Prior Authorization, Notification and Referral Guidelines

The chart below is an overview of customary services that require referral, prior authorization or notification for all Plans. **Please note: PPO and EPO members can see specialists without obtaining a referral from AllWays Health Partners. Referral Guidelines vary by plan; please refer to your plan materials.**

This Chart is not intended to be a statement on benefit coverage for all Products offered under a Plan type. Some Products in a Plan type may not cover a service included in this chart or may have restricted coverage. Limited benefit information has been included when this information is necessary to support a referral, prior authorization, or notification requirement. Prior to scheduling a service, providers should check member eligibility, Provider Payment Guidelines, and evidence of coverage for the member's Product/Plan. Services rendered without the required referral, authorization or notification by AllWays Health Partners will not be covered.

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).
- 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:
    - 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 – Boston Insurance Commission (GIC), City of Boston and Plumbers
- Benefit coverage is determined by individual plan; you may refer to plan materials for covered benefits.
- Commercial Plans include Connector and Qualified Health Plans.
- Prior Authorization is not a guarantee of Provider payment.
- Prior Authorizations should be entered using 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.
- Referrals: AllWays Health Partners promotes a health care delivery model that supports Treating Provider coordination and oversight. The Treating Provider is the only provider authorized to make referrals to Specialists In-Network.
- Referrals are required for all specialty visits except for the following:
    - Emergency Room (ER)
    - Urgent Care
    - Obstetrics/Gynecology (OB/GYN)
    - Family Planning
    - Chiropractic
    - Physical/Occupational/Speech Therapy (PT/OT/ST)
    - Routine Eye Exam
    - Early Intervention (EI)
    - Acupuncture
- Medical Policies | Medical Specialty Drug Policies
- Commercial Provider Directory | My Care Family Provider Directory

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

Service	Prior Authorization Required	Medical Policy + Notes
Ambulatory Surgical Procedure	***Yes**	***Not all Ambulatory Surgical Procedures require prior authorization. Please refer to **Surgical Day Care.** 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. 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. When the observation/recovery services exceed the 8 hour period, a separate notification is required. See Observation.
Arthrodesis for Sacroiliac Joint Pain	**Yes**	See Medical Policy: *Arthrodesis for Sacroiliac Joint Pain*
Artificial Pancreas Device System	**Yes**	See Medical Policy: *Artificial Pancreas Device System*
Autologous Chondrocyte Implantation in the Knee	**Yes**	See Medical Policy: *Autologous Chondrocyte Implantation in the Knee*
Bariatric Surgery **(Weight Loss Surgery)**	**Yes**	See Medical Policy: *Bariatric Surgery*
Bed Hold-20 Day	**Yes**	Covered only for My Care Family (MVACO) plans with a Skilled Nursing Facility benefit. See Medical Policy: *Extended Care Facility*

Service		Prior Authorization Required	Medical Policy + Notes
Blepharoplasty		**Yes**	See Medical Policy: *Reconstructive and Cosmetic Procedures*
Bone Growth Stimulation*		**Yes**	*Ultrasound, noninvasive and invasive electric bone growth stimulation. See Medical Policy: *Bone Growth Stimulators*
Breast Implant Removal		**Yes**	See Medical Policy: *Breast Surgeries* *Reconstructive and Cosmetic Procedures*
Breast Reduction for Gynecomastia		**Yes**	See Medical Policies: *Breast Surgeries* *Reconstructive and Cosmetic Procedures*
Breast Revision/Augmentation Surgery		**Yes**	See Medical Policies: *Breast Surgeries* *Gender Reassignment Treatment* *Reconstructive and Cosmetic Procedures*
Cardiac Imaging		***Yes**	*Prior authorization is **required** for outpatient, non-emergent diagnostic advanced imaging. 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	Cardiac Outpatient Mobile Telemetry	**Yes**	See Medical Policy for services that require a PA: *Mobile Cardiac Outpatient Telemetry*
	Holter Monitoring	**No**	
	Event Monitoring	**No**	

Service		Prior Authorization Required	Medical Policy + Notes
Chiropractic Services Visits	**My Care Family (MVACO)**	***No**	***My Care Family (MVACO)** - No prior authorization is required for the 20 visits per benefit period. Benefit period is October 1 – September 30. ****Commercial:** Please refer to plan materials for PA requirements and benefit limit. See Medical Policy: *Chiropractic Services*
	Commercial	****Yes**	
Cleft Lip and Palate Repair	**17 yrs of age and under**	**Yes**	***Not covered** See Medical Policies: *Oral and Maxillofacial Surgery and Procedures, Dental Treatment Setting*
	18 yrs of age and older	***Yes**	
Clinical Trials		**No**	See Medical Policy: *Experimental and Investigational*
Cochlear Implants and Bone Anchored Hearing Aids		**Yes**	See Medical Policy: *Hearing Devices*
Continuous Glucose Monitoring Devices		**Yes**	See Medical Policy: *Continuous Glucose Monitors*
Corneal Collagen Cross-linking		**Yes**	See Medical Policy: *Corneal Collagen Cross-linking*
Corneal Transplants		**Yes**	

Service		Prior Authorization Required	Medical Policy + Notes
Cosmetic / Reconstructive Surgery		***Yes**	* Includes, but not limited to: - 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 See Medical Policy: *Reconstructive and Cosmetic Procedures* *Breast Surgeries*
Dental Treatment Setting (Inpatient & Surgical Day)		**Yes**	See Medical Policy: *Dental Treatment Setting* *Also reference:* *Oral and Maxillofacial Surgery and Procedures,*
Dermabrasion		**Yes**	See Medical Policy: *Reconstructive and Cosmetic Procedures*
Destruction of vascular Cutaneous Lesions		**Yes**	See Medical Policy: *Reconstructive and Cosmetic Procedures*
Diabetic Supplies /DME	**Insulin Pump and Pump Supplies**	**Yes**	See Medical Policies: *Insulin Pumps* *Continuous Glucose Monitors*

Service		Prior Authorization Required	Medical Policy + Notes
	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 through their employer.
	Diabetic Supplies	***No**	
Durable Medical Equipment (DME)		***Yes**	*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: *Prior Authorization Guidelines for AllWays Health Partners plans and members* 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.
Early Intervention	**Screening, assessment and treatment for children with developmental delays and disabilities**	**No**	Restricted to members under the age of 3.

Service		Prior Authorization Required	Medical Policy + Notes
Early Intervention	**Early Intervention Applied Behavioral Analysis**	**Yes**	**Commercial:** For members receiving Early Intervention services who may qualify for ABA: Under the age of 3**:** Applied Behavioral Analysis (ABA) services are reviewed by AllWays Health Partners in coordination with our behavioral health partner. Over the age of 3: Applied Behavioral Analysis (ABA) services are reviewed by **our behavioral health partner. Please submit request directly to Optum.** **My Care Family (MVACO):** Under the age of 3**:** Applied Behavioral Analysis (ABA) services are reviewed by **MassHealth. Please submit request directly to MassHealth.** Over the age of 3: Applied Behavioral Analysis (ABA) services are reviewed by Optum. **Please submit request directly to Optum.**
Elective Inpatient Surgery		**Yes**	Prior authorization required at least five (5) business days **prior** to the surgery date. Authorization may take up to 14 calendar days to complete. Also see **Inpatient Admissions.**
Enteral, Parenteral and Nutritional Formulas		**Yes**	No PA required for food thickeners.
External Counterpulsation		**Yes**	See Medical Policy: *External Counterpulsation*

Service	Prior Authorization Required	Medical Policy + Notes
Eye Related Cosmetic Surgery	**Yes**	**Such as but not limited to:** ▪ Radial Keratotomy ▪ Blepharoplasty ▪ Repair of Blepharoptosis ▪ Brow Ptosis ▪ Excision Repair or Reconstruction of the Eyelid See Medical Policy: *Reconstructive and Cosmetic Procedures*
Facial Surgery and Prosthetics	**Yes**	See Medical Policy: *Reconstructive and Cosmetic Procedures*
Gender Reassignment Treatment	**Yes**	See Medical Policy: *Gender Reassignment Treatment*
Genetic - Molecular Genomic Testing	***Yes**	*Prior authorization is **required** for outpatient, non-emergent Molecular Genomic Testing. Prior authorization is **not** required for Molecular Genomic Testing performed during an inpatient admission. See AllWays Health Partners's eviCore resource page on AllWays Health Partners.org for CPT codes subject to prior authorization and Clinical Guidelines.
Genital Surgery	***Yes**	**As part of treatment for gender dysphoria.* See Medical Policy: *Gender Reassignment Treatment*

Service		Prior Authorization Required	Medical Policy + Notes
Hearing	**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		**Yes**	See Medical Policy: *HIV-associated lipodystrophy syndrome*
Home Health Services	**Home Health Aid**	**Yes**	See Medical Policy: *Home Health Care*
	Home Medical Social Worker	**Yes**	See Medical Policy: *Home Health Care*
	Home Nutritional Counseling Services	**Yes**	See Medical Policy: *Home Health Care*

Service		Prior Authorization Required	Medical Policy + Notes
	Home Skilled Nursing	***Yes**	*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.** ****My Care Family (MVACO):** The initial evaluation and re-evaluation do **not** require prior authorization. Subsequent visits do require prior authorization. See Medical Policy: *Home Health Care*
	Home Occupational Therapy	****Yes**	**Commercial:** no prior authorization is required for OT/PT/ST. See Medical Policy: *Home Health Care* ****My Care Family (MVACO):** The initial evaluation and re-evaluation do **not** require prior authorization. Subsequent visits do require prior authorization.
	Home Physical Therapy	****Yes**	
	Home Speech Therapy	****Yes**	
	Medication Administration Visits	***Yes**	*This service is only covered for **My Care Family (MVACO).** **Please note**: this is **not** Medication Assisted Treatment (MAT) for substance use. See Medical Policy: *Home Health Care*

Service		Prior Authorization Required	Medical Policy + Notes
Hospice	**Hospice – inpatient and outpatient care**	**Yes**	
	Hospice Respite Care	**Yes**	
Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra-uterine Insemination, Fertility Drugs		**Yes**	**My Care Family (MVACO):** coverage limited to diagnosis of infertility and treatment of underlying medical condition. Assistive reproductive services are not a covered benefit. **Commercial:** Some employer groups may exclude coverage for assisted reproduction. Refer to plan materials. See Medical Policy: *Infertility Services*
Infusion Ther. Infusion Therapy	**Clinic/Office**	**No**	Some specialty pharmacy drugs require Prior Authorization regardless of setting (office or home). Please reference *Medical Specialty Drugs*.
	Home	**Yes**	
Inpatient Admissions	**Elective**	**Yes**	**Elective inpatient admissions require PA:** 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.
	Emergency (including maternity & non-elective inpatient)	**No**	**Emergency/Maternity:** only **notification** is required within 24 hours or by the next business day to.
	Sick Newborn	***Yes**	***Commercial:** Newborn must be enrolled in the plan for coverage to apply; notification is required within 24 hours or by the next business day.

Service		Prior Authorization Required	Medical Policy + Notes
Institutional Extended Care		**Yes**	**This includes:** • Skilled Nursing Facility • Acute Rehabilitation Hospital • Long Term Care Hospital (LTCH)/Chronic Disease Hospital level of care See Medical Policy: *Extended Care Facility*
Insulin Pump and Pump Supplies		**Yes**	See Medical Policy: *Insulin Pumps*
Laboratory Services		***No**	*Unless otherwise stated in this document See Medical Policy: *Genetic Testing for Hereditary Breast and Ovarian Cancer*
Lenses		**Yes**	See Medical Policy: *Therapeutic Lenses*
Light Therapy	**Photo-chemotherapy**	**Yes**	See Medical Policy: *Phototherapy and Photochemotherapy for Dermatological Conditions* *Only Covered for specific conditions
	Phototherapy	**No**	
	Photodynamic Therapy*	**No**	
Neuromodulation for Overactive Bladder		**Yes**	See Medical Policy: *Neuromodulation for Overactive Bladder*

Service	Prior Authorization Required	Medical Policy + Notes
Neuropsychological Testing	**Yes**	When requested by a BH Provider, request should be submitted to Optum. When ordered or authorized by a medical or primary care provider, requests should be submitted to AllWays Health Partners.
Observation Services	***Yes**	*Notification is required; please refer to the *Observation Provider Payment Guideline.*
Occupational Therapy / Physical Therapy **(Outpatient & Homecare)** 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 do require prior authorization. **Commercial:** does NOT require prior authorization. See Medical Policy: *Definition of Skilled Care*
Oral Surgery and Oral Maxillofacial Surgery	**Yes**	See Medical Policies: *Oral and Maxillofacial Surgery and Procedures,* *Also reference:* *Dental Treatment Setting*
Orthotics	**Yes**	Prior authorization requirement depends upon the type of orthotic. *Prior Authorization Guidelines for AllWays Health Partners plans and members* (DME)
Outpatient Chest Physical Therapy	**Yes**	See Medical Policy: *Outpatient Chest Physical Therapy*

Service	Prior Authorization Required	Medical Policy + Notes
Pain Management Therapy (outpatient treatment)	**Yes**	A physician evaluation and ongoing medical care performed to alleviate or reduce chronic or severe pain services require prior authorization. Services may include: • Injection of the facet joint (custom) - AllWays Health Partners • Epidural steroid injection • Therapeutic/diagnostic anesthetic agent via injection
Panniculectomy	**Yes**	See Medical Policy: *Reconstructive and Cosmetic Procedures*
Physical Therapy / Occupational Therapy (outpatient) See Home Health Services for home physical therapy / occupational therapy.	***Yes**	***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. **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. See Medical Policy: *Definition of Skilled Care*
Preimplantation Genetic Testing	**Yes**	See Medical Policy: *Preimplantation Genetic Testing*

Service	Prior Authorization Required	Medical Policy + Notes
Prosthetics	**Yes**	Prior authorization requirement depends upon the type of prosthetic. *Prostheses - Lower Limb* *Prostheses - Upper Limb* *Prior Authorization Guidelines for AllWays Health Partners plans and members* *(DME)*
Home Prothrombin Time Monitors (Home PT INR Monitors)	**Yes**	See Medical Policy: *Home Prothrombin Time Monitoring Devices*
Radiation Therapy (outpatient)	***Yes**	*Prior authorization is **required** for out-patient, non-emergent radiation therapy. Prior authorization is **not** required for radiation therapy delivered during an inpatient admission or while in observation. All elective inpatient admissions still require authorization through AllWays Health Partners. CPT codes subject to prior authorization and Clinical Guidelines (through eviCore): *eviCore Resource Page-CPT codes and Clinical Guidelines*

Service		Prior Authorization Required	Medical Policy + Notes
Radiology • **CT, MRI, MRA, PET**		***Yes**	*Prior authorization is **required** for outpatient non-emergent CT, MR & PET studies for all members through eviCore. Prior authorization is **not** required for MR, CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER. See AllWays Health Partners's eviCore's 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*
Rhinoplasty		**Yes**	See Medical Policy: *Reconstructive and Cosmetic Procedures*
Therapeutic Lenses		**Yes**	See Medical Policy: *Therapeutic Lens*
Septoplasty		**Yes**	See Medical Policy: *Reconstructive and Cosmetic Procedures*
Skin Lesion or Skin Tag Removal		***No**	*See Medical Policy: for circumstances when PA is not required. *Reconstructive and Cosmetic Procedures*
Sleep	**Studies***	**Yes**	*See SMS/CareCentrix Clinical Criteria *Criteria for Determining the Medical Necessity for the Diagnosis and Treatment of Sleep Disordered Breathing in Adults* *SMS/CareCentrix Contact Info.*
	PAP Therapy Device & Supplies*	**Yes**	
	Surgical Treatment for OSA	**Yes**	

Service	Prior Authorization Required	Medical Policy + Notes
Speech Therapy (outpatient) See home health services for home speech therapy	***Yes**	***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*
Spinal Surgery	**Yes**	Prior authorization is required for elective surgery. **Please note that applicable separate authorization numbers are required for the rendering physician and the facility**.
Nuclear Stress Tests	***Yes**	*Prior authorization is required for out-patient, non-emergent nuclear stress tests. Prior authorization is not required for Nuclear Stress Test performed during an inpatient admission.
Surgical Day Care	***Yes**	*Only selected Ambulatory Surgical Procedures require prior authorization.
Telemetry - Mobile Cardiac Telemetry	**Yes**	See Medical Policy: *Mobile Cardiac Outpatient Telemetry*

Service		Prior Authorization Required	Medical Policy + Notes
Transportation, (Non-emergency)		**Yes**	**My Care Family (MVACO)**: Non-emergent ambulance transporting is covered through My Care Family (MVACO). **Commercial:** AllWays Health Partners may cover medically necessary non-emergency transportation under prior authorization. See Medical Policy: *Non-emergency Medically Necessary Transportation*
Transplants (organ, bone marrow and stem cell)	**Surgeon's Office Visit**	***Yes**	*Surgical Office Visits for transplant evaluation (organ, bone marrow and stem cell) require prior authorization. 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.
	Surgery	**Yes**	
Urine Drug Testing		***No**	*No Prior Authorization is required; however, urine drug tests beyond 20 per benefit period will deny for documentation to confirm coverage. See Medical Policy: *Outpatient Drug Screening and Testing*
UVB Home Phototherapy Units for Skin Disease		**Yes**	See Medical Policy: *UVB Home Phototherapy Units for Skin Disease*

Service	Prior Authorization Required	Medical Policy + Notes
Vitamin D Screening and Testing	***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*