



# Authorization requirements by product

(current as of June 2018)

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® Eligibility<sup>SM</sup> 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.
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](http://www.bluecrossma.com/provider) and click eTools.
- We recommend using [InterQual®](#) SmartSheets<sup>TM</sup> 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 Managed Care (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	No	No	Yes	Yes	Not covered
Ambulatory Surgical Procedures	Yes <sup>1</sup>	Yes <sup>1</sup>	No	Yes <sup>1</sup>	Yes <sup>1</sup>	May require medical policy review <sup>1</sup>

<sup>1</sup> 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](http://FEPblue.org). Go to **Benefit Plans>Brochures & Forms** and click **Medical Policies**.

Service	Commercial Managed Care (HMO, POS)	PPO and EPO	Indemnity	Medicare HMO Blue	Medicare PPO Blue	FEP
Chiropractic Services	Yes <sup>2</sup>	Yes <sup>2</sup>	No	No	No	No, but benefit limits apply
Chronic Care/Long Term Acute Care Hospital	Yes	Yes	Yes	Yes	Yes	Yes
Dialysis	Yes <sup>3</sup>	No	No	Yes <sup>3</sup>	No	No <sup>3</sup>
Durable Medical Equipment	Yes <sup>4</sup>	Yes <sup>4</sup>	No	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>
Gender Reassignment Surgery	Inpatient only	Inpatient only	Inpatient only	Inpatient only	Inpatient only	Yes <sup>5</sup>
Gene therapy, including CAR T-cell therapy	Yes	Yes	Yes	Yes	Yes	Yes
Genetic testing – hereditary breast and ovarian cancer (BRCA)	Yes <sup>6</sup>	No	No	No	No	Yes <sup>6</sup>
Home Health Care	Yes <sup>7</sup>	Yes <sup>7</sup>	No	Yes <sup>7</sup>	No	No
Home Infusion Therapy	Yes	Yes	Yes	Yes	Yes	Yes

<sup>2</sup> **Chiropractic services.** Authorization is required for most HMO/POS and certain PPO Members for visits 13 and beyond. (Note: PPO members who reside in Rhode Island are excluded from the authorization requirements.) 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](http://bluecrossma.com/provider) or call WholeHealth Networks, Inc., a Tivity Health Company, at **1-866-726-1713**.

<sup>3</sup> **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.

<sup>4</sup> **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](http://FEPblue.org). Go to **Benefit Plans>Brochures & Forms** and click **Medical Policies**.) Participating providers should also refer to our [payment policies](#).

<sup>5</sup> **Gender Reassignment Surgery.** 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.

<sup>6</sup> **Genetic testing (BRCA).**

- For HMO/POS members with a PCP based in Massachusetts, Blue Cross Blue Shield of Massachusetts-participating providers use Clear Coverage to request authorization. Log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and go to **eTools>Clear Coverage**.
- 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](#) at [FEPblue.org](http://FEPblue.org) for more information.

<sup>7</sup> **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.

Service	Commercial Managed Care (HMO, POS)	PPO and EPO	Indemnity	Medicare HMO Blue	Medicare PPO Blue	FEP
Hospice/Respite – Inpatient/Outpatient	No	No	No	No	No	Yes
Infertility Services	Yes <sup>8</sup>	Yes <sup>8</sup>	Yes <sup>8</sup>	No	No	Not covered
Inpatient Admissions (excluding uncomplicated deliveries)	Yes	Yes	Yes	Yes	Yes	Yes
Nutritional Counseling	Yes <sup>9</sup>	No	No	Yes	No	Yes <sup>9</sup>
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 <sup>10</sup>	No	Yes	No	No <sup>10</sup>
Physical and Occupational Therapy (Outpatient Short Term Rehabilitation Services)	Yes <sup>11</sup>	No	No	Yes	No	No <sup>11</sup>

<sup>8</sup> **Infertility.** For more information, refer to the medical policies, [Assisted Reproductive Services \(086\)](#) and [Preimplantation Genetic Testing \(088\)](#).

<sup>9</sup> **Nutritional Counseling.** Authorization is required for all diagnoses except diabetes. We automatically approve six visits in 365 days when a primary care provider (PCP), or a specialist with an open referral from the PCP, submits the request using one of our electronic technologies. (For Medicare HMO Blue, only the PCP may initiate the authorization.) Members must use a provider affiliated with a participating network physician or institution. To request visits beyond the initial six, please complete a [Medical Nutrition Therapy Authorization Extension Request Form](#).

- For our FEP members, we automatically approve 6 visits. 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.

<sup>10</sup> **Out-of-Network Specialist Care.** Advantage Blue EPO and FEP Basic Option have no out-of-network benefits.

<sup>11</sup> **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.

Service	Commercial Managed Care (HMO, POS)	PPO and EPO	Indemnity	Medicare HMO Blue	Medicare PPO Blue	FEP
Radiology/Imaging: High-Tech (MRI, CT, PET, and nuclear cardiac tests)	Yes <sup>12</sup> Elective, outpatient only	Yes <sup>12</sup> Elective, outpatient only	No	Yes <sup>12</sup> Elective, outpatient only	Yes <sup>12</sup> Elective outpatient only	No
Speech Therapy (Outpatient)	No	No	No	Yes	No	No
Skilled Nursing Facility	Yes	Yes	Yes	Yes	Yes	Yes <sup>13</sup>
Sleep Management	Yes <sup>14</sup>	Yes <sup>14</sup>	No	Yes <sup>14</sup>	Yes <sup>14</sup>	Yes <sup>15</sup>
Temporomandibular Joint Dysfunction Syndrome (TMJ) – non-urgent	Yes	No	No	Yes	No	No
Transplants	Yes	Yes	Yes	Yes	Yes	Yes

<sup>12</sup> **High-technology Radiology (HTR).** 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
- MRI, fMRI, MRA and MRS
- Coronary CT and Coronary CTA
- CT/PET Fusion
- PET scans
- Diagnostic and screening CT colonography

<sup>13</sup> **Skilled Nursing Facility.** Federal Employee Program Standard Option plan members who don’t have Medicare Part A have a 30-day annual benefit.

<sup>14</sup> **Sleep Management (excluding Federal Employee Program).** 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.

<sup>15</sup> **Sleep Management – Federal Employee Program.** 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.

# 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**

Service	Commercial Managed Care (HMO, POS)	PPO And EPO	Indemnity	Medicare Advantage HMO Blue	Medicare Advantage PPO Blue	FEP
Acute Residential (ART)	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>	Not covered	Not covered	Yes <sup>1</sup>
Intermediate levels of care (ILOC) - PHP/IOP/CSB Psychiatric	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup> (IOP not covered)	Yes <sup>2</sup> (IOP not covered)	No <sup>2</sup>
Intermediate levels of care (ILOC)- PHP/IOP/CSB Substance Use	Yes, beyond first unit <sup>3</sup>	Yes, beyond first unit <sup>3</sup>	Yes, beyond first unit <sup>3</sup>	Yes (IOP not covered)	Yes (IOP not covered)	No <sup>3</sup>
Applied Behavior Analysis	Yes	Yes	Yes	Not covered	Not covered	Yes <sup>4</sup>
Biopsychosocial	No	No	No	Yes	No	No
Inpatient BH/substance use	Yes <sup>5</sup>	Yes <sup>5</sup>	Yes <sup>5</sup>	Yes	Yes	Yes
Methadone	No	No	No	Not covered <sup>6</sup>	Not covered <sup>6</sup>	No
Neuropsychological testing	Yes	No	No	No	No	No
Outpatient BH/substance use (excluding ILOC)	No	No	No	Yes	Yes	No
Psychological testing	Yes	No	No	Yes	No	No

<sup>1</sup>**Acute Residential.** Massachusetts Chapter 258 mandates up to 14 days of substance use treatment for inpatient or acute residential treatment episodes without prior authorization; however, notification is required within 48 hours of admission. Chapter 258 does not apply to out-of-state admissions, Medicare or 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.

<sup>2</sup>**Intermediate levels of care psychiatric.** Intermediate levels of care may include Intensive Outpatient (IOP), Partial Hospitalization (PHP), or Family Stabilization Treatment (FST). All PPO products require authorization. Authorization is not required for Crisis Stabilization. Crisis Stabilization and Family Stabilization are not covered services for FEP.

<sup>3</sup>**Intermediate levels of care for substance use.** Massachusetts Chapter 258 mandates no prior authorization for the first unit of service for PHP or IOP. However, notification **is** required for the first unit of service. Authorizations are required for treatment beyond the first unit of service. Crisis Stabilization is not a covered service for FEP.

<sup>4</sup>**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.

<sup>5</sup>**Inpatient treatment.** Prior authorization is not required for direct admissions from an Emergency Department, but notification within 48 hours of admission is required for the initial 48 hours.

<sup>6</sup>**Methadone** treatment for opiate addiction in the outpatient setting by a licensed program is not a covered service for Medicare Advantage members. This includes daily methadone maintenance and detox.

# 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

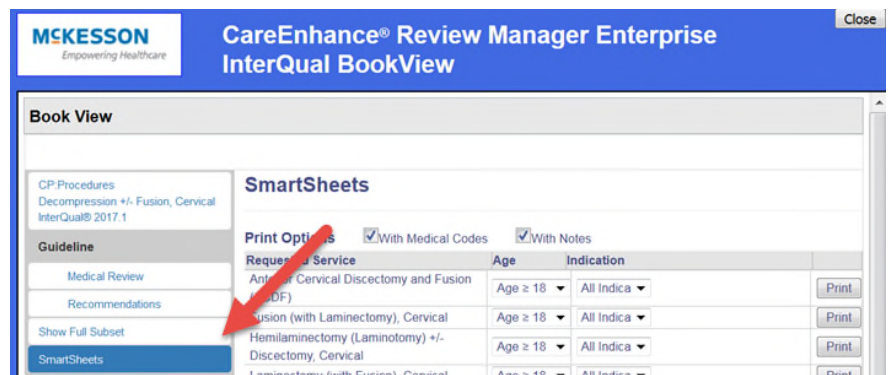
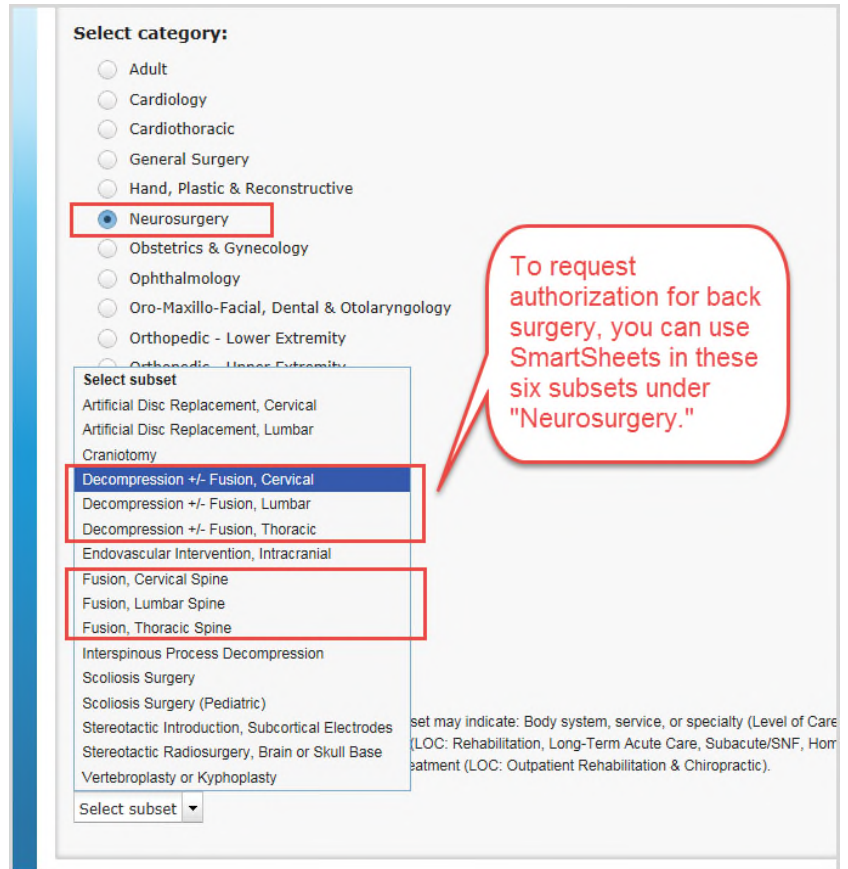
# Find & print SmartSheets

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

1. Log on to [bluecrossma.com/provider](http://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 (see screenshot):
  - a. **Neurosurgery** for back surgeries.
  - 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** (see bottom screenshot). 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 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. Check the applicable [medical policy](#) or contact our Clinical Pharmacy Operations area at **1-800-366-7778**.

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