Inpatient Hospitalizations for Acute, Psychiatric, Rehabilitation, and Skilled Nursing Facility Admissions and Partial Hospitalization Program Admissions	
Inpatient Acute and Psychiatric Hospitalizations	All elective inpatient admissions require prior authorization. Emergent/Urgent admissions require notification of admission within 24 hours of admission.
Long Term Acute Care Hospitalization (LTACH)	All admissions require prior authorization.
Partial Hospitalization Program (PHP)	All admissions require prior authorization.
Skilled Nursing Facility (SNF)	All admissions require prior authorization.
Inpatient Rehabilitation Facility (IRF)	All admissions require prior authorization.
Air Ambulance Servies	
Air Ambulance (Non-Emergent)	All non-emergent air ambulance services require prior authorization.
Transplants	
Transplant Evaluation	99205
Transplant Inpatient Hospitalization	All inpatient transplant admissions require prior authorization.
CAR T-Cell Therapy	38225, 38226, 38227, 38228
Out of Network Services	
HMO Plans (Basic & Plus)	All non-emergent out-of-network services require prior authorization
PPO Plans (Premiere & Extra)	Advance notification is recommended for members in the following circumstances: A network physician or health care professional directs a member to an out-of-network facility, physician, or other health care professional and the member's benefit plan includes benefits for out-of-network services - but there are no available in-network healthcare professionals for the type of specialty services needed. A network physician or health care professional requests in-network cost sharing or benefit level because there aren't in-network health care professionals for the type of specialty services needed.

MASS ADVANTAGE

Outpatient Services	
Sleep Apnea Procedures	21685, 41512, 41530, 41599, 42145, 64582, 64583, 64584, 95806, 95807, 95808, 95810, 95811
Cosmetic and Reconstructive Procedures	11960, 11971, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17106, 17107, 17108, 17999, 19316, 19318, 19325, 21010, 21050, 21060, 21073, 21089, 21116, 21120, 21121, 21122, 21123, 21141, 21198, 21206, 21230, 21240, 21242, 21243, 21244, 21248, 21255, 21260, 21267, 21299, 21480, 21485, 21490, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 29800, 29804, 55970, 55980,67900, 67901, 67902, 67903, 67904, 67906, 67908,67909, 67911, 67914, 67915, 67916, 67917, 67921,67922, 67923, 67924, 67950,96567, 96900, 96910, 96920,96921
Implantable Cardiac Defibrillators	33270
Spinal Procedures	20999, 22100, 22101, 22102, 22103, 22220, 22224, 22510, 22511, 22512, 22513, 22514, 22515, 22526, 22527, 22551, 22552, 22554, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22840, 22842, 22845, 22850, 22852, 22853, 22854, 22855, 22850, 22852, 22853, 22854, 22855, 22856, 22858, 22859, 22867, 22868, 22869, 22870, 22999, 27279,62287, 62380, 63001, 63003, 63005, 63011, 63012,63015, 63016, 63017, 63020, 63030, 63035, 63040,63042, 63043, 63044, 63045, 63046, 63047, 63048, 63052, 63053, 63055, 63056, 63057, 63064, 63066,63075, 63076, 63265, 63266, 63267, 63268, 0095T, 0098T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0656T, 0657T C1821, C2614, C9757
Vein Procedures	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T
Bariatric Surgery/Gastric Restrictive Procedures	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43845, 43846, 43847, 43838, 43886, 43887, 43888
Urologic Surgery	0935T, 0941T, 0942T, 0943T, 51721, 55881, 55882
Hysterectomy	58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554
Neurostimulators	0908T, 0909T, 63661, 63662, 63663, 63664, A4593, A4594
Other Implanted Stimulators	61880, 64553, 64561, 64569, 64570, 64575, 64581, 64585, 64595, 64999, E0736
Other Stimulation Techniques	0906T, 0907T
Bone Growth Stimulators	E0747, E0748, E0749, E0760
Orthopedic Implants	0946T
Cochlear Implants	69714, 69930, 69949

Outpatient Diagnostic Procedures and Tests	
Genetic Testing	All services require prior authorization.
Molecular Pathology	All services require prior authorization.
Heart Catheterization	93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93463, 93464
CTA Coronary Arteries	75574
Cardiac Resynchronization Therapy	33221, 33224, 33225, 33231
Percutaneous Transluminal Angiography (PTA)	37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231
Durable Medical Equipment	
Durable Medical Equipment	Requires authorization for any billed purchase or rental with a Medicare allowable amount of $1000 or greater.
Prosthetics/Orthotics	
Prosthetics	Requires authorization for any billed purchase or rental with a Medicare allowable amount of $1000 or greater.
Orthotics	Requires authorization for any billed purchase or rental with a Medicare allowable amount of $1000 or greater.