

Prior Authorization/Notification Requirements

This document, outlining common services that require prior authorization or Plan notification, is for use by participating BMC HealthNet Plan providers and vendors. Prior authorization/notification requirements apply to Plan products (MassHealth, Senior Care Options, and Qualified Health Plans/Commercial) as indicated by the symbol ♦.

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

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

Prior to scheduling a service, please refer to Covered Services list (MH), EOC (SCO, QHP, and Commercial) and the Plan's Provider Manual, Clinical Coverage or Reimbursement Policies, and Provider Communications for coverage and/or processing requirements for the service in question. Check the Lookup Tools for Prior Auth requirements for specific CPT and HCPCS codes. These documents and tools can be found on the Plan's website www.bmchp.org.

The Senior Care Options (SCO) Evidence of Coverage documents can be found at www.SeniorsGetMore.org.

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

If the requested service is of an urgent nature, as defined in the Provider Manual Section 4.1.2, please indicate "URGENT" on your request.

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

1-888-566-0008, option 3 "Medical Services, Authorizations and Notifications other than Behavioral Health or Pharmacy"
or the appropriate vendor as listed below.

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

Service	Types of Services	Vendor	Contact Information
Behavioral Health	Inpatient/diversionary/intermediate services for mental health and addiction treatment Outpatient mental health and addiction services	Beacon Health Strategies	Phone: 1-866-444-5155 www.beaconhealthoptions.com
Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS)	DMEPOS dispensed and billed by: <ul style="list-style-type: none"> • DMEPOS providers • Pharmacies that dispense DMEPOS • Sleep study providers (excluding professional services) • Home infusion providers (excluding supplies and equipment related to home infusion, parenterals, and tube-fed enterals) • Wig providers • Emergency response system providers • Oral enterals billed by all providers 	Northwood, Inc. (Northwood)	Phone: 1-866-802-6471 Fax: 1-877-552-6551
Radiology (Non-Emergent Outpatient, Excluding Those Associated with Observation or Emergency Department Visits)	<ul style="list-style-type: none"> • MRI/MRA • CT/CTA • Nuclear Cardiology Imaging Studies • PET Scans 	eviCore (formerly MedSolutions [MSI])	Phone: 1-888-693-3211 https://www.evicore.com/
Non-Emergency Transportation (Senior Care Options Only)	Manages the travel arrangements for non-emergent sea transport, non-emergent air transport, and non-emergent ground transportation for Senior Care Options members	BMC HealthNet Plan transportation line	Phone: 1-855-833-8125

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Senior Care Options Products If Medicare member, check NCD/LCD first	Qualified Health Plans/ Commercial Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Acupuncture	Servicing Provider		◆*	◆*	Not a covered benefit		*Contact Beacon at 1-866-444-5155 or http://www.beaconhealthstrategies.com/ regarding coverage related to substance abuse treatment and for prior authorization when acupuncture used for withdrawal from substances. No prior auth required for other covered indications for acupuncture (pain relief or anesthesia), as specified in the member's product-specific benefit document.
Administratively Necessary Day(s) (AND), Inpatient	Servicing Facility		◆	Not a covered benefit	Not a covered benefit	Medical Policy (MH)	Discussion/submission during concurrent review process
Ambulance and Transportation Services			◆	◆	◆	Medical Policy	No auth required for emergency transport; auth required for certain non-emergent transport options

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Ambulatory Monitoring Devices <ul style="list-style-type: none"> Ambulatory Cardiac Monitors (Excluding Holter Monitors) Continuous Glucose Monitoring Systems, Artificial Pancreas Device Systems, and Insulin Delivery Systems Home Prothrombin Time Monitors 	PCP or Servicing Provider PCP or Servicing Provider PCP or Servicing Provider		◆ ◆ ◆	◆ ◆ ◆	◆ ◆ ◆	Medical Policy Medical Policy Medical Policy	At least 5 calendar days before requested DOS
Autism Spectrum Disorders	PCP or Servicing Provider		See specific service	◆	◆	Medical Policy (SCO & Commercial)	At least 5 calendar days before requested DOS
Balloon Sinus Ostial Dilation	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

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Bariatric Surgery	PCP or Servicing Provider		◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
Biofeedback in an Outpatient Setting to Treat Incontinence or Constipation	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Breast Procedures							
• Breast Reconstruction	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
• Breast Reduction Surgery	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
• Mastopexy	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
• Gynecomastia Surgery	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
CAPD (Central Auditory Processing Disorders) Evaluation	PCP or Servicing Provider		◆	Not a covered benefit	◆	Medical Policy	At least 5 calendar days before requested DOS

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Capsule Endoscopy (see Surgical Procedures)	PCP or Servicing Provider		◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS.
CAR T-Cell Therapy to Treat Hematological Malignancies	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Cardiac Rehabilitation	PCP or Servicing Provider		◆	◆	◆	Medical Policy for dx codes that waive auth requirements; InterQual® for medical necessity review	At least 5 calendar days before requested DOS.
Chronic Back and Neck Pain Treatment:							
• Facet Joint Nerve Injections	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
• Percutaneous Radiofrequency Denervation	PCP or Servicing Provider		◆	◆	◆	InterQual® as of 6/1/2021	
• Mechanized Spinal Distraction Therapy	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
• Sacroiliac Joint Injections	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
Clinical Trials	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

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Cochlear Implants	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Complementary and Alternative Medicine (see also Acupuncture)	PCP or Servicing Provider		◆	◆	Not a covered benefit	Medical Policy (MH & SCO), EOC (QHP and Commercial)	At least 5 calendar days before requested DOS
Contact Lens and Scleral Lens for Certain Medical Conditions	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Cosmetic, Reconstructive & Restorative Services	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Dental Services, Medically Necessary Facility/Hospital Services to Provide Dental Services (Due to a Serious Medical Condition)	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances	Servicing Provider		◆	◆	◆	Medical Policy Reimbursement Policy	At least 5 calendar days before requested DOS
Electric Tumor Treatment Fields (TTF)	PCP or Servicing Provider		◆	◆	◆	Medical Policy	NEW! Effective 3/1/2021 At least 5 calendar days before requested DOS

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Enteral Nutrition (Tube Feeding) Products Supplied and Billed by Home Infusion Providers and Digestive Enzyme Cartridges	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Experimental and Investigational Treatment:							
• Experimental and Investigational Treatment General Policy	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
• Actigraphy	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
• Cervical Artificial Disc Replacement	PCP or Servicing Provider		◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
• Endoscopic Procedures or Magnetic Esophageal Sphincter Augmentation to Treat Gastrointestinal Reflux Disease (GERD) in the Outpatient Setting	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
• Lumbar Artificial Disc Replacement <i>Cont'd on next page</i>	PCP or Servicing Provider		◆	◆	◆	InterQual®	

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<ul style="list-style-type: none"> Minimally Invasive Procedures and Associated Devices used to Treat Back Pain (Including Thermal Intradiscal Procedures, Interspinous Spacers, Interlaminar Stabilization Devices, Facet Arthroplasty, Lysis of Adhesions, and Minimally Invasive Surgical Procedures for Spinal Fusion and/or to Remove Disc Material) 	PCP or Servicing Provider		◆	◆	◆	As of 9/1/2021, Medical Policy in conjunction with InterQual® for medical necessity review	At least 5 calendar days before requested DOS
<ul style="list-style-type: none"> Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder 	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
<ul style="list-style-type: none"> Prolotherapy 	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
<ul style="list-style-type: none"> Whole Body Integumentary Photography and Dermatoscopy 	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
Gender Affirmation Surgeries	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

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Genetic Testing							
<ul style="list-style-type: none"> Chromosomal Microarray Analysis for Intellectual Disabilities and/or Multiple Congenital Anomalies 	PCP or Servicing Provider		◆	◆	◆	Medical Policy in conjunction with InterQual® for medical necessity review	At least 5 days before requested DOS
<ul style="list-style-type: none"> Familial Malignant Melanoma 	PCP or Servicing Provider		◆	◆	◆	InterQual®	
<ul style="list-style-type: none"> Fragile X-associated Disorder 	PCP or Servicing Provider		◆	◆	◆	Medical Policy in conjunction with InterQual® for medical necessity review	
<ul style="list-style-type: none"> Gene Expression Profiling Cancer Recurrence (e.g., Oncotype DX) 	PCP or Servicing Provider		◆	◆	◆	InterQual®	
<ul style="list-style-type: none"> Genetic/Genomic Testing and Pharmacogenetics 	PCP or Servicing Provider		◆	◆	◆	Medical Policy in conjunction with InterQual® for medical necessity review	
<ul style="list-style-type: none"> Hereditary Breast and Ovarian Cancer Syndrome 	PCP or Servicing Provider		◆	◆	◆	InterQual®	
<ul style="list-style-type: none"> Hereditary Colorectal Cancer 	PCP or Servicing Provider		◆	◆	◆	InterQual®	
<ul style="list-style-type: none"> Hereditary Thrombophilia <i>Cont'd on next page</i> 	PCP or Servicing Provider		◆	◆	◆	Medical Policy	

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<ul style="list-style-type: none"> Preimplantation Genetic Testing 	PCP or Servicing Provider		Not a covered benefit	Not a covered benefit	◆	Medical Policy	At least 5 days before requested DOS
<p>Home Health Care:</p> <ul style="list-style-type: none"> Routine Services: <ul style="list-style-type: none"> Home Health Aide Nutrition Home Care Services Occupational Therapy Physical Therapy Respiratory Therapy Skilled Nursing Social Worker Speech Therapy Post-Partum Visits 	PCP or Servicing Provider		◆	◆	◆*	Medical Policy *As of 9/1/2020, QHP uses Medical Policy + InterQual®	Request to initiate services following evaluation no later than 5 calendar days from date of evaluation. Request for continuing services at least 5 calendar days before requested DOS.
	PCP or Servicing Provider		◆	Not a covered benefit	◆	Provider Manual	

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Hospice Care	PCP or Servicing Provider		◆	◆	◆	Reimbursement Policy	Request to initiate services following evaluation at least prior to the first requested DOS. Request for continuing services at least 5 calendar days before requested DOS. Policy applies to SCO Medicaid-only members. For Dual SNP members, hospice services are managed and paid for by Original Medicare.
Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT)	PCP or Servicing Provider		◆	◆	◆	Medical Policy for dx codes that waive auth requirements; InterQual® for medical necessity review	At least 5 calendar days before requested DOS.
Implantable Bone-Conduction (Bone-Anchored) Hearing Aids	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

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Infertility: <ul style="list-style-type: none"> Diagnostic Evaluation Treatment 	PCP or Servicing Provider PCP or Servicing Provider		Not a covered benefit Not a covered benefit	Not a covered benefit Not a covered benefit	No authorization required ◆	Covered Services List (MH) Covered Services List (MH), Medical Policy (QHP & Commercial)	At least 5 calendar days before requested DOS
Inpatient Care at an Acute Hospital: <ul style="list-style-type: none"> Elective Admission Emergent or Urgent Admission Following Observation Admission Maternity: <ul style="list-style-type: none"> Elective C-Section Emergent C-Section and Routine Delivery <i>Cont'd on next page</i> 	Servicing Facility or Treating Physician Servicing Facility or Treating Physician Servicing Facility Servicing Facility Servicing Facility	Servicing Facility Servicing Facility Servicing Facility	◆ ◆ ◆ ◆ ◆	◆ ◆ ◆ Not a covered benefit Not a covered benefit	◆ ◆ ◆ ◆ ◆	Provider Manual Provider Manual Provider Manual Provider Manual Provider Manual	At least 5 calendar days before requested DOS Within 1 business day following admission date Within 1 business day following admission date, not to exceed 4 business days from the first observation day Within 1 business day following admission date Within 1 business day following admission date

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<ul style="list-style-type: none"> Newborn Birth 	Servicing Facility		◆	Not a covered benefit	◆	Provider Manual	Within 1 business day of birth
<ul style="list-style-type: none"> Newborn Continued Stay Post Mother's Discharge 	Servicing Facility		◆	Not a covered benefit	◆	Provider Manual	Prior to mother's discharge
<ul style="list-style-type: none"> Newborn Admission to NICU or Level 2 Nursery 	Servicing Facility		◆	Not a covered benefit	◆	Provider Manual	Within 1 business day following admission to NICU/ Level 2 Nursery
Inpatient Care at Other Type of Facility:							
<ul style="list-style-type: none"> Chronic Disease Hospital 	Servicing Facility or Treating Physician		◆	◆	◆	Provider Manual	Prior to admission
<ul style="list-style-type: none"> Long-Term Acute Care (LTAC) 	Servicing Facility or Treating Physician		◆	◆	◆	Provider Manual	
<ul style="list-style-type: none"> Rehabilitation Hospital 	Servicing Facility or Treating Physician		◆	◆	◆	Provider Manual	
<ul style="list-style-type: none"> Skilled Nursing Facility 	Servicing Facility or Treating Physician		◆	◆	◆	Provider Manual	
Intensity Modulated Radiation Therapy (IMRT)	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

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Medical Nutrition Therapy	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Medical Respite Care	PCP or Servicing Provider		Not a covered benefit*	Authorized through Care Management; contact member's Care Manager	Not a covered benefit	EOC (QHP and Commercial)	*For Special Kids Special Care members, contact the assigned Care Manager
Nerve Repair for Peripheral Nerve Injury	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Observation:							
• Elective	PCP or Servicing Provider		N/A	◆	N/A	Provider Manual	At least 5 calendar days before requested DOS
• Emergent	Facility		N/A	◆	N/A	Provider Manual	Within 1 business day following initiation of observation
Osteochondral Defects of the Knee Treatments	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

Service	Prior Authorization Responsible Party	Notification Responsible Party	MassHealth Products	Senior Care Options Products If Medicare member, check NCD/LCD first	Qualified Health Plans/ Commercial Products	See Medical or Reimbursement Policy/Provider Manual/Covered Services List or EOC	Comments
Panniculectomy and Redundant Skin of the Abdomen Surgical Procedures	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Pharmacy	PCP or Servicing Provider		◆	◆	◆	Provider Manual	2 calendar days before requested therapy start date
Photochemotherapy, Phototherapy, or Excimer Laser Therapy for Dermatological Conditions	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Polysomnography (Sleep Studies)	PCP or Servicing Provider		◆	◆	◆	InterQual®	At least 5 calendar days before requested DOS
Pregnancy		Obstetrics Provider	◆	Not a covered benefit	◆	Provider Manual	Within 3 business days of pregnancy confirmation
Preimplantation Genetic Testing (Preimplantation Genetic Diagnosis and Preimplantation Screening)	PCP or Servicing Provider		Not a covered benefit	Not a covered benefit	◆	Covered Services List (MH and SCO) Medical Policy (Commercial)	At least 5 calendar days before requested DOS
Private Duty Nursing Services	PCP or Servicing Provider		◆*	Not a covered benefit	Not a covered benefit	Medical Policy	At least 5 calendar days before requested DOS * Covered benefit for members in the Special Kids Special Care program ONLY .

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Pulmonary Rehabilitation	PCP or Servicing Provider		◆	◆	◆	InterQual® as of 3/1/2020	At least 5 calendar days before requested DOS
Rehabilitation Therapy (Functional Therapy), Outpatient: <ul style="list-style-type: none"> • Occupational Therapy (OT) • Physical Therapy (PT) • Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 20 or Younger in the Outpatient Setting • Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 21 or Older in the Outpatient Setting 	PCP or Servicing Provider PCP or Servicing Provider PCP or Servicing Provider PCP or Servicing Provider		◆ ◆ ◆ ◆	◆ ◆ Not a covered benefit ◆	◆ ◆ ◆ ◆	Medical Policy Medical Policy Medical Policy Medical Policy	PT and OT: Request for continued services (following evaluation and the first 12 treatment sessions) 5 calendar days prior to the 13th treatment session ST: Request for continued services (following evaluation and the first 8 treatment sessions) 5 calendar days prior to the 9th treatment session
Skin Substitutes in the Outpatient Setting	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS

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Specialty Care Office Visit	PCP or Servicing Provider		*	Not Applicable	*	Provider Manual	* PA requirements are paused. The network will be notified when the pause has been lifted.
Stimulators, Neuro/ Neuromuscular/Nerve:							
• Gastric Electrical	PCP or Servicing Provider		◆	◆	◆	InterQual®	
• Occipital Nerve	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
• Posterior Tibial Nerve Stimulation (Percutaneous or Transcutaneous)	PCP or Servicing Provider		◆	◆	◆	Medical Policy	
• Sacral Nerve Stimulation (Including Peripheral Nerve Stimulation Test) for Incontinence and Urinary Conditions	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
• Spinal Cord	PCP or Servicing Provider		◆	◆	◆	InterQual®	
• Vagus Nerve	PCP or Servicing Provider		◆	◆	◆	InterQual®	

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Surgical Procedures <ul style="list-style-type: none"> Inpatient (All Elective Procedures) Outpatient (Select Elective Procedures) Additions/Changes to Existing Authorizations 	PCP or Servicing Provider PCP or Servicing Provider PCP or Servicing Provider		◆ ◆ ◆	◆ ◆ ◆	◆ ◆ ◆	Provider Manual Provider Manual Provider Manual	At least 5 calendar days before requested DOS Within 5 days following the DOS
Temporomandibular Joint (TMJ) Disorder Treatment	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Transplants (Bone Marrow, Stem Cell, or Solid Organ): <ul style="list-style-type: none"> Lung Transplant Pancreas-Kidney Transplant Small Bowel and Multivisceral Transplant <i>Cont'd on next page</i> 	Servicing Facility Servicing Facility Servicing Facility		◆ ◆ ◆	◆ ◆ ◆	◆ ◆ ◆	Medical Policy Medical Policy Medical Policy	When determined to be a candidate

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• Other Transplants	Servicing Facility		◆	◆	◆	InterQual® or the Plan's Medically Necessary Medical Policy (OCA 3.14)	When determined to be a candidate
Transportation, Non-Emergent	Servicing Provider		◆	◆	◆	Medical Policy ; more info in: Covered Services List (MH and SCO)	Within 3 business days following DOS
Video Electroencephalographic (EEG) Monitoring	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS
Vision Therapy	PCP or Servicing Provider		◆	◆	◆	Medical Policy	At least 5 calendar days before requested DOS