



Authorization requirements by product

(current as of March 2020)

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 a service, 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.

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 888-282-1315
Behavioral health	Call 1-800-524-4010 or fax 1-888-641-5199
Oral surgery	Call 1-800-327-6713

In-network (participating) providers

- You can learn authorization requirements for individual patients when you verify their eligibility using Online Services. To access Online Services, log on to www.bluecrossma.com/provider and click eTools.
- We recommend using [InterQual® SmartSheets™](#) to submit requests for **certain** procedures.

Learn more

Click the links to get to the information in this document that you need.

- [Authorization requirements by product](#)
- [Behavioral health authorization requirements](#)
- [Available SmartSheets](#)
- [Medications](#)

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

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.

Service	Commercial HMO/POS	PPO and EPO	Indemnity	Medicare HMO Blue	Medicare PPO Blue	FEP
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	Not covered
Cardiac & Pulmonary Rehab – Outpatient	No	No	No	No	No	Yes ⁴
Chiropractic Services	Yes ⁵	No	No	No	No	No, but benefit limits apply
Chronic Care/Long Term Acute Care Hospital	Yes	Yes	Yes	Yes	Yes	Yes
Dialysis	Yes ⁶	No	No	Yes ⁶	No	No ⁶
Durable Medical Equipment	Yes ⁷	Yes ⁷	No	Yes ⁷	Yes ⁷	Yes ⁷
Gender Affirmation Surgery	Yes ⁸	Yes ⁸	Yes ⁸	Yes ⁸	No	Yes ⁸
Gene therapy, including CAR T-cell therapy	Yes	Yes	Yes	Yes	Yes	Yes

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

³ **Assisted Reproductive Services.** For more information, refer to the medical policies, [Assisted Reproductive Services \(086\)](#) and [Preimplantation Genetic Testing \(088\)](#).

⁴ **Cardiac & Pulmonary Rehab – Outpatient.** Prior approval required for FEP Blue Focus but not FEP Standard Option or Basic Option.

⁵ **Chiropractic Services.** Authorization is required for most HMO/POS 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 on to [bluecrossma.com/provider](#) or call WholeHealth Networks, Inc., a Tivity Health Company, at **1-866-726-1713**.

⁶ **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.

⁷ **Durable Medical Equipment.** Only certain durable medical equipment items (such as sleep therapy-related items) 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](#).

⁸ **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.

Service	Commercial HMO/POS	PPO and EPO	Indemnity	Medicare HMO Blue	Medicare PPO Blue	FEP
Genetic Testing	Yes ⁹	Yes ⁹	No	No	No	Yes ⁹
Home Health Care	Yes ¹⁰	Yes ¹⁰	No	Yes ¹⁰	No	No
Home Infusion Therapy	Yes	Yes	Yes	Yes	Yes	Yes
Hospice/Respite – Inpatient/Outpatient	No	No	No	No	No	Yes
Inpatient Admissions (excluding uncomplicated deliveries)	Yes	Yes	Yes	Yes	Yes	Yes
Intraoperative Neurophysiologic Monitoring	Yes ¹¹	Yes ¹¹	Yes ¹¹	Yes ¹¹	Yes ¹¹	No
Nutritional Counseling	No	No	No	No	No	Yes ¹²
Nutritional Formula	Yes	No	No	Yes	No	Yes
Observation Level of Care	No	No	No	No	No	No
Out-of-Network Specialist Care	Yes	No ¹³	No	Yes	No	No ¹³

⁹ **Genetic Testing**

- **Commercial HMO/POS.** When required, request prior authorization through our vendor, [AIM Specialty Health](#). Check authorization requirements using a technology like [Online Services](#). You may also refer to our [medical policies](#).
- **Federal Employee Program.** For FEP members, prior approval is required for BRCA testing whether it is performed for preventive or diagnostic reasons. For preventive BRCA testing, the member must also receive genetic counseling and evaluation services before the test is performed. 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**.

¹⁰ **Home Health Care.**

- Authorization is automatically approved when submitted electronically by the PCP or specialist for up to 40 visits within 60 consecutive days. For our non-Medicare Advantage PPO Members, we automatically approve up to 12 dates of service per discipline within 30 consecutive days. For EPO members, we automatically approve up to 12 days of service *across all disciplines* within 30 consecutive days.
- 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.

¹¹ **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 \(Sensory-Evoked Potentials, Motor-Evoked Potentials, EEG Monitoring\)](#).

¹² **Nutritional Counseling.** 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.

¹³ **Out-of-Network Specialist Care.** Advantage Blue EPO, FEP Basic Option, and FEP Blue Focus have no out-of-network benefits.

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 ¹⁴	No	No	Yes	No	No ¹⁴
Radiology/Imaging: High-Tech (MRI, CT, PET, and nuclear cardiac tests)	Yes ¹⁵ Elective, outpatient only	Yes ¹⁵ Elective, outpatient only	No	Yes ¹⁵ Elective, outpatient only	Yes ¹⁵ Elective outpatient only	Yes ¹⁶
Speech Therapy (Outpatient)	No	No	No	Yes	No	No
Skilled Nursing Facility	Yes	Yes	Yes	Yes	Yes	Yes ¹⁷
Sleep Management	Yes ¹⁸	Yes ¹⁸	No	Yes ¹⁸	Yes ¹⁸	Yes ¹⁹

¹⁴ **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.

¹⁵ **High-technology Radiology (HTR) (excluding FEP).** When required, request prior authorization through our vendor, [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 [Online Services](#). Perform an eligibility inquiry with the service type, “MRI/CAT Scan.” If the **MRI/CAT Scan** row 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

¹⁶ **High-technology Radiology (FEP).** Prior approval required for FEP Blue Focus only.

¹⁷ **Skilled Nursing Facility.** Federal Employee Program Standard Option plan members who don’t have Medicare Part A have a 30-day annual benefit.

¹⁸ **Sleep Management (excluding FEP).** Request prior authorization through our vendor, [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)

¹⁹ **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.

Service	Commercial HMO/POS	PPO and EPO	Indemnity	Medicare HMO Blue	Medicare PPO Blue	FEP
Temporomandibular Joint Disorder	Yes	No	No	Yes	No	No
Transplants	Yes	Yes	Yes	Yes	Yes	Yes
Varicose veins / venous insufficiency	Yes ²⁰	No	No	Yes ²⁰	No	No

²⁰ **Varicose veins/venous insufficiency.** Please refer to [Medical Policy 238: Treatment of Varicose Veins and Venous Insufficiency](#).

Behavioral health authorization & notification requirements

Please note: Authorization requirements listed do not always reflect a subscriber’s benefits. Always check eligibility and benefits prior to providing services. For authorization requests **call: 1-800-524-4010** or **fax: 1-888-641-5199**

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

Service	Commercial Managed Care (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
Acute Residential (ART) - Psychiatric Disorders	Yes	Yes	Yes	Not covered	Not covered	Yes ³
Acute Residential (ART) – Substance Use Disorders	Yes ⁴	Yes ⁴	Yes ⁴	Not covered	Not covered	Yes ⁴
Intermediate levels of care (ILOC) - PHP/IOP/CSB Psychiatric Disorders	Yes ⁵	Yes ⁵	Yes ⁵	Yes (IOP not covered)	Yes (IOP not covered)	No ⁵
Intermediate levels of care (ILOC)- PHP/IOP/CSB Substance Use Disorders	Yes, beyond first unit ⁶	Yes, beyond first unit ⁶	Yes, beyond first unit ⁶	Yes (IOP not covered)	Yes (IOP not covered)	No ⁶

¹ **Acute Inpatient treatment for Psychiatric Disorders.** Prior authorization is not required for direct admissions from an Emergency Department, but notification within 48 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 **Acute Residential Treatment for Psychiatric Disorders.**

- **For residential (ART) services to be covered, FEP requires that:** 1) we have received a signed Case Management consent form and tentative treatment and discharge plan before admission; 2) the services meet all medical necessity requirements; and 3) the admission be at a licensed and accredited treatment facility.

⁴ **Acute Residential Treatment for Substance Use Disorders.** Prior authorization is not required, but notification within 48 hours of admission is required. Prior authorization is required for FEP products.

- **For residential (ART) services to be covered, FEP requires that:** 1) we have received a signed Case Management consent form and tentative treatment and discharge plan before admission; 2) the services meet all medical necessity requirements; and 3) the admission be at a licensed and accredited treatment facility.

⁵ **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. Crisis Stabilization and Family Stabilization are not covered services for FEP.

⁶ **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. Crisis Stabilization and Family Stabilization are not covered services for FEP.

Service	Commercial Managed Care (HMO, POS)	PPO And EPO	Indemnity	Medicare Advantage HMO Blue	Medicare Advantage PPO Blue	FEP
Outpatient Psychotherapy, Health & Behavioral Psychotherapy and Psychiatric Office Visits	No	No	No	No	No	No
Applied Behavior Analysis	Yes	Yes	Yes	Not covered	Not covered	Yes ⁷
Genetic testing	Yes ⁸	Yes ⁸	No	No	No	Yes ⁸
Methadone	No	No	No	Not covered ⁹	Not covered ⁹	No
Neuropsychological testing	Yes	No	No	No	No	No
Psychological testing	Yes	No	No	No	No	No

⁷ **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.

⁸ **Genetic testing**

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

⁹ **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.

Available SmartSheets

We encourage Blue Cross Blue Shield of Massachusetts-participating providers to use Change Healthcare’s InterQual SmartSheets to submit prior authorization requests for the procedures in the categories below. Use of SmartSheets is recommended because they provide us with the information we will need to expedite your request. We accept SmartSheets for the following procedures.

Back surgery (SmartSheet category: Neurosurgery):

- Anterior Cervical Discectomy and Fusion (ACDF)
- Discectomy, Percutaneous, Lumbar
- Fusion (with Laminectomy), Cervical
- Fusion (with Laminectomy), Lumbar
- Fusion (with Laminectomy), Thoracic
- Fusion, Cervical Spine
- Fusion, Lumbar Spine
- Fusion, Thoracic Spine
- Hemilaminectomy (Laminotomy) +/- Discectomy, Cervical
- Hemilaminectomy (Laminotomy) +/- Discectomy, Lumbar
- Laminectomy (with Fusion), Cervical
- Laminectomy (with Fusion), Lumbar
- Laminectomy (with Fusion), Thoracic
- Laminectomy, Cervical
- Laminectomy, Lumbar
- Laminectomy, Thoracic

Fax numbers

Fax the completed SmartSheet (72 hours before the date of service) to the appropriate number:

- **1-888-641-1375** (commercial members)
- **1-800-447-2994** (Medicare HMO Blue and Medicare PPO Blue members)
- **1-888-282-1315** (Federal Employee Program members)
- **1-617-246-4299** (Blue Cross Blue Shield of Massachusetts employees).

Hysterectomies (SmartSheet category: Obstetrics & Gynecology):

- Hysterectomy, +/- Bilateral Salpingo-Oophorectomy (BSO) or Bilateral Salpingectomy

Hip and knee replacements (SmartSheet category: Orthopedic – Lower Extremity):

- Total Joint Replacement (TJR), Hip
- Total Joint Replacement (TJR), Knee

You can use SmartSheets to request authorizations for the above services for these products:

Commercial HMO & POS	PPO and EPO	Indemnity	Medicare HMO Blue and Medicare PPO Blue	FEP
Yes	Inpatient only	Inpatient only	No	Inpatient only

Find & print SmartSheets

Access SmartSheets through the *InterQual Level of Care Criteria* application on our website.

1. Log on to bluecrossma.com/provider and go to **Clinical Resources>Prior Authorization>InterQual Criteria and SmartSheets**.
2. At the bottom of the page, click **Medical/Surgical**.
3. Select **CP: Procedures**.
4. Select a category:

- a. **Neurosurgery** for back surgeries:
 - i. Decompression +/- Fusion, Cervical
 - ii. Decompression +/- Fusion, Lumbar
 - iii. Decompression +/- Fusion, Thoracic
 - iv. Fusion, Cervical Spine
 - v. Fusion, Lumbar Spine
 - vi. Fusion, Thoracic
 - b. **Obstetrics & Gynecology** for hysterectomies
 - c. **Orthopedic - Lower Extremity** for hip/knee replacements.
5. Select a subset and click **Continue**. The application will open.
 6. Click the left-hand link, **SmartSheets**. A list of services will appear.
 7. Select an indication and click **Print**.

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](#). 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)**.
- 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 Clinical Pharmacy Operations area at **1-800-366-7778**.

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