



Prior Authorization, Notification and Referral Guidelines

Including changes during COVID-19 State of Emergency

The information in this document is subject to updates/changes as needed, especially during the COVID-19 State of Emergency

During the COVID-19 state of emergency the prior authorization requirements will be relaxed as follows:

For the period (April 6, 2020 - December 31, 2020), for Commercial Fully Insured, ASO, and My Care Family (MVACO), for in-network and out-of-network providers, AllWays Health Partners Health Partners will:

- Suspend prior authorization review for **Inpatient scheduled surgeries or acute admissions at hospitals**, related or unrelated to COVID-19. Notification of the admission should be submitted by the provider within 48 hours of admission and updates provided a minimum of every 5 days to support discharge planning.
- Suspend concurrent review for acute hospital inpatient services. Notification should be submitted by the provider within 48 hours of admission and updates provided a minimum of every 5 days to support discharge planning.

For the period (March 23 – MA state of emergency period), AllWays Health Partners has removed prior authorization requirements for **Post-acute Care** including: home health care, skilled nursing facility, in-patient acute rehabilitation at an acute rehab, long term acute care (LTAC), and chronic disease hospitals. Notification from the provider of the admission to and continued stay/services at extended care facility or home health care is required. Skilled nursing and acute rehab will be reviewed for medical necessity after day 7, home health care will be reviewed for medical necessity after day 30. This applies to all lines of business; In-network and Out-of-network. Reference auth requirements below in grid.

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 AllWays Health Partners.

***Referral Guidelines/Requirements ARE LIFTED DURING COVID-19 STATE OF EMERGENCY.**

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.

Please note the following:

- All Prior Authorization information on this document relates to Providers who belong in the AllWays Health Partners Network only (In-Network Providers), unless otherwise specified.
- **This document is subject to updates/changes as needed, especially during the COVID-19 State of Emergency**
- For Behavioral Health specific services, please refer to the [United Behavioral Health \(Optum\) Provider Manual](#). You may also contact Optum directly at the following numbers:



Service	Prior Authorization Required	Medical Policy + Notes
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- 844-451-3518 – AllWays Health Partners Commercial
- 844-451-3519 – AllWays Health Partners MassHealth/ACO (aka My Care Family)
- 844-451-3520 – Partners Health Plan
- 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 Health Connector and Qualified Health Plans.
- Prior Authorization is not a guarantee of Provider payment.
- Prior Authorizations should be entered using allwaysprovider.org. The rendering facility and physicians are strongly encouraged to verify via allwaysprovider.org 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 required for the rendering physician and the facility. This can be done via allwaysprovider.org on a single authorization request form.

Please note*:

- **The Referral requirements for all lines of business are lifted during the COVID-19 state of emergency**
- [Medical Policies](#) | [Medical Specialty Drug Policies](#)
- [Provider Directory](#) | [My Care Family Provider Directory](#)

Service		Prior Authorization Required	Medical Policy + Notes
Abortion (No Change During COVID-19)		*No	<p>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.</p> <p>*Elective inpatient admissions require prior authorization (see elective admission during COVID state of emergency). Emergency admissions require notification.</p>
Acupuncture (No Change During COVID-19)	For the Treatment of Pain	*No	<p>Please refer to plan materials for office visit limits.</p> <p>*My Care Family (MVACO), see Medical Policy: Acupuncture</p>
Ambulance (No Change During COVID-19)	Emergency Transportation (including Inter-facility Specialty Care Transport)	No	<p>See Medical Policy: Non-emergency Medically Necessary Transportation</p>
	Non-emergent Transportation	*Yes	<p>Covered when criteria are met. Refer to the medical policy. FOR COMMERCIAL MEMBERS ONLY</p> <p>See Medical Policy: Non-emergency Medically Necessary Transportation</p> <p>*My Care Family (MVACO): Non-emergent ambulance transporting is covered through MassHealth.</p>

Service	Prior Authorization Required	Medical Policy + Notes
Ambulatory Surgical Procedure (No Change During COVID-19)	*Yes	<p>*Not all Ambulatory Surgical Procedures require prior authorization. Please refer to Surgical Day Care.</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>
Artificial Pancreas Device System (No Change During COVID-19)	Yes	See Medical Policy: Artificial Pancreas Device System
Autologous Chondrocyte Implantation in the Knee (No Change During COVID-19)	Yes	See Medical Policy: Autologous Chondrocyte Implantation in the Knee
Bariatric Surgery (Weight Loss Surgery) (If Outpatient: (No Change During COVID-19)) Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.	Yes	See Medical Policy: Bariatric Surgery

Service	Prior Authorization Required	Medical Policy + Notes
Bed Hold-20 Day CHANGED During COVID-19	Yes	Covered only for My Care Family (MVACO) plans with a Skilled Nursing Facility benefit. During the COVID-19 state of emergency the 20-day bed hold limit will be lifted and will not apply toward the SNF benefit. <i>Extended Care Facility</i> For members with COVID-19 specific Skilled Nursing Facility (SNF) stays will not count toward the 100 day SNF benefit limit. For Members who would otherwise not be eligible for SNF level of care, but need to be Quarantined, these quarantine days will count toward the 100 day SNF benefit limit.
Blepharoplasty (No Change During COVID-19)	Yes	See Medical Policy: <i>Reconstructive and Cosmetic Procedures</i>
Bone Growth Stimulation* (No Change During COVID-19)	Yes	*Ultrasound, noninvasive and invasive electric bone growth stimulation. See Medical Policy: <i>Bone Growth Stimulators</i>
Breast Implant Removal (No Change During COVID-19)	Yes	See Medical Policy: <i>Breast Surgeries</i> <i>Reconstructive and Cosmetic Procedures</i>
Breast Reduction for Gynecomastia (No Change During COVID-19)	Yes	See Medical Policies: <i>Breast Surgeries</i> <i>Reconstructive and Cosmetic Procedures</i>
Breast Revision/Augmentation Surgery (No Change During COVID-19)	Yes	See Medical Policies: <i>Breast Surgeries</i> <i>Gender Affirming Procedures</i> <i>Reconstructive and Cosmetic Procedures</i>

Service		Prior Authorization Required	Medical Policy + Notes
Cardiac Imaging (No Change During COVID-19)		*Yes	*Prior authorization is required for certain outpatient, non-emergent diagnostic advanced imaging. Prior authorization is not required for cardiac catheterization? See AllWays Health Partners’s eviCore resource page on AllWays Health Partners.org for CPT codes subject to prior authorization and Clinical Guidelines. eviCore Resource Page-CPT codes and Clinical Guidelines
Cardiac Outpatient Monitoring (No Change During COVID-19)	Cardiac Outpatient Mobile Telemetry	Yes	See Medical Policy for services that require a PA: Mobile Cardiac Outpatient Telemetry
	Holter Monitoring	No	
	Event Monitoring	No	
Chiropractic Services Visits (No Change During COVID-19)	My Care Family (MVACO)	*No	* My Care Family (MVACO) - No prior authorization is required for the 20 visits per benefit period. ** Commercial: Most Commercial plans have a PA required after the 20 th visit unless noted otherwise on plan documents. See Medical Policy: Chiropractic Services
	Commercial	**Yes	
Cleft Lip and	17 yrs of age and under	Yes	See Medical Policies:

Service	Prior Authorization Required	Medical Policy + Notes
<p>Palate Repair If Outpatient: (No Change During COVID-19)</p> <p>Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	<p>18 yrs of age and older*</p>	<p>*Yes</p> <p><u>Oral and Maxillofacial Surgery and Procedures, Dental Treatment Setting</u></p> <p>*Not covered - see general exclusions in Medical Policy</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>
<p>Clinical Trials If Outpatient: (No Change During COVID-19)</p> <p>Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	<p>No</p>	<p>See Medical Policy: <u>Experimental and Investigational</u></p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>
<p>Cochlear Implants and Bone Anchored Hearing Aids If Outpatient: (No Change During COVID-19)</p> <p>Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	<p>Yes</p>	<p>See Medical Policy: <u>Hearing Devices</u></p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>
<p>Continuous Glucose Monitoring Devices (No Change During COVID-19)</p>	<p>Yes</p>	<p>See Medical Policy: <u>Continuous Glucose Monitors</u></p>

Service	Prior Authorization Required	Medical Policy + Notes
<p>Corneal Transplants</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	<p>Yes</p>	<p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>
<p>Cosmetic / Reconstructive Surgery</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	<p>*Yes</p>	<p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p> <p>* Includes, but not limited to:</p> <ul style="list-style-type: none"> - Blepharoplasty - Breast Implant Removal - Mastectomy for Gynecomastia - Chest Deformities - Dermabrasion - Oral Maxillofacial Surgery (incl. cleft lip and palate repair) - Rhinoplasty - Septoplasty - Scar Revisions - Varicose Vein Treatment <p>See Medical Policy: <u>Reconstructive and Cosmetic Procedures</u> <u>Breast Surgeries</u></p>

Service	Prior Authorization Required	Medical Policy + Notes	
Dental Treatment Setting (Inpatient & Surgical Day) If Outpatient: (No Change During COVID-19) Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.	Yes	If Outpatient: (No Change During COVID-19) If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19. See Medical Policy: Dental Treatment Setting <i>Also reference:</i> Oral and Maxillofacial Surgery and Procedures.	
Dermabrasion (No Change During COVID-19)	Yes	See Medical Policy: Reconstructive and Cosmetic Procedures	
Destruction of vascular Cutaneous Lesions (No Change During COVID-19)	Yes	See Medical Policy: Reconstructive and Cosmetic Procedures	
Diabetic Supplies /DME (No Change During COVID-19)	Insulin Pump and Pump Supplies	NO	Insulin Pump: No PA required. See Medical Policies: Insulin Pumps
	Continuous Glucose Monitors	Yes	*AllWays Health Partners 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 AllWays Health Partners, diabetic supplies may be covered under their pharmacy benefit through their employer.
	Diabetic Supplies	*No	Continuous Glucose Monitors

Service	Prior Authorization Required	Medical Policy + Notes
<p>Durable Medical Equipment (DME) Changed During COVID-19</p>	<p>*Yes</p>	<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>For MVACO members: During COVID-19 State of Emergency: DME (to include Enteral/formula/O2* (including respiratory equipment), Supplies will be approved per medical necessity, for initial 3 months (90 days). Existing auths (soon to expire) will be extended to 90 days.</p> <p>*Oxygen and oxygen supplies (tubing, nasal cannula etc.) does not require prior auth.</p> <p>*Signatures are not required for DME and O2/Respiratory Therapy supplies to member's home.</p> <p>For MVACO members: the requirement that providers obtain prior authorization prior to delivering DME, Oxygen/Respiratory equipment, and supplies is lifted. While PA is not required prior to delivery, Providers must continue to submit required documentation for PA requests and obtain PA for all services identified as subject to PA. This auth lift of PA requirement prior to delivery, DOES NOT apply to the following:</p> <ul style="list-style-type: none"> • Mobility devices (including but not limited to, manual wheelchairs, power wheelchairs and accessories) • Chest Wall Oscillation/Vest • Alternative Augmentative Communication devices <p>Per MassHealth Bulletin-33: Continued Delivery of Rental Items and Supplies That Are Not Subject to Prior Authorization with Prescriptions that Would Otherwise Expire During the COVID-19 Emergency, Specifically, DME and Oxygen and Respiratory Equipment providers may continue delivery of rental equipment and supplies for 90 days from the expiration of the prescription or until the end</p>

Service	Prior Authorization Required	Medical Policy + Notes	
		<p>of the COVID-19 emergency, whichever is later. (this does not involve UM as no PA required)</p> <p>Prior Authorization Guidelines for AllWays Health Partners plans and members</p> <p>The ordering clinicians can contact vendors directly to place the orders. In turn, vendors will contact AllWays Health Partners DME department to initiate the authorization process.</p>	
<p>Early Intervention (No Change During COVID-19)</p>	<p>Screening, assessment and treatment for children with developmental delays and disabilities</p>	<p>No</p>	<p>Restricted to members under the age of 3.</p>
	<p>Early Intervention Applied Behavioral Treatment (ABT) (formerly Applied Behavioral Analysis (ABA))</p>	<p>Yes</p>	<p>Commercial:</p> <p>For members receiving Early Intervention services who may qualify for ABT:</p> <p><u>Under the age of 3:</u> Applied Behavioral Treatment (ABT) services are reviewed by AllWays Health Partners in coordination with our behavioral health partner.</p> <p><u>Over the age of 3:</u> Applied Behavioral Treatment (ABT) services are reviewed by our behavioral health partner. Please submit request directly to Optum.</p> <p>My Care Family (MVACO):</p> <p><u>Under the age of 3:</u> Applied Behavioral Treatment (ABT) services are reviewed by MassHealth. Please submit request directly to MassHealth.</p> <p><u>Over the age of 3:</u> Applied Behavioral Treatment (ABT) services are reviewed by Optum. Please submit request directly to Optum.</p>

Service	Prior Authorization Required	Medical Policy + Notes
<p>Elective Inpatient Surgery Change During COVID-19:</p> <p>Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	<p>Yes</p>	<p>For the period (4/6/20-12/31/20) during COVID-19 state of emergency, prior auth is lifted for Inpatient Elective and Acute hospital admissions to Out-of-Network and In-Network facilities see auth rules above regarding elective inpatient during COVID-19.</p> <p>Notification of the admission should be submitted by the provider within 48 hours of admission and updates provided a minimum of every 5 days to support discharge planning.</p> <p>Commercial Fully Insured, ASO: Group Insurance Commission and City of Boston, and My Care Family (MVACO),</p> <p>Prior authorization required at least five (5) business days prior to the surgery date. Authorization may take up to 14 calendar days to complete.</p> <p>Also see Inpatient Admissions.</p>
<p>Enteral, Parenteral and Nutritional Formulas *Change of auth duration as noted During COVID-19)</p>	<p>Yes</p>	<p>No PA required for food thickeners.</p> <p>For MVACO members: *During COVID-19 State of Emergency: Enteral/formula will be approved per medical necessity, for initial 3 months (90 days). Existing auths (which will soon expire) for <u>MVACO members</u> will be extended to 90 days.</p> <p>See Medical Policy: <u>Enteral Nutrition Formulas and Supplements</u></p>

Service	Prior Authorization Required	Medical Policy + Notes
Eye Related Cosmetic Surgery (No Change During COVID-19)	Yes	Such as but not limited to: <ul style="list-style-type: none"> ▪ Radial Keratotomy ▪ Blepharoplasty ▪ Repair of Blepharoptosis ▪ Brow Ptosis ▪ Excision Repair or Reconstruction of the Eyelid <p>See Medical Policy: Reconstructive and Cosmetic Procedures</p>
Facial Surgery and Prosthetics (No Change During COVID-19)	Yes	<p>See Medical Policy: Reconstructive and Cosmetic Procedures</p>
Gender Affirming Procedures If Outpatient: (No Change During COVID-19) If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20see auth rules above regarding elective inpatient during COVID-19.	Yes	<p>See Medical Policy: Gender Affirming Procedures</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20see auth rules above regarding elective inpatient during COVID-19.</p>
Genetic - Molecular Genomic Testing (No Change During COVID-19)	*Yes	<p>*Prior authorization is required for outpatient, non-emergent Molecular Genomic Testing.</p> <p>Prior authorization is not required for Molecular Genomic Testing performed during an inpatient admission.</p> <p>See AllWays Health Partners’s eviCore resource page on AllWays Health Partners.org for CPT codes subject to prior authorization and Clinical Guidelines.</p>

Service		Prior Authorization Required	Medical Policy + Notes
Genital Surgery If Outpatient: (No Change During COVID-19) If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/200 see auth rules above regarding elective inpatient during COVID-19.		*Yes	<i>*As part of treatment for gender dysphoria.</i> If Outpatient: (No Change During COVID-19) If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20see auth rules above regarding elective inpatient during COVID-19. See Medical Policy: Gender Affirmation Procedures
Hearing (No Change During COVID-19)	Hearing Aids*	Yes	*Commercial: 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. See Medical Policy: Hearing Devices
	Cochlear Implants, Bone Anchored Hearing Aids (BAHA) and Bone Anchored Hearing Devices (BAHD)	Yes	
HIV-associated Lipodystrophy Syndrome (No Change During COVID-19)		Yes	See Medical Policy: HIV-associated lipodystrophy syndrome
Home Health Services Change During COVID-19 For the period (March 23 – December 31, 2020), AllWays	Home Health Aid	*No **Yes	See Medical Policy: Home Health Care *Commercial: no prior authorization required **My Care Family (MVACO)
	Home Medical Social Worker	*No **Yes	See Medical Policy: Home Health Care *Commercial: no prior authorization required **My Care Family (MVACO)

Service	Prior Authorization Required	Medical Policy + Notes	
<p>Health Partners has removed prior authorization requirements for post-acute care including: home health care.</p> <p>Notification from the provider of admission and continued requirement for home health services (post-acute care) is required.</p> <p>Home health care (when post acute care) will be reviewed for medical necessity after day 30. This</p>	<p>Home Nutritional Counseling Services</p>	<p>*No **Yes</p>	<p>See Medical Policy: Home Health Care</p> <p>*Commercial: no prior authorization required **My Care Family (MVACO)</p>
	<p>Home Skilled Nursing</p>	<p>*No **Yes</p>	<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>**My Care Family (MVACO): The initial evaluation and re-evaluation do not require prior authorization. Subsequent visits do require prior authorization.</p> <p>*Commercial: no prior authorization required</p> <p>See Medical Policy: Home Health Care</p>
	<p>Home Occupational Therapy</p>	<p>*No **Yes</p>	<p>*Commercial: no prior authorization is required for OT/PT/ST.</p> <p>**My Care Family (MVACO): If a therapy provider is unable to acquire a written medical referral from a licensed physician prior to initiation of therapy services, or for any subsequent 60-day</p>
	<p>Home Physical Therapy</p>	<p>*No **Yes</p>	

Service	Prior Authorization Required	Medical Policy + Notes
<p>applies to all lines of business; in-network and out-of-network.</p> <p>**Appropriate, medically necessary, Home Health services can be rendered via telehealth.</p> <p>MassHealth is expanding the providers that may establish a member's initial plan of care and any recertification plans of care to include a nurse practitioner, clinical nurse specialist, or a physician assistant.</p>	<p>Home Speech Therapy</p>	<p>*No **Yes</p> <p>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>My Care Family (MVACO): 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 of 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: Home Health Care</p> <p>**My Care Family (MVACO): The initial evaluation and re-evaluation do not require prior authorization. Subsequent visits do require prior authorization.</p> <p>Referral requirements are lifted during COVID-19 state of emergency (as well as relaxed). Referrals are not required for INN PT/OT/ST initial visits.</p>

Service		Prior Authorization Required	Medical Policy + Notes
	Medication Administration Visits	**Yes	<p>**This service is only covered for My Care Family (MVACO).</p> <p>Please note: this is not Medication Assisted Treatment (MAT) for substance use.</p> <p>See Medical Policy: Home Health Care</p>
Hospice (No Change During COVID-19)	Hospice – inpatient and outpatient care	No	
	Hospice Respite Care	No	
Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra-uterine Insemination, Fertility Drugs (No Change to the need for prior auth During COVID-19)		Yes	<p>My Care Family (MVACO): coverage limited to diagnosis of infertility and treatment of underlying medical condition. Assistive reproductive services are not a covered benefit.</p> <p>Commercial: Some employer groups may exclude coverage for assisted reproduction. Refer to plan materials.</p> <ul style="list-style-type: none"> During the COVID-19 state of emergency: Cancelled cycles should not count against lifetime limit. <p>See Medical Policy: Assisted Reproductive Services/Infertility Services</p>
Infusion Ther.	Clinic/Office	No	Some specialty pharmacy drugs require Prior

Service		Prior Authorization Required	Medical Policy + Notes
Infusion Therapy (No Change During COVID-19) During the COVID-19 state of emergency members may be transitioned to receive infusions of specialty pharmacy medications at home.	Home	Yes	Authorization regardless of setting (office or home). Please reference Medical Specialty Drugs . During the COVID-19 state of emergency members may be transitioned to receive infusions of specialty pharmacy medications at home.
Inpatient Admissions Change During COVID-19: If Inpatient Admissions: Auth Lift	Elective	Yes	For the period (4/6/20-12/31/20) during COVID-19 state of emergency, prior auth is lifted for Inpatient Elective and Acute hospital admissions to Out-of-Network and In-Network facilities see auth rules above regarding elective inpatient during COVID-19. Notification of the admission should be submitted by the provider within 48 hours of admission and updates provided a minimum of every 5 days to support discharge planning.

Service	Prior Authorization Required	Medical Policy + Notes
<p>During COVID-19 4/6/20-12/31/20see auth rules above regarding elective inpatient during COVID-19.</p>	<p>Emergency (non-elective inpatient)</p>	<p>No</p> <p>Emergency: only notification is required within 24 hours or by the next business day.</p> <p>Emergency Maternity- Please refer to Inpatient Maternity.</p> <p>For the period (4/6/20-12/31/20) during COVID-19 state of emergency, prior auth is lifted for Inpatient Elective and Acute hospital admissions to Out-of-Network and In-Network facilities see auth rules above regarding elective inpatient during COVID-19.</p> <p>Notification of the admission should be submitted by the provider within 48 hours of admission and updates provided a minimum of every 5 days to support discharge planning.</p>
	<p>Sick Newborn</p>	<p>*Yes</p> <p>*Commercial: Newborn must be enrolled in the plan for coverage to apply; notification is required within 72 hours or by the next business day.</p> <p>For the period (4/6/20-12/31/20) during COVID-19 state of emergency, prior auth is lifted for Inpatient Elective and Acute hospital admissions to Out-of-Network and In-Network facilities see auth rules above regarding elective inpatient during COVID-19.</p> <p>Notification of the admission should be submitted by the provider within 48 hours of admission and updates provided a minimum of every 5 days to support discharge planning.</p>
<p>Inpatient Maternity</p>	<p>Preterm (Antepartum) admission)</p>	<p>Yes</p> <p>Preterm (antepartum) admissions require prior authorization regardless of delivery.</p> <p>Includes emergency maternity admissions.</p>
	<p>Delivery</p>	<p>No</p> <p>If the member delivers while inpatient for pre-term/antepartum admission, then no notification/auth is required for the delivery.</p>
	<p>Postpartum admission</p>	<p>Yes</p>

Service	Prior Authorization Required	Medical Policy + Notes
<p>Institutional Extended Care CHANGE DURING COVID-19</p> <p>For they period (March 23 – MA State of Emergency period), AllWays Health Partners has removed prior authorization requirements for post-acute care including: skilled nursing facility, in-patient acute rehabilitation at an acute rehab, long term acute care (LTAC), and chronic disease hospitals.</p> <p>Notification of the admission and continued stay at the skilled nursing facility, in-patient acute rehabilitation at an acute rehab, long term acute care (LTAC), and chronic disease hospital is required.</p> <p>Skilled nursing and acute rehab will be reviewed for medical necessity on day 7. This applies to all lines of business; in-network and out-of-network.</p>	<p>Yes</p>	<p>This includes:</p> <ul style="list-style-type: none"> • Skilled Nursing Facility • Acute Rehabilitation Hospital • Long Term Care Hospital (LTCH)/Chronic Disease Hospital level of care <p>See Medical Policy: Extended Care Facility</p> <p>Notification of the admission and continued stay at the skilled nursing facility, acute rehabilitation, long term acute care (LTAC), and chronic disease hospital is required.</p> <p>My Care Family (MVACO) Skilled Nursing Facility Benefit:</p> <ul style="list-style-type: none"> • COVID 19 specific Skilled Nursing Facility (SNF) stays: will NOT count toward the 100 day SNF benefit limit. • For Members who would otherwise not be eligible for SNF level of care, but need to be Quarantined, these QUARANTINE days WILL count toward the 100 day SNF benefit limit.
<p>Insulin Pump and Pump Supplies (No Change During COVID-19)</p>	<p>No</p>	<p>See Medical Policy: Insulin Pumps</p>
<p>Laboratory Services (No Change During COVID-19)</p>	<p>*No</p>	<p>*Unless otherwise stated in this document</p> <p>See Medical Policy: Genetic Testing for Hereditary Breast and Ovarian Cancer</p>

Service	Prior Authorization Required	Medical Policy + Notes
Lenses (No Change During COVID-19)	Yes	See Medical Policy: Therapeutic Lenses
Light Therapy (No Change During COVID-19)	Photo-chemotherapy	See Medical Policy: Phototherapy and Photochemotherapy for Dermatological Conditions *Only Covered for specific conditions
Neuromodulation for Overactive Bladder (No Change During COVID-19)	Yes	See Medical Policy: Neuromodulation for Overactive Bladder
Neuropsychological Testing (No Change During COVID-19)	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 AllWays Health Partners.
Observation Services (No Change During COVID-19)	*Yes	*Notification is required; please refer to the Observation Provider Payment Guideline .
Occupational Therapy / Physical Therapy (Outpatient & Homecare) (No Change During COVID-19 for Outpatient) See Home Health Services for home occupational therapy / physical therapy	*Yes	* My Care Family (MVACO): The initial evaluation and re-evaluation do not require prior authorization. Subsequent visits <u>do</u> require prior authorization. Commercial: does NOT require prior authorization. See Medical Policy: Definition of Skilled Care

Service	Prior Authorization Required	Medical Policy + Notes
<p>Oral Surgery and Oral Maxillofacial Surgery If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	Yes	<p>See Medical Policies: Oral and Maxillofacial Surgery and Procedures.</p> <p>Also reference: Dental Treatment Setting</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>
<p>Orthotics (No Change During COVID-19)</p>	Yes	<p>Prior authorization requirement depends upon the type of orthotic.</p> <p>Prior Authorization Guidelines for AllWays Health Partners plans and members (DME)</p>
<p>Outpatient Chest Physical Therapy (No Change During COVID-19)</p>	Yes	<p>See Medical Policy: Outpatient Chest Physical Therapy</p>
<p>Pain Management Therapy (outpatient treatment) (No Change During COVID-19)</p>	Yes	<p>A physician evaluation and ongoing medical care performed to alleviate or reduce chronic or severe pain services require prior authorization. Services may include:</p> <ul style="list-style-type: none"> • Injection of the facet joint (custom) - AllWays Health Partners • Epidural steroid injection • Therapeutic/diagnostic anesthetic agent via injection
<p>Panniculectomy If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	Yes	<p>See Medical Policy: Reconstructive and Cosmetic Procedures</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>

Service	Prior Authorization Required	Medical Policy + Notes
<p>Physical Therapy / Occupational Therapy (outpatient) (No Change During COVID-19 for Outpatient)</p> <p>See Home Health Services for home physical therapy / occupational therapy.</p>	<p>*Yes</p>	<p>*My Care Family (MVACO): Prior authorization is a requirement for all My Care Family (MVACO) Plans. The initial evaluation does not require prior authorization. Subsequent visits do require prior authorization.</p> <p>Commercial: 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.</p> <p>See Medical Policy: Definition of Skilled Care</p>
<p>Preimplantation Genetic Testing (No Change During COVID-19)</p>	<p>Yes</p>	<p>See Medical Policy: Preimplantation Genetic Testing</p>
<p>Prosthetics (No Change During COVID-19)</p>	<p>Yes</p>	<p>Prior authorization requirement depends upon the type of prosthetic.</p> <p>Prostheses - Lower Limb</p> <p>Prostheses - Upper Limb</p> <p>Prior Authorization Guidelines for AllWays Health Partners plans and members (DME)</p>
<p>Home Prothrombin Time Monitors (Home PT INR Monitors) (No Change During COVID-19)</p>	<p>Yes</p>	<p>See Medical Policy: Home Prothrombin Time Monitoring Devices</p>
<p>Radiation Therapy (outpatient) (No Change During COVID-19)</p>	<p>*No</p>	<p>*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.</p> <p>All elective inpatient admissions still require authorization through AllWays Health Partners.</p>

Service	Prior Authorization Required	Medical Policy + Notes
<p>Radiology</p> <ul style="list-style-type: none"> CT, MRI, MRA, PET <p>(No Change During COVID-19)</p> <p>During the COVID State of Emergency, CT Scan of Chest for COVID-19 related care will be approved.</p>	<p>*Yes</p>	<p>*Prior authorization is required for outpatient non-emergent CT, MRI & PET studies for all members through eviCore.</p> <p>Prior authorization is not required for MRI, CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER.</p> <p>See AllWays Health Partners’s eviCore’s resource page on AllWays Health Partners.org for CPT codes subject to prior authorization and Clinical Guidelines</p> <p><u>eviCore Resource Page-CPT codes and Clinical Guidelines</u></p> <p>During the COVID State of Emergency, CT Scan of Chest for COVID-19 related care will be approved.</p>
<p>Rhinoplasty</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	<p>Yes</p>	<p>See Medical Policy:</p> <p><u>Reconstructive and Cosmetic Procedures</u></p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>
<p>Therapeutic Lenses</p> <p>(No Change During COVID-19)</p>	<p>Yes</p>	<p>See Medical Policy:</p> <p><u>Therapeutic Lens</u></p>
<p>Septoplasty</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	<p>Yes</p>	<p>See Medical Policy:</p> <p><u>Reconstructive and Cosmetic Procedures</u></p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>

Service	Prior Authorization Required	Medical Policy + Notes	
<p>Skin Lesion or Skin Tag Removal If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	*No	<p>*See Medical Policy: for circumstances when PA is not required. Reconstructive and Cosmetic Procedures If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	
<p>Sleep (No Change During COVID-19)</p>	Studies*	Yes	*See SMS/CareCentrix Clinical Criteria
	PAP Therapy Device & Supplies*	Yes	Criteria for Determining the Medical Necessity for the Diagnosis and Treatment of Sleep Disordered Breathing in Adults
	Surgical Treatment for OSA	Yes	SMS/CareCentrix Contact Info.
<p>Speech Therapy (outpatient) (No Change During COVID-19 for Outpatient) See home health services for home speech therapy</p>	*Yes	<p>*My Care Family (MVACO): The initial evaluation does not require prior authorization. Subsequent visits do require prior authorization. Commercial: does NOT require prior authorization See Medical Policy: Definition of Skilled Care</p>	

Service	Prior Authorization Required	Medical Policy + Notes
<p>Spinal Surgery</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	<p>Yes</p>	<p>Prior authorization is required for elective surgery.</p> <p>Please note that applicable separate authorization numbers are required for the rendering physician and the facility.</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>
<p>Nuclear Stress Tests</p> <p>(No Change During COVID-19)</p>	<p>*No</p>	<p>*Effective 7/1/2020, Prior authorization is not required for out-patient, non-emergent nuclear stress tests or Nuclear Stress Test performed during an inpatient admission.</p>
<p>Surgical Day Care</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>	<p>*Yes</p>	<p>*Only selected Ambulatory Surgical Procedures require prior authorization.</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p>
<p>Telemetry - Mobile Cardiac Telemetry</p> <p>(No Change During COVID-19)</p>	<p>Yes</p>	<p>See Medical Policy:</p> <p><i>Mobile Cardiac Outpatient Telemetry</i></p>

Service	Prior Authorization Required	Medical Policy + Notes
Transportation, (Non-emergency) (No Change During COVID-19)	Yes	<p>My Care Family (MVACO): Non-emergent ambulance transporting is covered through My Care Family (MVACO).</p> <p>Commercial: AllWays Health Partners may cover medically necessary non-emergency transportation under prior authorization.</p> <p>See Medical Policy: Non-emergency Medically Necessary Transportation</p>
Transplants (organ, bone marrow and stem cell) If Outpatient: (No Change During COVID-19) If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.	Surgeon's Office Visit	*Yes
	Surgery	Yes
		<p>*Surgical Office Visits for transplant evaluation (organ, bone marrow and stem cell) require prior authorization.</p> <p>If Outpatient: (No Change During COVID-19)</p> <p>If Inpatient Elective: Auth Lift During COVID-19 4/6/20-12/31/20 see auth rules above regarding elective inpatient during COVID-19.</p> <p>Transplant surgery sites must be in AllWays Health Partners Optum Transplant Network (except PPO plans). Providers who are not part of AllWays Health Partners Optum Transplant Network are considered out of network providers.</p>
Urine Drug Testing (No Change During COVID-19)	*No	<p>*No Prior Authorization is required; however, urine drug tests beyond 20 per benefit period will deny for documentation to confirm coverage.</p> <p>See Medical Policy: Outpatient Drug Screening and Testing</p>

Service	Prior Authorization Required	Medical Policy + Notes
UVB Home Phototherapy Units for Skin Disease (No Change During COVID-19)	Yes	See Medical Policy: UVB Home Phototherapy Units for Skin Disease
Vitamin D Screening and Testing (No Change During COVID-19)	*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: Vitamin D Screening and Testing in Adults

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