

## 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, Senior Care Options, 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 (MH), (SCO), and Clarity plans (formerly known as QHP) and the Plan's Provider Manual, Clinical Coverage or Reimbursement Policies, 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](http://www.wellsense.org).

**NOTE:** The guidelines included in Plan policies on [www.wellsense.org](http://www.wellsense.org) are applicable to members enrolled in Senior Care Options *only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD)* on the date of the prior authorization request.

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

Effective 07/01/24 to 05/31/25 the Plan will follow InterQual® 2024 criteria sets. Effective 06/01/25 the plan will follow InterQual® 2025 criteria sets.

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

**1-888-566-0008, option 3 "Medical Services, Authorizations and Notifications other than Behavioral Health or 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
<b>Behavioral Health</b>	Inpatient/diversionary/intermediate services for mental health and addiction treatment Outpatient mental health and addiction services	Carelon Behavioral Health (formerly known as Beacon Health Strategies)	Phone: 1-866-444-5155 <a href="http://www.carelonbehavioralhealth.com">http://www.carelonbehavioralhealth.com</a>
<b>Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS)</b>	<ul style="list-style-type: none"> <li>• Durable Medical Equipment</li> <li>• Prosthetics/Orthotics</li> <li>• Medical Supplies</li> </ul> <p>Please click the link below here for more information regarding Provider Types managed and exclusions from Prior Authorization. <a href="#">Northwood Information</a></p>	Northwood, Inc. (Northwood)	Phone: 1-866-802-6471 Fax: 1-877-552-6551 .
<b>Genetic, Molecular and Genomic Testing</b>	<ul style="list-style-type: none"> <li>• Genetic, Molecular and Genomic Testing</li> </ul>	eviCore	Phone: 1-800-918-8924 <a href="https://www.evicore.com/">https://www.evicore.com/</a>
<b>Musculoskeletal Procedures</b>	<ul style="list-style-type: none"> <li>• Outpatient pain management services</li> <li>• Joint Surgeries</li> <li>• Spine Surgeries</li> <li>• Spinal Implants</li> <li>• Spinal Cord Stimulators</li> <li>• Pain Pumps</li> </ul>	eviCore	Phone: 1-800-918-8924 <a href="https://www.evicore.com/">https://www.evicore.com/</a>
<b>Non-Emergency Transportation</b>	Manages the travel arrangements for non-emergent sea transport, non-emergent air transport, and non-emergent ground transportation for MassHealth ACO, MCO, and Senior Care Options members.	WellSense Health Plan transportation line	Masshealth Phone: 1-800-841-2900 SCO Phone: 1-855-833-8125

Service	Types of Services	Vendor	Contact Information
<b>Radiology (Non-Emergent Outpatient, Excluding Those Associated with Observation or Emergency Department Visits)</b>	<ul style="list-style-type: none"><li>• MRI/MRA</li><li>• CT/CTA</li><li>• Nuclear Cardiology Imaging Studies</li><li>• PET Scans</li></ul>	eviCore	Phone: 1-800-918-8924 <a href="https://www.evicore.com/">https://www.evicore.com/</a>

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Senior Care Options Products If Medicare member, check <a href="#">NCD/LCD</a> first	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
<b>Actigraphy</b>	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Acupuncture</b>	Servicing Provider		◆*	◆*	Not a covered benefit	<a href="#">Medical Policy</a>	<p>* Contact Carelon at 1-866-444-5155 or <a href="http://www.carelonbehavioralhealth.com">http://www.carelonbehavioralhealth.com</a> for coverage related to substance abuse treatment and for prior authorization when acupuncture used for withdrawal from substances.</p> <p>For MassHealth members, prior auth is not required for other covered indications for acupuncture (pain relief or anesthesia), as specified in the Medical Policy.</p> <p>For SCO members, prior auth is required for other covered indications for acupuncture (low back pain), as specified in the Medical Policy.</p>
<b>Administratively Necessary Day(s) (AND), Inpatient</b>	Servicing Facility		◆	Not a covered benefit	Not a covered benefit	<a href="#">Medical Policy</a>	Discussion/submission during concurrent review process

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<b>Ambulatory Monitoring Devices</b> <ul style="list-style-type: none"> <li>Ambulatory Cardiac Monitors</li> <li>Continuous Glucose Monitoring Systems, Artificial Pancreas Device Systems, and Insulin Delivery Systems</li> </ul>	PCP or Servicing Provider  PCP or Servicing Provider		♦  ♦	♦  ♦	♦  ♦	<a href="#">Medical Policy</a>  <a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Assisted Reproductive Technology</b> <i>(formerly known as Infertility Services)</i>	PCP or Servicing Provider		Not a covered benefit	Not a covered benefit	♦	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Autism Spectrum Disorders</b>			See specific service	Not a covered benefit	♦	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Balloon Sinus Ostial Dilation as a Stand-Alone Procedure</b>	PCP or Servicing Provider		♦	♦	♦	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Bariatric Surgery</b>	PCP or Servicing Provider		♦	♦	♦	InterQual®	At least 5 calendar days before requested DOS

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<b>Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation</b>	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Breast/Chest Procedures</b> <ul style="list-style-type: none"> <li>Breast Reconstruction</li> <li>Breast Reduction Surgery</li> <li>Mastopexy</li> <li>Gynecomastia Surgery</li> </ul>	PCP or Servicing Provider  PCP or Servicing Provider  PCP or Servicing Provider  PCP or Servicing Provider		◆  ◆  ◆  ◆	◆  ◆  ◆  ◆	◆  ◆  ◆  ◆	<a href="#">Medical Policy</a>  <a href="#">Medical Policy</a>  <a href="#">Medical Policy</a>  <a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS  (See policy for Cancer related diagnosis waivers)
<b>Capsule Endoscopy</b>	PCP or Servicing Provider		◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS.

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<b>CAR T-Cell Therapy to Treat Hematological Malignancies</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Casgevy™ (exagamglogene autotemcel)</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Cervical Artificial Disc Replacement</b>	PCP or Servicing Provider		◆	◆	◆	<a href="#">eviCore</a>	At least 5 calendar days before requested DOS.
<b>Chronic Back and Neck Pain Treatment:</b>							
• Facet Joint Nerve Injections	PCP or Servicing Provider		◆	◆	◆	<a href="#">eviCore</a>	
• Percutaneous Radiofrequency Denervation	PCP or Servicing Provider		◆	◆	◆		At least 5 calendar days before requested DOS.
• Sacroiliac Joint Injections	PCP or Servicing Provider		◆	◆	◆		

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Clinical Trials	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	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		◆	Not Applicable	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Cosmetic, Reconstructive & Restorative Services	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Dental Services, Additional Plan Benefits.	Servicing Provider		DentaQuest Customer Service 800-207-5019 or <a href="#">click here</a> .	Delta Dental, Pediatric Dental Only (18 and under) Customer Service 844-260-6097 <a href="#">click here</a> .	DentaQuest Customer Service 800-207-5019 or <a href="#">click here</a>	<a href="#">Plan Benefits</a>	For specific detailed benefits please review the plan specific benefits <a href="#">here</a> 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		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS



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Drug Screening/Testing for Illicit Drugs and/or Controlled Substances	Servicing Provider		◆	◆	◆	<a href="#">Medical Policy Reimbursement Policy</a>	At least 5 calendar days before requested DOS
Electric Tumor Treatment Fields (TTF)	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	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	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Enteral Nutrition (Tube Feeding) Products Supplied and Billed by Home Infusion Providers and Digestive Enzyme Cartridges	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	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		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

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Experimental and Investigational	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Gender Affirmation Services	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	PCP or Servicing Provider		◆	N/A	N/A	<a href="#">Medical Policy</a>	MassHealth 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 <a href="mailto:provider@masshealthquestions.com">provider@masshealthquestions.com</a> . 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.

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<b>Genetic, Molecular and Genomic Testing</b> ( <i>Please see the below examples, for specific codes authorization requirements please consult the plan's Code Look up tool here <a href="#">Code Look-Up Tools</a></i> )							
<ul style="list-style-type: none"> <li>Gene Expression Profiling Cancer Recurrence (e.g., Oncotype DX)</li> </ul>	PCP or Servicing Provider		◆	◆	◆	<a href="#">eviCore</a>	At least 5 days before requested DOS
<ul style="list-style-type: none"> <li>Genetic/Genomic Testing and Pharmacogenetics</li> </ul>	PCP or Servicing Provider		◆	◆	◆		
<ul style="list-style-type: none"> <li>Hereditary Breast and Ovarian Cancer Syndrome</li> </ul>	PCP or Servicing Provider		◆	◆	◆		
<ul style="list-style-type: none"> <li>Hereditary Colorectal Cancer</li> </ul>	PCP or Servicing Provider		◆	◆	◆		

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<b>Hemgenix® (etranacogene dezaparovvec-drlb)</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	InterQual®	At least 5 calendar days before requested DOS
<b>Home Health Care:</b> <ul style="list-style-type: none"> <li>Routine Services: <ul style="list-style-type: none"> <li>Home Health Aide</li> <li>Med Administration*</li> <li>Occupational Therapy</li> <li>Physical Therapy</li> <li>Respiratory Therapy</li> <li>Skilled Nursing</li> <li>Social Worker</li> <li>Speech Therapy</li> </ul> </li> </ul>	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a> use Medical Policy with InterQual for medical necessity reviews	Request to initiate services following evaluation no later than 5 calendar days from date of evaluation. Request for continuing services at least 5 calendar days before requested DOS. * Medication Administration services apply to MassHealth and SCO only.
<ul style="list-style-type: none"> <li>Post-Partum Visits</li> </ul>	PCP or Servicing Provider		◆	Not a covered benefit	◆	<a href="#">Provider Manual</a>	

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Hospice Care	PCP or Servicing Provider		◆	◆	◆	<a href="#">Reimbursement Policy</a>	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.  Policy applies to SCO Medicaid-only members. For Dual SNP members, hospice services are managed and paid for by Original Medicare.
Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT)	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a> for dx codes that waive auth requirements; InterQual® for medical necessity review	At least 5 calendar days before requested DOS.
Imlygic® (talimogene laherparepvec)	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Implantable Bone-Conduction (Bone-Anchored) Hearing Aids	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

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<b>Inpatient Care at an Acute Hospital:</b>							
• Elective Admission	Servicing Facility or Treating Physician		◆	◆	◆	<a href="#">Provider Manual</a>	At least 5 calendar days before requested DOS
• Emergent or Urgent Admission	Servicing Facility or Treating Physician		◆	◆	◆	<a href="#">Provider Manual</a>	Within 1 business day following admission date
• Following Observation Admission	Servicing Facility		◆	◆	◆	<a href="#">Provider Manual</a>	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	◆	Not a covered benefit	◆	<a href="#">Provider Manual</a>	Within 1 business day following admission date
• Emergent C-Section and Routine Delivery	Servicing Facility	Servicing Facility	◆	Not a covered benefit	◆	<a href="#">Provider Manual</a>	Within 1 business day following admission date
• Newborn Birth	Servicing Facility		◆	Not a covered benefit	◆	<a href="#">Provider Manual</a>	Within 1 business day of birth
• Newborn Continued Stay Post Mother's Discharge	Servicing Facility		◆	Not a covered benefit	◆	<a href="#">Provider Manual</a>	Prior to mother's discharge
• Newborn Admission to NICU or Level 2 Nursery	Servicing Facility		◆	Not a covered benefit	◆	<a href="#">Provider Manual</a>	Within 1 business day following admission to NICU/ Level 2 Nursery

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<b>Inpatient Care at Other Type of Facility:</b> <ul style="list-style-type: none"> <li>Chronic Disease Hospital</li> <li>Long-Term Acute Care (LTAC)</li> <li>Rehabilitation Hospital</li> <li>Skilled Nursing Facility</li> </ul>	Servicing Facility or Treating Physician  Servicing Facility or Treating Physician  Servicing Facility or Treating Physician  Servicing Facility or Treating Physician		♦  ♦  ♦  ♦	♦  ♦  ♦  ♦	♦  ♦  ♦  ♦	<a href="#">Provider Manual</a>  <a href="#">Provider Manual</a>  <a href="#">Provider Manual</a>  <a href="#">Provider Manual</a>	Prior to admission
<b>Inpatient Readmission</b>	Servicing Facility		♦	♦	♦	<a href="#">Medical Policy</a>	Applies to inpatient readmission
<b>Inpatient Short Stay (0-1 Midnight Length of Stay)</b>	Servicing Facility		N/A	N/A	♦	<a href="#">Medical Policy</a>	
<b>Intensity Modulated Radiation Therapy (IMRT)</b>	PCP or Servicing Provider		♦	♦	♦	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Laviv® (azficel-T)</b>	PCP or Servicing Provider		♦	♦	♦	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Lumbar Artificial Disc Replacement</b>	PCP or Servicing Provider		♦	♦	♦	<a href="#">eviCore</a>	At least 5 calendar days before requested DOS

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<b>Luxturna® (voretigene neparvovec-rzyl)</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Lyfgenia™ (lovotibeglogene autotemcel)</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Mechanized Spinal Distraction Therapy</b>	PCP or Servicing Provider		◆	N/A	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Medical Respite Care</b>	PCP or Servicing Provider		Not a covered benefit*	Authorized through Care Management; contact member's Care Manager	Not a covered benefit	EOC	*For Special Kids Special Care members, contact the assigned Care Manager



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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		◆	◆	◆	<a href="#">eviCore</a>	At least 5 calendar days before requested DOS
Nerve Repair for Peripheral Nerve Injury	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Non- Implantable Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

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<b>Omisirge® (omidubicel-only)</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Osteochondral Defects of the Knee Treatments</b>	PCP or Servicing Provider		◆	◆	◆	<a href="#">eviCore</a>	At least 5 calendar days before requested DOS
<b>Out-of-Network Services</b>	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Panniculectomy and Redundant Skin of the Abdomen Surgical Procedures</b>	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Peripheral Nerve Stimulation</b>	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

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Pharmacy	PCP or Servicing Provider		◆	◆	◆	<a href="#">Provider Manual</a>	2 calendar days before requested therapy start date
Photochemotherapy, Phototherapy, or Excimer Laser Therapy for Dermatological Conditions	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
Pregnancy		Obstetrics Provider	◆	Not a covered benefit	◆	<a href="#">Provider Manual</a>	Within 3 business days of pregnancy confirmation
Preimplantation Genetic Testing (Preimplantation Genetic Diagnosis and Preimplantation Screening)	PCP or Servicing Provider		Not a covered benefit	Not a covered benefit	◆	<a href="#">Medical Policy</a>	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	Not a covered benefit	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS * Covered benefit for members in the Special Kids Special Care program <b>ONLY</b> .
Prolotherapy	PCP or Servicing Provider		Not a covered benefit	Not a covered benefit	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

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<b>Provenge® (sipuleucel-T)</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Rehabilitation Therapy (Functional Therapy), Outpatient:</b> <ul style="list-style-type: none"> <li>• Occupational Therapy (OT)</li> <li>• Physical Therapy (PT)</li> <li>• Speech Therapy, Language Therapy or Voice Therapy (ST)</li> </ul>	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 <a href="#">Medical Policy</a>	<b>See Product Specific policies for authorization requirements.</b>
<b>Rethymic® (Allogeneic Processed Thymus Tissue-agdc)</b>	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

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<b>Roctavian™ (valoctocogene roxaparvovec-rvox)</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Skin Substitutes in the Outpatient Setting</b>	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Skysona® (elivaldogene autotemcel)</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Specialty Care Office Visit</b>	PCP or Servicing Provider		*	Not Applicable	*	<a href="#">Provider Manual</a>	* PA requirements are paused. The network will be notified when the pause has been lifted.

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Senior Care Options Products <small>If Medicare member, check <a href="#">NCD/LCD</a> first</small>	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
<b>Sleep Studies Polysomnography (Attended testing only for members age 21 or older)</b>	PCP or Servicing Provider		◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
<b>Stimulators, Neuro/ Neuromuscular/Nerve:</b> <ul style="list-style-type: none"> <li>• Gastric Electrical</li> <li>• Spinal Cord</li> <li>• Vagus Nerve</li> </ul>	PCP or Servicing Provider		◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
<b>Surgical Procedures</b> <ul style="list-style-type: none"> <li>• Inpatient (All Elective Procedures)</li> <li>• Outpatient (Select Elective Procedures)</li> <li>• Additions/Changes to Existing Authorizations</li> </ul>	PCP or Servicing Provider PCP or Servicing Provider PCP or Servicing Provider		◆ ◆ ◆	◆ ◆ ◆	◆ ◆ ◆	<a href="#">Provider Manual</a> <a href="#">Provider Manual</a> <a href="#">Provider Manual</a>	At least 5 calendar days before requested DOS  Within 5 days following the DOS
<b>Temporomandibular Joint (TMJ) Disorder Treatment</b>	PCP or Servicing Provider		◆	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS

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

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Senior Care Options Products If Medicare member, check <a href="#">NCD/LCD</a> first	Clarity plans (formerly known as Qualified Health Plans) Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
<b>Zynteglo™ (betibeglogene autotemcel)</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS
<b>Zolgensma® (onasemnogene abeparvovec)</b>	PCP or Servicing Provider		See Gene Therapy and Cell Therapy Included on MassHealth Acute Hospital Carve-Out Drugs List	◆	◆	<a href="#">Medical Policy</a>	At least 5 calendar days before requested DOS