆	Provider Manual	Within 5 days following the DOS
Tecelra® (afamitresgene autoleucel)	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Temporomandibular Joint (TMJ) Disorder Treatment	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Transplants (Bone Marrow, Stem Cell, or Solid Organ): <ul style="list-style-type: none"> • Lung Transplant • Pancreas or Pancreas-Kidney Transplant • Small Bowel and Multivisceral Transplant • Other Transplants 	Servicing Facility Servicing Facility Servicing Facility Servicing Facility		◆ ◆ ◆ ◆	◆ ◆ ◆ ◆	Medical Policy InterQual® or the Plan's Medically Necessary Medical Policy (OCA 3.14)	When determined to be a candidate
Transportation, Non-Emergent	Servicing Provider		◆	Typically not a covered benefit, see benefits/policy for any exceptions	Medical Policy more info in: Covered Services List (MH)	Within 3 business days following DOS No auth required for emergency transport; auth required for certain non-emergent transport options
Video Electroencephalographic (EEG) Monitoring	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Vitamin D Testing	N/A		◆	◆	Medical Policy	Service must be billed with a valid diagnosis per Policy.

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Whole Body Integumentary Photography	PCP or Servicing Provider		◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Zynteglo™ (betibeglogene autotemcel)	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS
Zolgensma® (onasemnogene abeparvovec)	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	Medical Policy	At least 5 calendar days before requested DOS

Behavioral Health Service	Prior Authorization Responsible Party	Plan Notification Responsible Party	Initial Notification and Concurrent Review Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Administrative Necessary Days	Servicing Facility			◆	◆	Plan Benefits	Facility should contact their assigned concurrent reviewer.
Applied Behavioral Analysis (ABA)	Servicing Provider			◆	◆	Medical Policy , InterQual®	Complete ABA form and submit via Fax or Portal. MassHealth uses Medical Policy MA Clarity uses Medical Policy for diagnosis of down syndrome or InterQual® for diagnosis of autism spectrum disorder
Acute Treatment Services (ASAM Level 3.7)		Servicing Facility		◆	◆	ASAM® Criteria	Initial Notification within 48 hours of Admission. Submit Notification via Portal or Fax for initial and continued stay request.
Acute Treatment Services (ASAM Level 4.0)		Servicing Facility		◆	◆	ASAM® Criteria	Initial Notification within 48 hours of Admission. Submit Notification via Portal or Fax for initial and continued stay request.

Behavioral Health Service	Prior Authorization Responsible Party	Plan Notification Responsible Party	Initial Notification and Concurrent Review Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Community Based Acute Treatment (CBAT)			Servicing Facility	◆	◆	Medical Policy	<p>Notify via portal or fax within 72 hours of admission (or the next business day on holiday weekends). The facility should contact their assigned concurrent reviewer for continued care and treatment/discharge planning.</p> <p>Separate medical policies exist for Community Based Acute Treatment (CBAT), Intensive Community Based Acute Treatment (ICBAT), and Community Based Acute Treatment for Autism Spectrum Disorder/Intellectual Disability (CBAT-ASD/ID)</p>

Behavioral Health Service	Prior Authorization Responsible Party	Plan Notification Responsible Party	Initial Notification and Concurrent Review Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Community Support Program (CSP)- includes Specialized programs		Servicing Provider		◆	◆	Medical Policy	Submit Notification via Portal or Fax for both initial and continued service request. Includes: Community support program for homeless individuals (CSP-HI), Community support program for individuals with justice involvement (CSP-JI), Community Support Program Tenancy Preservation Program (CSP-TPP)
Community Crisis Stabilization for Youth and Adults (YCCS/ACCS)		Servicing Provider	Servicing Provider	◆	◆	Medical Policy	YCCS and ACCS are auth free for first 5 days. ACCS requires notification after initial 5 days. YCCS requires concurrent review.
Clinical Support Services (CSS) for substance use disorders (ASAM Level 3.5)		Servicing Facility		◆	◆	ASAM® Criteria	Initial Notification within 48 hours of Admission. Submit Notification via Portal or Fax for initial and continued stay request.

Behavioral Health Service	Prior Authorization Responsible Party	Plan Notification Responsible Party	Initial Notification and Concurrent Review Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Dual Diagnosis Acute Treatment/ Enhanced Acute Treatment Services (DDAT/EAT-S)		Servicing Facility		◆	◆	ASAM® Criteria	Initial Notification within 48 hours of Admission. Submit Notification via Portal or Fax for initial and continued stay request.
Early Intensive Behavioral Intervention	N/A	N/A	N/A	◆	N/A	Medical Policy	Plan prior authorization, Plan notification, and/or concurrent review are not required
Family-based Intensive Treatment (FIT)			Servicing Facility	◆	Not a Covered Benefit	Medical Policy	Submit Notification via Portal or fax within 3 business days of initiating services for an initial 7 days. For continued Services, call the assigned reviewer to complete a medical necessity review for up to an additional 14 days.
Family Stabilization Team (FST)			Servicing Facility	Not a covered benefit	◆	Medical Policy	Submit Notification via Portal or fax within 3 business days of initiating services for the initial 180 days. For Continued Services, call the assigned reviewer to complete a medical necessity review.

Behavioral Health Service	Prior Authorization Responsible Party	Plan Notification Responsible Party	Initial Notification and Concurrent Review Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
In Home Therapy (IHT)			Servicing Facility	◆	◆	Medical Policy	Submit Notification via Portal or fax within 3 business days of initiating services for the initial 180 days. For Continued Services, call the assigned reviewer to complete a medical necessity review. See Family Stabilization Team (FST) (above) for MA Clarity.
Individualized Treatment Recovery (ITS) and Stabilization		Servicing Facility		◆	◆	ASAM® Criteria	Initial Notification within 48 hours of Admission. Submit Notification via Portal or Fax for initial and continued stay request.
In-Home Behavioral Services (IHBS)			Servicing Facility	◆	◆	Medical Policy	Submit Notification via Portal or fax within 3 business days of initiating services for the initial 180 days. For Continued Services, call the assigned reviewer to complete a medical necessity review.

Behavioral Health Service	Prior Authorization Responsible Party	Plan Notification Responsible Party	Initial Notification and Concurrent Review Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Inpatient Mental Health			Servicing Facility	◆	◆	InterQual®	Notify via portal or fax within 72 hours of admission (or the next business day on holiday weekends). The facility should contact their assigned concurrent reviewer for continued care and treatment/discharge planning.
Inpatient Mental Health Specializing Services	Servicing Facility			◆	◆	Medical Policy	Facility should contact their assigned concurrent reviewer.
Intensive Care Coordination (ICC)			Servicing Facility	◆	◆	Medical Policy	Submit Notification via Portal or fax within 3 business days of initiating services for an initial 45 days. For continued Services, call the assigned reviewer to complete a medical necessity review.
Partial Hospitalization Program (PHP)		Servicing Facility		◆	◆	InterQual®	Submit Notification via Portal or Fax for both initial and continued service request.

Behavioral Health Service	Prior Authorization Responsible Party	Plan Notification Responsible Party	Initial Notification and Concurrent Review Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Program for Assertive Community Based Treatment (PACT)		Servicing Facility		◆	Not a Covered Benefit	Medical Policy	Submit Notification via Portal or Fax for both initial and continued service request.
Psychological Testing and Neuro-Psychological Testing		Servicing Facility		◆	◆	InterQual®	Submit Notification via Portal or Fax
Recovery Coach (RC)		Servicing Provider		◆	◆	Medical Policy	Submit Notification via Portal or Fax for both initial and continued service request.
Recovery Support Navigator (RSN)		Servicing Provider		◆	◆	Medical Policy	Submit Notification via Portal or Fax for Initial and Continued Services.
Residential Administrative Necessary Days (RA)-Youth	Servicing Facility			◆	◆	Plan Benefits	Facility should contact their assigned concurrent reviewer.
Residential Rehabilitation Services (RRS)		Servicing Facility		◆	Not a covered benefit	ASAM® Criteria	Initial Notification within 7 days of Admission. Submit Notification via Portal or Fax for initial and continued stay request.

Behavioral Health Service	Prior Authorization Responsible Party	Plan Notification Responsible Party	Initial Notification and Concurrent Review Responsible Party	MassHealth Products	Clarity plans (formerly known as Qualified Health Plans) products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Residential Treatment Services		Servicing Facility		Not a covered benefit	◆	InterQual®	Notify via portal or fax within 72 hours of admission (or the next business day on holiday weekends). Initial Notification within 72 hours of Admission (or the next business day on holiday weekends). Submit Notification for continued stay.
Repetitive Transcranial Magnetic Stimulation (rTMS)	Servicing Facility			◆	◆	InterQual®	Prior Authorization required. Complete rTMS form and submit via Fax or Portal.
Transitional Care Unit (TCU)	Servicing Facility			◆	Not a covered benefit	Medical Policy	Facility should contact their assigned concurrent reviewer.