

Prior Authorization, Notification, and Referral Guidelines

The chart below is an overview of customary services that require referral, prior authorization (PA), or notification for all plans. **Please note: MGB ACO (MassHealth) and MGB ASO (PPO and EPO) members can see specialists without obtaining a referral from Mass General Brigham Health Plan. Referral Guidelines vary by plan; please refer to your plan materials.**

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

Please note the following:

- All Prior Authorization information on this document relates to Providers who belong in the Mass General Brigham Health Plan network only (In-Network Providers).
- For Behavioral Health specific services, you may also contact Optum directly at the following numbers:
 - 844-451-3518 – Mass General Brigham Health Plan Commercial
 - 844-451-3519 – Mass General Brigham Health Plan ACO MassHealth/MGB ACO
 - 844-451-3520 – Mass General Brigham Health Plan ASO
 - 844-875-5722 – Group Insurance Commission (GIC)
- Benefit coverage is determined by individual plan; you may refer to plan materials for covered benefits.
- Commercial Plans include Connector and Qualified Health Plans.
- Prior Authorization is **not** a guarantee of provider payment.
- Prior Authorizations should be entered using [Mass General Brigham Health Plan Provider Portal](#). The rendering facility and physicians are strongly encouraged to verify, using the Provider Portal linked above, the existence of an authorization before the service is rendered. Prior to scheduling a service, providers should check member eligibility, and evidence of coverage for the member's Product/Plan.
- If an inpatient admission is emergent, then notification is required within 24 hours or by the next business day. Concurrent authorization for each day of care that follows the initial authorization is required.
- For surgical authorizations, applicable separate authorization numbers are created for the rendering physician and the facility. This will be done automatically via [Mass General Brigham Health Plan Provider Portal](#) on a single authorization request form.
- Referrals: Mass General Brigham Health Plan promotes a health care delivery model that supports Treating Provider coordination and oversight. The Treating Provider is the only provider authorized to make referrals, as required by plan type, to Specialists In-Network.
- Referrals are required (as per plan type) for all specialty visits **except** for the following:
 - Emergency Room (ER)
 - Urgent Care
 - Obstetrics/Gynecology (OB/GYN)

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

Service		Prior Authorization Required	Medical Policy & Notes
Abortion		*No	Abortions for pregnancies beyond twenty-three weeks and 6 days are not allowed in Massachusetts unless performed to save the life of the mother or to eliminate substantial risk of grave impairment to her physical or mental health. *Elective inpatient admissions require prior authorization: See auth rules in the table at the beginning of this document.
Acupuncture	For the Treatment of Pain	*No **Yes	Please refer to plan materials for office visit limits. *Mass General Brigham ACO/MassHealth (MGB ACO): No prior authorization is required for visits 1-20. **Prior authorization is required for acupuncture beyond the first 20 visits. see Medical Policy: Acupuncture
Ambulance	Emergency Transportation (including Inter-facility Specialty Care Transport)	No	See Medical Policy: Non-emergency Medically Necessary Transportation

Service		Prior Authorization Required	Medical Policy & Notes
	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>*Mass General Brigham ACO/MassHealth (MGB ACO): Non-emergent ambulance transporting is covered through MassHealth.</p>
Ambulatory Surgical Procedure		*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		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

Service	Prior Authorization Required	Medical Policy & Notes
Bed Hold-20 Day	Yes	Covered only for Mass General Brigham ACO/MassHealth (MGB ACO) plans with a Skilled Nursing Facility benefit. Extended Care Facility
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 Affirming Procedures Reconstructive and Cosmetic Procedures
Cardiac Imaging	*Yes **No	*Prior authorization is required for Commercial Members through Mass General Brigham Health Plan. **Prior authorization is not required for outpatient for Mass General Brigham ACO/MassHealth (MGB ACO) members. ** Prior authorization is not required for MGB ASO members when provided by MGB Tier 1 providers **Prior authorization is not required for cardiac catheterization. **Prior authorization is not required for cardiac imaging studies performed in an inpatient setting or through emergency care in the ER.

Service		Prior Authorization Required	Medical Policy & Notes
Cardiac Outpatient Monitoring	Cardiac Outpatient Mobile Telemetry	Yes	See Medical Policy for services that require PA: Mobile Cardiac Outpatient Telemetry
	Holter Monitoring	No	
	Event Monitoring	No	
Chiropractic Services Visits	Mass General Brigham Health Plan ACO (MGBACO)	*No	<p>*Mass General Brigham ACO/MassHealth (MGB ACO) - No prior authorization is required for the 20 visits per benefit period.</p> <p>See Medical Policy: Chiropractic Services</p>
	Commercial	**Yes	<p>**Commercial: Some Commercial plans have a PA required after the 12th visit or the 20th visit.</p> <p>See Medical Policy: Chiropractic Services</p>
Cleft Lip and Palate Repair	17 yrs. of age and under	Yes	See Medical Policies: Oral & Maxillofacial Surgery & Procedures Dental Treatment Setting
	18 yrs. of age and older*	*Yes	*Not covered - see general exclusions in Medical Policy
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		No	See Medical Policy: Continuous Glucose Monitors
Corneal Transplants		Yes	

Service		Prior Authorization Required	Medical Policy & Notes
Cosmetic/Reconstructive Surgery		*Yes	*Includes, but not limited to: <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 See Medical Policies: Breast Surgeries Reconstructive and Cosmetic Procedures
Dental Treatment Setting (Inpatient & Surgical Day)		Yes	See Medical Policies: Dental Treatment Setting Also reference: Oral & Maxillofacial Surgery & Procedures
Dermabrasion		Yes	See Medical Policies: Reconstructive and Cosmetic Procedures
Destruction of Vascular Cutaneous Lesions		Yes	See Medical Policies: Reconstructive and Cosmetic Procedures
Diabetic Supplies/DME	Insulin Pump and Pump Supplies	No	Insulin Pump: No PA required. See Medical Policies: Insulin Pumps *Mass General Brigham Health Plan members with a pharmacy benefit can obtain lancets, test strips, insulin, alcohol pads, syringes, etc. from participating pharmacies. For members with no pharmacy coverage through Mass General Brigham Health Plan, diabetic supplies may be covered under their pharmacy benefit through their employer.

Service		Prior Authorization Required	Medical Policy & Notes
	Continuous Glucose Monitors	No	
	Diabetic Supplies	*No	
Durable Medical Equipment (DME)		*Yes	<p>*Not all DME requires authorization. Prior authorization depends upon the type of DME. Please reference the DME Prior Authorization list for DME that requires authorization:</p> <p>Prior Authorization Guidelines for Mass General Brigham Health Plan plans and members</p> <p>The ordering clinicians can contact vendors directly to place the orders. In turn, vendors will contact Mass General Brigham Health Plan DME department to initiate the authorization process.</p> <p>For DME needs related to Hospital at Home, refer to Hospital at Home PA grid directives below.</p>
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 Intensive Behavioral Intervention (EIBI) (also known as Early Intervention Applied Behavioral Analysis- EI ABA)	Yes	<p>Commercial and MassHealth (Mass General Brigham ACO (MGB ACO)): For members who qualify for EIBI:</p> <p>Under the age of 3: EIBI services are reviewed by Mass General Brigham Health Plan in coordination with our behavioral health partner. Please submit request directly to Mass General Brigham Health Plan.</p> <p>Over the age of 3: Applied Behavioral Analysis (ABA) services are reviewed by our behavioral health partner. Please submit request directly to Optum.</p>
Elective Inpatient Surgery		Yes	<p>Commercial Fully Insured, ASO, MGB ASO and Mass General Brigham ACO/MassHealth (MGB ACO): Prior authorization required at least five (5) business days prior to the surgery date.</p> <p>Authorization may take up to 14 calendar days to complete.</p> <p>Also see Inpatient Admissions.</p>
Enteral, Parenteral and Nutritional Formulas		Yes	<p>No PA required for food thickeners.</p> <p>See Medical Policy: Enteral Nutrition Formulas and Supplements</p>
Eye Related Cosmetic Surgery		Yes	<p>Such as but not limited to:</p> <ul style="list-style-type: none"> • Radial Keratotomy • Blepharoplasty • Repair of Blepharoptosis • Brow Ptosis • Excision Repair or Reconstruction of the Eyelid <p>See Medical Policies: Reconstructive and Cosmetic Procedures</p>
Facial Surgery and Prosthetics		Yes	<p>See Medical Policies: Reconstructive and Cosmetic Procedures</p>

Service		Prior Authorization Required	Medical Policy & Notes
Gender Affirming Procedures		Yes	See Medical Policies: Gender Affirming Procedures
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 Mass General Brigham Health Plan's eviCore Resource Page for CPT codes subject to prior authorization and Clinical Guidelines.
Genital Surgery		*Yes	*As part of treatment for gender dysphoria. See Medical Policies: Gender Affirming Procedures
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.
	Cochlear Implants, Bone Anchored Hearing Aids (BAHA) and Bone Anchored Hearing Devices (BAHD)	Yes	See Medical Policy: Hearing Devices

Service		Prior Authorization Required	Medical Policy & Notes
High Tech- Radiology CT, MRI, MRA, PET		*Yes **No	<p>*Prior authorization is required for outpatient non- emergent CT, MRI & PET studies for Commercial members through Mass General Brigham Health Plan.</p> <p>**Prior authorization is not required for outpatient non- emergent CT, MRI & PET studies for Mass General Brigham ACO/MassHealth (MGB ACO) members, through Mass General Brigham Health Plan.</p> <p>** Prior authorization is not required for MGB ASO members for these services when provided by MGB tier 1 (preferred) providers</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>
HIV-associated Lipodystrophy Syndrome		Yes	See Medical Policy: HIV-associated lipodystrophy syndrome
Home Health Services	Home Health Aid	*No **Yes	See Medical Policy: Home Health Care * Commercial : no prior authorization required ** Mass General Brigham ACO/MassHealth (MGB ACO)
	Home Medical Social Worker	*No **Yes	See Medical Policy: Home Health Care * Commercial : no prior authorization required ** Mass General Brigham ACO/MassHealth (MGB ACO)
	Home Nutritional Counseling Services	*No **Yes	See Medical Policy: Home Health Care * Commercial : no prior authorization required ** Mass General Brigham ACO/MassHealth (MGB ACO)

Service		Prior Authorization Required	Medical Policy & Notes
	Home Skilled Nursing	*No **Yes	<p>Two post-partum home visits do not require prior authorization. Skilled nursing visits initiated on non-business days, such as over a weekend or holiday require notification on the next business day. Subsequent visits do require prior authorization.</p> <p>*Commercial: no prior authorization required</p> <p>** Mass General Brigham ACO/MassHealth (MGB ACO)</p> <p>See Medical Policy: Home Health Care</p>
	Home Occupational Therapy	*No **Yes	<p>*Commercial: no prior authorization is required for OT/PT/ST.</p> <p>**Mass General Brigham ACO/MassHealth (MGB ACO)</p>
	Home Physical Therapy	*No **Yes	

Service		Prior Authorization Required	Medical Policy & Notes
	Home Speech Therapy	*No **Yes	<p>**Mass General Brigham ACO (MGB ACO): 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 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>Mass General Brigham ACO (MGB ACO): Home Health Agency Providers may request the continuation of an existing prior authorization. The provider must submit an extension request prior to the end date of the existing prior authorization. Such extension requests must have the following note in the comments field: “COVID-19”. Extension requests will be reviewed (per medical necessity as appropriate) and may be approved for periods up to 90 days depending on the home health agency’s ability to assess the member’s continuing need for home health services. All approved extensions will be based off the member’s most recently authorized frequency for home health services. <u>PA extensions will not be approved for requests to increase the frequency of services.</u></p> <p>See Medical Policy: Home Health Care</p>
	Hospital at Home (HaH)		For homecare needs related to Hospital at Home, refer to Hospital at Home PA grid directives below.

Service		Prior Authorization Required	Medical Policy & Notes
	Medication Administration Visits	**Yes	<p>**This service is only covered for Mass General Brigham ACO/MassHealth (MGB ACO).</p> <p>Please note: this is not Medication Assisted Treatment (MAT) for substance use.</p> <p>See Medical Policy: Home Health Care</p>
Hospice	Hospice – inpatient and outpatient care	No	
	Hospice Respite Care	No	
Hospital at Home (HaH) Also known as: Hospital in the Home (HITH)		Yes	This inpatient authorization is for adult admission to Acute Hospital at Home which includes, but is not limited to, the Acute Inpatient Admission at Home and included services such as Transportation, DME, Oxygen, IV infusion, MD/RN services, etc. No additional authorization required.
Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra- uterine Insemination, Fertility Drugs		Yes	<p>Mass General Brigham ACO/MassHealth (MGB ACO): 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> <p>See Medical Policy: Assisted Reproductive Services/Infertility Services</p>
Infusion Therapy	Clinic/Office	No	Some specialty pharmacy drugs require Prior Authorization regardless of setting (office or home).

Service		Prior Authorization Required	Medical Policy & Notes
	Home	Yes	For Infusion therapy needs related to Hospital at Home, refer to Hospital at Home PA grid directives above. Please reference Medical Specialty Drug Policies .
Inpatient Admissions	Elective	Yes	
	Emergency	No	Emergency: only notification is required within 24 hours or by the next business day following inpatient admission. Emergency Maternity: Please refer to Inpatient Maternity.
	Hospital at Home (HaH)	Yes	Refer to Hospital at Home on PA grid directives above.
	Sick Newborn (Commercial)	*Yes	*Commercial: Newborn must be enrolled in the plan for coverage to apply; notification is required within 72 hours or by the next business day.
Inpatient Maternity	Preterm (Antepartum) admission)	Yes	Preterm (antepartum) admissions require prior authorization regardless of delivery. Includes emergency maternity admissions.
	Delivery	No	If the member delivers while inpatient for pre-term/antepartum admission, then no notification/auth is required for the delivery.
	Postpartum Admission	Yes	
Institutional Extended Care		Yes	This includes: <ul style="list-style-type: none"> • 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		No	See Medical Policy: Insulin Pumps

Service		Prior Authorization Required	Medical Policy & Notes
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
Neuropsychological Testing		No	When requested by a BH Provider, request should be submitted to Optum. When ordered or authorized by a medical or primary care provider, claims should be submitted to Mass General Brigham Health Plan.
Nuclear Stress Tests		*No	*Prior authorization is not required for out-patient, non-emergent nuclear stress tests or Nuclear Stress Test performed during an inpatient admission.
Observation Services		*Yes	* Notification is required within 24 hours or the next business day following inpatient admission (from observation), please refer to: Observation Provider Payment Guidelines
Occupational Therapy/Physical Therapy (Outpatient & Homecare) See Home Health Services for home occupational therapy / physical therapy		*Yes	*Mass General Brigham ACO/MassHealth (MGB ACO): 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

Service	Prior Authorization Required	Medical Policy & Notes
Oral Surgery and Oral Maxillofacial Surgery	Yes	See Medical Policy: Oral & Maxillofacial Surgery & Procedures Also reference: Dental Treatment Setting
Orthotics	Yes	Prior authorization requirement depends upon the type of orthotic. Prior Authorization DME Guidelines for Mass General Brigham Health Plan plans and members
Outpatient Chest Physical Therapy	Yes	See Medical Policy: Outpatient Chest Physical Therapy
Pain Management Therapy (outpatient treatment)	Yes	A physician evaluation and ongoing medical care performed to alleviate or reduce chronic or severe pain services require prior authorization. Services may include: <ul style="list-style-type: none"> • Injection of the facet joint (custom) – Mass General Brigham Health Plan • 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	*Mass General Brigham ACO/MassHealth (MGB ACO): The initial evaluation does not require prior authorization. Subsequent visits do require prior authorization. Commercial: does 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 DME Guidelines for Mass General Brigham Health Plan plans and members
Radiation Therapy (outpatient)		*No	* Prior authorization is not required for outpatient, non-emergent radiation therapy or radiation therapy delivered during an inpatient admission or while in observation. All elective inpatient admissions still require authorization through Mass General Brigham Health Plan.
Rhinoplasty		Yes	See Medical Policy: Reconstructive and Cosmetic Procedures
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 CareCentrix Clinical Criteria Criteria for Determining the Medical Necessity for the Diagnosis and Treatment of Sleep Disordered Breathing in Adults CareCentrix Provider Service: 866-827-5861
	PAP Therapy Device	Yes	
	Surgical Treatment for OSA	Yes	

Service	Prior Authorization Required	Medical Policy & Notes
<p>Speech Therapy (outpatient)</p> <p>See home health services for home speech therapy</p>	*Yes	<p>*Mass General Brigham ACO/MassHealth (MGB ACO): The initial evaluation does not require prior authorization. Subsequent visits do require prior authorization.</p> <p>Commercial: does not require prior authorization</p> <p>See Medical Policy: Definition of Skilled Care</p>
<p>Spinal Surgery</p>	Yes	<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>Surgical Day Care</p>	*Yes	<p>*Only selected Ambulatory Surgical Procedures require prior authorization.</p>
<p>Telemetry - Mobile Cardiac Telemetry</p>	Yes	<p>See Medical Policy: Mobile Cardiac Outpatient Telemetry</p>
<p>Therapeutic Lenses</p>	Yes	<p>See Medical Policy: Therapeutic Lenses</p>
<p>Transportation, (Non-emergency)</p>	Yes	<p>Mass General Brigham ACO/MassHealth (MGB ACO): Non-emergent ambulance transporting is covered through MassHealth. Non-emergent medically necessary ambulance transportation may be covered through Mass General Brigham ACO (MGBACO) under prior authorization.</p> <p>Commercial: Mass General Brigham Health Plan may cover medically necessary non-emergency transportation under prior authorization.</p> <p>For non-emergent transportation needs related to Hospital at Home, refer to Hospital at Home PA grid directives above.</p> <p>See Medical Policy: Non-emergency Medically Necessary Transportation</p>

Service		Prior Authorization Required	Medical Policy & Notes
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.
	Surgery	Yes	Transplant surgery sites must be in Mass General Brigham Health Plan Optum Transplant Network (except PPO plans). Providers who are not part of network are considered out of network providers.
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
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

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