

AUTHORIZATION REQUIREMENTS BY PRODUCT



(current as of February 2024)

We [review](#) certain outpatient services and inpatient services to determine if they are medically necessary and appropriate for the member. If they are, we send an approval called an “authorization” in writing to the member, the ordering clinician, and the servicing provider or facility, if applicable, to let them know that we have approved the services. When we deny coverage, we notify the member, the ordering clinician, and the servicing provider as well.

Please note: Authorization requirements listed do not always reflect a subscriber’s benefits. Always check eligibility and benefits before providing services.

In-network (participating) providers

- You can learn authorization *requirements* for individual patients when you verify their eligibility using an [eTool](#) like Authorization Manager or ConnectCenter.
- If you are an in-state provider and need to submit an authorization *request*, you must* use Authorization Manager. Log in to bluecrossma.com/provider and go to **eTools>Authorization Manager**.
- If you are out-of-area, you can request authorization by logging into your local Blue Cross Plan’s provider website and use their Electronic Provider Access (EPA) tool.
 - You may contact us at a number below if you are unable to use the EPA tool.

* For Medicare Advantage members, use of Authorization Manager is encouraged but not required.

Out-of-network providers

To get eligibility information, call BlueCard® EligibilitySM at **1-800-676-BLUE (2583)**.

TO REQUEST AN AUTHORIZATION FOR	THEN
Commercial members	Call 1-800-327-6716 or fax 1-888-282-0780
Medicare HMO and PPO members	Call 1-800-222-7620 or fax 1-800-447-2994
Federal Employee Program (FEP)	Contact your local plan. In Massachusetts, call 1-800-689-7219 or fax 1-888-282-1315
Behavioral or mental health	Call 1-800-524-4010 or fax 1-888-641-5199 For acute levels of care, fax to 1-888-973-0727
Oral surgery	Call 1-800-327-6713 or fax 1-888-282-1315

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Authorization requirements by product

In the table below, **Yes** means authorization or notification is required for some members. Refer to footnotes.

Reminder for Medicare PPO Blue: when authorization is required, it is required in-network only.

SERVICE	COMMERCIAL HMO/POS	PPO AND EPO	INDEMNITY	MEDICARE HMO BLUE	MEDICARE PPO BLUE	FEP
Acute Rehab	Yes	Yes	Yes	Yes	Yes	Yes
Ambulance (Non-urgent)	Yes ¹	No	No	Yes	Yes	Not covered ¹
Ambulatory Surgical Procedures	Yes ²	Yes ²	No	Yes ²	Yes ²	May require medical policy review ²
Assisted Reproductive Services (Infertility Services)	Yes ³	Yes ³	Yes ³	No	No	Yes ³
Cancer care – outpatient (medical oncology and radiation oncology services)	Yes ⁴	Yes ⁴	No	Yes ⁴	Yes ⁴	Yes ⁴
Cardiac & Pulmonary Rehab – Outpatient	No	No	No	No	No	Yes ⁵
Chiropractic Services	Yes ⁶	No	No	No	No	No, but benefit limits apply

¹ Ambulance.

- **Commercial HMO/POS:** For air ambulance, authorization is required for urgent transport. Air ambulance is not a covered benefit for non-urgent transport. For ground ambulance, authorization is required for non-urgent transport only.
- **FEP:** Prior approval is required for all **non-emergent** air ambulance transport. Air ambulance related to immediate care of a medical emergency or accidental injury does **not** require prior approval.

² **Ambulatory Surgical Procedures.** Search by condition on our [medical policy website](#). FEP-specific medical policies can be viewed at [FEPblue.org](#).

³ Assisted Reproductive Services.

- **Commercial Plans and Indemnity:** Refer to the medical policies, [Assisted Reproductive Services \(086\)](#) and [Preimplantation Genetic Testing \(088\)](#).
- **FEP:** Refer to the appropriate [Service Benefit Plan Brochure at FEPblue.org](#) for criteria and the definition of infertility.

⁴ Cancer care - outpatient.

- **Commercial Plans and Medicare Advantage:** When required for chemotherapy, immunotherapy and certain supportive medications or radiation oncology services, request prior authorization through our vendor, Carelon Medical Benefit Management (formerly AIM Specialty Health). For more information and related medical policies, visit our [Cancer Care](#) page.
- **FEP:** Prior authorization is required for certain tests. Refer to the [medical policies at FEPblue.org](#).

⁵ **Cardiac & Pulmonary Rehab – Outpatient.** Prior approval required for FEP Blue Focus but not FEP Standard Option or Basic Option.

⁶ **Chiropractic Services.** Authorization is required for most HMO/POS plans for visits 13 and beyond. Please check the member's benefits to confirm if authorization is required. To obtain an authorization, Blue Cross Blue Shield of Massachusetts-participating chiropractors should log in to [bluecrossma.com/provider](#).

SERVICE	COMMERCIAL HMO/POS	PPO AND EPO	INDEMNITY	MEDICARE HMO BLUE	MEDICARE PPO BLUE	FEP
Chronic Care/Long Term Acute Care Hospital	Yes	Yes	Yes	Yes	Yes	Yes
Dialysis	Yes ⁷	No	No	Yes ⁷	No	No ⁷
Durable Medical Equipment	Yes ⁸	Yes ⁸	No	Yes ⁸	Yes ⁸	Yes ⁸
Gender Affirmation Surgery	Yes ⁹	Yes ⁹	Yes ⁹	Yes ⁹	No	Yes ⁹
Gene therapy, including CAR T-cell therapy	Yes	Yes	Yes	Yes	Yes	Yes
Genetic Testing	Yes ¹⁰	Yes ¹⁰	No	No	No	Yes ¹⁰
Home Health Care	No ¹¹	No ¹¹	No	Yes ¹¹	No	No ¹¹
Home Infusion Therapy	Yes	Yes	Yes	Yes	Yes	Yes

⁷ **Dialysis.** Prior authorization is required for out-of-network dialysis services only.

- For FEP Standard Option members: FEP reimburses at the local plan allowance rate for outpatient dialysis services billed by non-contracted (non-preferred) hospitals and other facilities. The member must be billed for the balance.

⁸ **Durable Medical Equipment.** Only certain durable medical equipment items (such as sleep therapy-related items, all transmitters for CGM devices, and power wheelchairs) require authorization. Please refer to our [medical policies](#). (For FEP-specific medical policies, go to [FEPblue.org](#).) Participating providers should also refer to our [payment policies](#).

⁹ **Gender Affirmation Surgery.** Prior authorization is required for surgical services only.

- Federal Employee Program.** Prior to surgical treatment of gender dysphoria in FEP members, you must submit a treatment plan, including all surgeries planned, and the estimated date each will be performed. A new prior approval must be obtained if the treatment plan is approved and the provider later modifies the plan. Requirements and exclusions are listed in the [Service Benefit Plan Brochure](#). All brochure criteria must be met.

¹⁰ **Genetic Testing.**

- Commercial HMO/POS and PPO.** When required, request prior authorization through our vendor, [Carelon](#) (formerly AIM Specialty Health). Check authorization requirements using an [eTool](#). You may also refer to our [medical policies](#).
- Federal Employee Program.** Refer to the [Service Benefit Plan Brochure](#) for the appropriate product option at [FEPblue.org](#) for more information. To request prior approval, contact our Clinical Intake department at **1-800-689-7219**.

¹¹ **Home Health Care.**

- Commercial HMO/POS, PPO.** Authorization is not required for services from an in-network home health care provider. If the member is receiving care from an out-of-network provider, HMO and EPO members only will need an approved authorization for coverage since they do not have out-of-network benefits.
- Medicare HMO Blue.** Authorization is automatically approved when submitted electronically by the PCP or specialist for up to 40 visits within 60 consecutive days.
 - Maternity discharges.** Prior authorization for an initial home health care visit for early maternity discharges is not required. If a woman chooses to leave the hospital less than 48 hours after a vaginal delivery, or less than 96 hours after a C-section, the state mandates that the health plan pay for one home care visit. This may not apply to self-insured accounts. Verify Member benefits before rendering services.
- Federal Employee Program.** Benefit limits apply for Physical Therapy, Occupational Therapy, and Speech Therapy combined.

SERVICE	COMMERCIAL HMO/POS	PPO AND EPO	INDEMNITY	MEDICARE HMO BLUE	MEDICARE PPO BLUE	FEP
Hospice/Respite – Inpatient/Outpatient	No	No	No	No	No	Yes
Inpatient admissions (excluding uncomplicated deliveries)	Yes	Yes	Yes	Yes	Yes	Yes
Inpatient admissions: NICU infants	Yes ¹²	Yes ¹²	Yes ¹²	No	No	No
Intraoperative Neurophysiologic Monitoring	Yes ¹³	Yes ¹³	Yes ¹³	Yes ¹³	Yes ¹³	No
Musculoskeletal (spine, joint, and pain management)	Yes ¹⁴	Yes ¹⁴	No	Yes ¹⁴	Yes ¹⁴	Inpatient only
Nutritional Counseling	No ¹⁵	No	No	No	No	Yes ¹⁵
Nutritional Formula	Yes ¹⁶	Yes ¹⁶	Yes ¹⁶	Yes	No	Yes
Observation Level of Care	No	No	No	No	No	No
Out-of-Network Specialist Care	Yes	No ¹⁷	No	Yes	No	No ¹⁷
Outpatient Surgery	Yes ¹⁸	Yes ¹⁸	Yes ¹⁸	Yes ¹⁸	Yes ¹⁸	No

¹² **Inpatient admissions: NICU infants.** For premature and medically complex infants in the NICU, we require level of care authorization upon admission, concurrent reviews, and transfers between facilities. Contact ProgenyHealth by phone at **1-888-832-2006** or by secure fax at **1-866-303-5749**.

¹³ **Intraoperative Neurophysiologic Monitoring.** Prior authorization is required when the service is provided for inpatient and outpatient procedures. Please indicate the servicing provider when requesting services. For more information, refer to [Medical Policy 211: Intraoperative Neurophysiologic Monitoring \(Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring\)](#). For Medicare Advantage members, [Local Coverage Determination \(LCD\)](#) criteria may apply.

¹⁴ **Musculoskeletal surgeries.** Refer to medical policy 220, [InterQual Musculoskeletal Services Management](#). For HCPCS and CPT codes, refer to [medical policy 221](#). In-state providers can use [Authorization Manager](#) for these services.

¹⁵ **Nutritional Counseling.**

- Authorization required for out-of-network care. Use the [Managed Care Out-of-Network Request Form](#).
- We automatically approve 6 visits for our FEP members. Subsequent visits require medical review. Services are unlimited when the medical review shows that the member has a condition that may be reasonably expected to improve by receiving nutritional counseling services.

¹⁶ **Nutritional Formula.** Refer to [medical policy 304, Special Foods](#).

¹⁷ **Out-of-Network Specialist Care.** Advantage Blue EPO, FEP Basic Option, and FEP Blue Focus have no out-of-network benefits.

¹⁸ **Outpatient Procedures.** Prior authorization is required for certain procedures according to our medical policies. Refer to the medical policies below for the full list of codes that currently require outpatient prior authorization:

- **Commercial:** Medical Policy #072, [Outpatient Prior Authorization Code List for Commercial \(HMO POS PPO Indemnity\)](#).
- **Medicare Advantage:** Medical Policy #132, [Medicare Advantage Management](#).

SERVICE	COMMERCIAL HMO/POS	PPO AND EPO	INDEMNITY	MEDICARE HMO BLUE	MEDICARE PPO BLUE	FEP
Physical and Occupational Therapy (Outpatient Short Term Rehabilitation Services)	Yes ¹⁹	No	No	Yes	No	No ¹⁹
Radiology/Imaging: High-Tech (MRI, CT, PET, and nuclear cardiac tests)	Yes ²⁰ Elective, outpatient only	Yes ²⁰ Elective, outpatient only	No	Yes ²⁰ Elective, outpatient only	Yes ²⁰ Elective outpatient only	Yes
Speech Therapy (Outpatient)	No ²¹	No	No	Yes	No	No
Skilled Nursing Facility	Yes	Yes	Yes	Yes	Yes	Yes ²²

¹⁹ [Physical and Occupational Therapy](#). Authorization requirements for New England Plan members vary by state. Massachusetts requires authorization for outpatient short-term rehabilitation therapies. FEP benefit limits apply for Physical Therapy, Occupational Therapy and Speech Therapy combined.

²⁰ [High-technology Radiology \(HTR\) \(excluding FEP\)](#). When required, request prior authorization through our vendor, [Carelon](#) (formerly AIM Specialty Health). (Note: Authorization is **not** required for high-tech imaging provided as a component of an inpatient admission, ER visit, observation, or outpatient surgery.) Check authorization requirements using a [technology](#) like Authorization Manager. Perform an eligibility inquiry with the service type, "MRI/CAT Scan." If the **MRI/CAT Scan** area in your results indicates that authorization is required, you must request a prior authorization for the following services:

- Computed Tomography
- Nuclear cardiac studies
- Nuclear Medicine
- MRI, fMRI, MRA and MRS
- MRA Angiography
- Coronary CT and Coronary CTA
- CT/PET Fusion
- PET scans
- Diagnostic and screening CT colonography
- Screening test, Low Dose CT Scan (LDCT) for lung cancer

²¹ **Speech Therapy**. Authorization required for out-of-network care. Use the [Managed Care Out-of-Network Request Form](#).

²² **Skilled Nursing Facility**. Federal Employee Program Standard Option plan members who don't have Medicare Part A have a 30-day annual benefit.

SERVICE	COMMERCIAL HMO/POS	PPO AND EPO	INDEMNITY	MEDICARE HMO BLUE	MEDICARE PPO BLUE	FEP
Sleep Management	Yes ²³	Yes ²⁴	No	Yes ²²	Yes ²²	Yes ²⁴
Temporomandibular Joint Disorder	Yes	Yes	No	Yes	Yes	No
Transplants	Yes	Yes	Yes	Yes	Yes	Yes
Varicose veins / venous insufficiency	Yes ²⁵	Yes ²⁶	No	Yes ²⁶	Yes ²⁶	No

²³ **Sleep Management (excluding FEP).** Request prior authorization through our vendor, [Carelon](#) (formerly AIM Specialty Health), for the following services related to Obstructed Sleep Apnea (OSA):

- Home sleep test (HST)
- In-lab sleep study (PSG)
- Titration study
- Initial and ongoing authorizations for sleep therapy durable medical equipment (APAP, CPAP, BPAP) and related supplies
- Oral appliances for the treatment of OSA
- Maintenance of Wakefulness Testing (MWT)
- Multiple Sleep Latency Testing (MSLT)

²⁴ **Sleep Management (FEP).** Prior approval is required for sleep studies performed in a location other than the home. Fax prior authorization requests to us at **1-888-282-1315**.

- *Outpatient sleep studies performed outside the home* includes sleep studies performed in a provider's office, sleep center, clinic, outpatient center, hospital, skilled nursing facility, residential treatment center, and any other location that is not the member's home.

²⁵ **Varicose veins/venous insufficiency.** Refer to [Medical Policy 238: Treatment of Varicose Veins and Venous Insufficiency](#). For Medicare Advantage members, [Local Coverage Determination \(LCD\)](#) criteria may apply.

Mental health authorization & notification requirements

In the table below, **Yes** means authorization or notification is required for some members. Refer to footnotes.

Please note:

- For Medicare PPO Blue: when authorization is required, it is required in-network only.
- Authorization requirements listed do not always reflect a subscriber’s benefits. Always check eligibility and benefits prior to providing services.

HOW TO SUBMIT REQUESTS

If you are a participating (in-network) provider, the fastest way to submit authorization requests is electronically. Log in to bluecrossma.com/provider and go to **eTools>Authorization Manager**. Resources like Quick Tips and video demonstrations are available at the bottom of the page.

Out-of-network providers and in-network providers can also **call: 1-800-524-4010** or **fax: 1-888-641-5199**.

Services below are listed in order of highest to lowest level of care.

SERVICE	COMMERCIAL HMO, POS	PPO AND EPO	INDEMNITY	MEDICARE ADVANTAGE HMO BLUE	MEDICARE ADVANTAGE PPO BLUE	FEP
Acute Inpatient – Psychiatric Disorders	Yes ¹	Yes ¹	Yes ¹	Yes	Yes	Yes
Acute Inpatient/Inpatient Detox – Substance Use Disorders	Yes ²	Yes ²	Yes ²	Yes	Yes	Yes
Crisis Stabilization Bed (CSB) services	No ³	No ³	No	No ³	No ³	No
Acute Residential (ART) - Psychiatric Disorders	Yes ⁴	Yes ⁴	Yes ⁴	Yes ⁴	Yes ⁴	Yes ⁴
Acute Residential (ART) – Substance Use Disorders	Yes ⁵	Yes ⁵	Yes ⁵	Yes	Yes	Yes ⁵

¹ **Acute Inpatient treatment for Psychiatric Disorders.** Prior authorization is not required, but notification within 72 hours of admission is required.

² **Acute Inpatient/Inpatient Detox treatment for Substance Use Disorders.** Prior authorization is not required, but notification within 48 hours of admission is required. Prior authorization is required for Medicare and FEP products.

³ **Crisis Stabilization Bed (CSB) services.** Prior authorization is not required unless the member is receiving care out of network.

⁴ **Acute Residential Treatment for Psychiatric Disorders.** Prior authorization is not required, but notification within 48 hours (for children and adolescents 22 years of age or less) or 72 hours (for adults) of admission is required. Prior authorization is required for FEP products.

⁵ **Acute Residential Treatment for Substance Use Disorders.** Prior authorization is not required, but notification within 48 hours (for children and adolescents 22 years of age or less) or 72 hours (for adults) of admission is required. Prior authorization is required for FEP products.

SERVICE	COMMERCIAL HMO, POS	PPO AND EPO	INDEMNITY	MEDICARE ADVANTAGE HMO BLUE	MEDICARE ADVANTAGE PPO BLUE	FEP
Intensive Community-Based Treatment (ICBT) for Children & Adolescents	Yes ⁶	Yes ⁶	Yes ⁶	Yes ⁶	Yes ⁶	Not covered
Intermediate levels of care (ILOC) - PHP/IOP Psychiatric Disorders	Yes ⁷	Yes ⁷	Yes ⁷	Yes ⁷	Yes ⁷	No ⁷
Intermediate levels of care (ILOC)- PHP/IOP Substance Use Disorders	Yes, beyond first unit ⁸	Yes, beyond first unit ⁸	Yes, beyond first unit ⁸	Yes	Yes	No ⁸
Outpatient Psychotherapy, Psychotherapy, Psychiatric Office Visits, Health & Behavioral Visits, Mobile Crisis Intervention	No	No	No	No	No	No
Applied Behavior Analysis	Yes	Yes	Yes	Not covered	Not covered	Yes ⁹
Genetic testing	Yes ¹⁰	Yes ¹⁰	No	No	No	Yes ¹⁰
Methadone	No	No	No	Not covered ¹¹	Not covered ¹¹	No
Neuropsychological testing	Yes	No	No	No	No	No
Psychological testing	Yes	No	No	No	No	No
Electroconvulsive therapy (ECT)	No	No	No	No	No	No
Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for Mental Health Conditions	Yes	Yes	Yes	Yes	Yes	Yes

⁶ **Intensive Community-Based Treatment (ICBT) for Children & Adolescents.** ICBT includes Intensive Care Coordination (ICC), In-Home Therapy (IHT), In-Home Behavioral Services (IHBS), Therapeutic Mentoring (TM) and Family Support & Training (FS&T) treatment. Some self-insured employers do not cover ICBT.

⁷ **Intermediate levels of care for Psychiatric Disorders.** Intermediate levels of care may include Intensive Outpatient (IOP), Partial Hospitalization (PHP), or Family Stabilization Treatment (FST). All PPO products require authorization.

⁸ **Intermediate levels of care for Substance Use Disorders.** Prior authorization for the first unit of service for PHP or IOP is not required, but notification is required for the first unit of service. Authorizations are required for treatment beyond the first unit of service. This does not apply to Medicare or FEP products.

⁹ **Applied Behavior Analysis (ABA).** For ABA services to be covered, FEP requires you to submit proof of diagnosis, the [ABA Preauthorization Service Request Form](#), assessments, evaluations, and treatments.

¹⁰ **Genetic testing**

- **Commercial HMO/POS.** When required, request prior authorization through our vendor, [Carelon](#) (formerly AIM Specialty Health). Check authorization requirements using a [technology](#). You may also refer to our [medical policies](#).
- **Federal Employee Program.** Refer to the [medical policies](#) at [FEPblue.org](#) for more information. To request prior approval, contact our Clinical Intake department at **1-800-689-7219**.

¹¹ **Methadone** treatment for opiate addiction in the outpatient setting by a licensed program is not a covered service for Medicare Advantage members, unless services are provided by a qualified Opioid Treatment Program (OTP) that participates in the Medicare Program. No authorization is required for services provided through a qualified OTP.

Medications

Members with Blue Cross Blue Shield of Massachusetts pharmacy benefits

- Use our [medication search tools](#) to see if the member's prescription is on our formularies, or to find out any prior authorization requirements.

Medications administered in an inpatient setting using the member's medical benefits

- Search for the medication in our [Medical Policy website](#) to find out any prior authorization requirements.

Medications administered in the office or outpatient setting using the member's medical benefits (buy & bill)

- Members may only have pharmacy benefits for these [medications \(medical policy 071\)](#). Check the member's eligibility and benefits before administering the medication and billing us for the cost of it. Call BlueCard eligibility at **1-800-676-BLUE (2583)**.
 - Note: Some employers may also customize their coverage, so it's important to check member benefits and eligibility
- Some medications require prior authorization before we'll cover them under the member's medical benefits. For medications requiring prior authorization and phone and fax numbers to request authorization, refer to:
 - The specific medical policy. Access our library of policies on our [Medical Policy website](#)
 - [Medical Utilization Management \(MED UM\) & Pharmacy Prior Authorization Policy \(033\)](#)
 - [Medical Benefit Prior Authorization Medication List \(034\)](#).

To learn more about the prior authorization process, visit the [Prior Authorization page](#). Or, contact our Pharmacy Operations area at **1-800-366-7778**.