

Senior Whole Health of Massachusetts Medical Prior Authorization Grid



This pre-authorization matrix is meant to be used as a guide for participating Senior Whole Health providers and vendors. An authorization for services is not a guarantee of payment. Payment is based on eligibility, authorization status, and coding edits that may apply to a given code or code set. Please note: specialty services performed by a non-participating provider will require authorization.

Matrix Legend:

Facility	The facility where the procedure or service is being performed must contact plan for authorization
Clinician	The clinician performing the procedure or service must contact the plan for authorization
Facility/Clinician	Both the facility and/or clinician must contact plan for authorization
All Entities	Any entity performing a service in the identified setting must contact plan for authorization
	Authorization is required in the indicated setting.
	There are service specific conditions that affect requirements.
	No authorization is required in the indicated setting, or it is not applicable for this setting.
	Service is facilitated by a vendor.

Notes: Notes apply to all provider entities unless stated otherwise in this matrix

Service Category	Service Subset	Medi-care	Medi-caid	Out-of Network Status (Non-PAR)	In-Network Status (PAR)	IP Setting	OP Setting	Responsible SWH Delegate	Notes
						Entity responsible for obtaining PA			
Acupuncture	All services		✓	Not Eligible	Not Required for first 40 visits	N/A	Facility/Clinician	Claims/UM (Outpatient)	Providers MUST be Medicaid certified. Auth required for visits greater than 40 per calendar year.
Adult Day Health	Day Health and Transportation		✓	Required		N/A	All Entities	Community Services	Providers must fax a prior auth request form to the Community Services team at 844-236-1254.
	Adult Foster Care - All Levels (AFC/GAFC)		✓						
Ambulance Services	Emergency	✓		NOT Required				Claims	No MassHealth form required.
	Non-emergency	✓		See Note	Facility/Clinician		No MassHealth for required. No Auth required for interfacility non-emergent transport.		
Behavioral Health	Refer to Vendor Contact Magellan Behavioral Health: 1-800-424-4536								

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Cardiac Rehabilitation	All services	✓		Required		N/A	Facility/ Clinician	UM (Outpatient)	PCP referral is required.
Chiropractic Services	Manual manipulation of the spine	✓		Not Eligible	See Note		UM (Outpatient)		Medicare benefit covers Medically Necessary manual manipulation of the spine. Limit of 20 visits per calendar year.
	Routine office visit		✓						
Costmetic Procedures	All services	✓		Required		Clinician		UM	Procedures that are considered costmetic require prior-authorization
Community Based Services	Chore Services		✓	Required		N/A	All Entities	Community Services	Providers must fax a prior auth request form to the Community Services team at 844-236-1254.
	Companion Services		✓						
	Dementia Day Care		✓						
	Environmental Adaptation Services		✓						
	Grocery Shopping/Delivery Services		✓						
	Home Delivered Meals		✓						
	Homemaker		✓						
	Laundry Services		✓						
	Personal Care Services (Hygiene, Dressing, Consumer Directed Care)		✓						
	Personal Care Attendant (PCA)		✓	N/A			N/A		
	Respite		✓	Required			All Entities		
Social Day Care		✓	Required						

Service Category	Service Subset	Medicare	Medicaid	Out-of Network Status (Non-PAR)	In-Network Status (PAR)	IP Setting	OP Setting	Responsible SWH Delegate	Notes
						Entity responsible for obtaining PA			
Day Habilitation Services	All services		✓	Required		N/A	All Entities	Community Services	Providers must fax a prior auth request form to the Community Services team at 844-236-1254.
Dental	Refer to Vendor								Contact DentaQuest: 1-844-234-9829
Diabetes Care	Medicare Diabetes Prevention Program (MDPP)	✓		Not Eligible	NOT Required			Member Svc/ Claims	
	Shoes/Inserts	✓		Required	Facility/Clinician			UM (Outpatient)	Pick up at pharmacy w/ prescription.
	Self-management training	✓		Required	See Note				Member must be determined eligible.
	Glucometer	✓			NOT Required				PA not required for PAR providers. Requests fulfilled by SWH UM Dept.
	Lancets	✓							
	Test strips	✓							
	Alcohol Wipes	✓							
Durable Medical Equipment (DME)	Wheelchair	✓		Required	N/A	All entities	UM Outpatient	Fax prior authorization request form to 508-823-6375 or 617-494-5554.	
	Power chair	✓							
	Partially electric bed	✓							
	Cancer supplies/wigs		✓						
	Mastectomy Bras		✓						
	Bed Rails	✓							
	Hospital Bed	✓							
	Crutches	✓							
	Walker	✓							
	IV Infusion Pump	✓							
	Motorized Devices	✓							
	Power Scooter	✓							
	Cane		✓						
	Quad Cane		✓						
	Sock Aide		✓						
	Items not covered by Medicare		✓						
Fully electric bed		✓							

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Durable Medical Equipment (DME) (cont.)	Tub & Toilet Grab Bars		✓	Required		N/A	All entities	UM Outpatient	Fax prior authorization request form to 508-823-6375 or 617-494-5554.
	Hand-Held Shower		✓						
	Shower Chair		✓						
	Rollator w/ Basket		✓						
	Equipment Repair		✓						
	Personal Emergency Response System (PERS)		✓						
	Wander Response System		✓						
	Equipment not otherwise specified		✓						
Hearing Services	Hearing aids		✓	Required		N/A	All entities	UM (Outpatient)	PA required for hearing aids
	Hearing test		✓	Not Eligible		NOT Required			
	Instrument servicing/ replacement		✓	See Note		N/A	All Entities		Prior Auth required for instrument replacement within 5 years
Health & Wellness	All benefits	✓	✓	NOT Required			Member Services		
Home Health Agency Care	Physical therapy (PT)	✓	once exhausted	Required		N/A	Facility/ Clinician	UM (Outpatient)	PA for skilled nursing services is required. Fax completed PA request form to 508-823-6375 or 617-494-5554.
	Occupational Therapy (OT)	✓							
	Home Health Aide (HHA)	✓							
	Home Infusion	✓							
	Skilled nursing	✓							
	Speech therapy	✓							
Social work	✓								
Hospice	All services	✓		See note			UM	Member must have qualifying prognosis. Provider MUST be Medicare certified.	

Service Category	Service Subset	Medicare	Medicaid	Out-of Network Status (Non-PAR)	In-Network Status (PAR)	IP Setting	OP Setting	Responsible SWH Delegate	Notes
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Incontinence	Disposable Diapers		✓	Required	NOT Required	N/A	All entities	UM (Outpatient)	Prior Auth NOT required if requested from PAR vendors. Requests are fulfilled by SWH UM Department.
	Disposable Wipes		✓						
	Disposable Chucks		✓						
	Reusable bed pads		✓						
Inpatient Admission	Acute	✓	✓	Required		Facility	N/A	UM (Inpatient)	Elective Admission: PA required 7 days prior to admission/ Medicare covers 90 days
	Observation (OBS)	✓	✓						Observation is reviewed as an OP service. Limited to up to 48 hours per episode.
Inpatient Admission (Sub-Acute)	Sub-acute	✓		Required		Facility	N/A	Initial: UM (Inpatient) Concurrent: SNF	UM will typically build the authorization, and review initial step down. Concurrent, and longer term review is facilitated by the SNF Team
	Rehabilitation	✓							
	Transitional Care	✓							
	SNF	✓							
	Long-term custodial care								
Interpreter Services	All services		✓	Not Eligible	Required	All entities		All	
Kidney treatment	All services	✓		See Note		Facility/Clinician		UM	PA required for dialysis.
Laboratory Services (Outpatient)	Biopsy	✓		Required	NOT Required			UM (Outpatient)	PA not required for PAR providers.
	Endoscopy	✓							
	Other diagnostic tests	✓		Not Eligible					
	General lab services	✓		Required					
Meal Services	Home Delivered meals		✓	NOT Required		N/A	All entities	Member Services/ Claims	

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Nutrition	Assessment		✓	Required		NA	All entities	UM Outpatient	Please fax the required Nutrition Supplement form to 617-554-4554 or 508-823-6375. Limited to 3 visits per calendar year without referral. In-home services covered by HHA auth. Must have qualifying condition. 3 hours counseling in 1st year, 2 hours each following year. Physician's order required for more extensive treatment. Medicaid MAY cover service for member who do not qualify under Medicare.
	Supplements		✓			All entities			
	Counseling		✓			Required	NOT Required		
	Medical Nutrition Therapy	✓	Not Eligible						
Oncology	General	✓		See Note		NOT Required	Claims	To facilitate continuity of care, pre-existing relationships with non-PAR oncology specialists and facilities will be honored. Requirement for consultation, treatment and routing follow-up visits waived for cancer diagnoses.	
	Radiation	✓							
	Chemotherapy	✓							
Orthotics & Prosthetics	Procedures	✓	✓ when not covered	Required	Required	Facility/Clinician	UM		
	Devices	✓			NOT Required				
	Supplies	✓							
Other Services	Other therapies			Not covered			UM	If covered, services require PA.	
	Experimental & investigational services			Required	See Note	Facility/Clinician			
Outpatient Services	Rehabilitation services	✓		Required		Facility/Clinician	UM		
Palliative Care	All services	✓		Required		NOT Required	UM		
Pharmacy	Medicare Part B prescription drugs	✓		See Note		Clinician	Pharmacy	Contact Pharmacy Dept for formulary requirements.	
	"Healthy You" OTC card	✓		NOT Required				Up to \$45 allowance every 3 months for Medicare approved items.	
	Over-the-Counter (OTC) Benefit		✓	NA					
	Pain management	✓		Required		Clinician		Contact Pharmacy Dept for formulary requirements.	

Podiatry Services	All services	✓	✓ once exhausted	See Note	Facility/Clinician	UM	Prior auth required for more than 6 routine or hygienic foot care visits per calendar year. Not covered Podiatric care is covered under the MassHealth benefit.
Preventive Screenings	Abdominal aortic aneurysm screening	✓		Not Eligible	NOT Required	Member Svcs/ Claims	Physician referral required.
	Alcohol use reduction screening	✓					
	Breast cancer screenings	✓					Includes 1 baseline mammogram every 12 months for women ages 40+; clinical breast exam every 24 months.
	Cardiovascular disease testing	✓					One screening every 5 years.
	Cervical and vaginal cancer screening	✓					Pap tests, Pelvic Exams: Every 24 months. If at high risk or childbearing age with abnormal Pap test within past 3 years: one Pap test every 12 months.
	Colorectal cancer screening	✓					Flexible sigmoidoscopy (or screening barium enema as an alternative) every 48 months/ Guaiac-based fecal occult blood test (gFOBT), or fecal immunochemical test every 12 months/ DND-based colorectal screening every 3 years. For high risk members: 1 screening colonoscopy (or screening barium enema as an alternative) every 24 months. No-risk members: 1 screening every 10 years (120 months), but not within 48 months of screening.
	Depression screening	✓					
	Diabetes screening	✓					Every 12 months with certain risk factors.
	Lung cancer screening w/ low dose computed tomography	✓					
	Prostate cancer screening	✓					1 every 12 months for members 50+.
	HIV screening	✓					1 every 12 months; pregnant members may get 3 during pregnancy.
	Obesity screening	✓					Counseling to promote sustained weight loss also covered in the primary care setting.
	STI screening	✓					

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Private Duty Nursing	All services	✓	✓	N/A	N/A	N/A		N/A	
Professional Services	Routine	✓		Required	NOT Required		UM (Outpatient)	Includes all medically necessary PAR services unless otherwise stated in this matrix.	
	Primary Care	✓							
	Specialist	✓							
	Bone mass measurement	✓		Not Eligible	See Note		UM		Covered every 24 months for identified members and more frequently if determined medically necessary.
	Cardiovascular disease risk reduction visit (PCP)	✓		Required	NOT Required		Claims	1 PCP visit per year.	
Prosthesis Equipment	Artificial limbs	✓		Required	See Note		UM (Outpatient)	PA may be required. Please submit authorization request to UM department at 617-554-4554 or 508-823-6375.	
	Braces	✓							
	Breast prosthesis	✓							
	Colostomy care	✓							
	Orthotics								✓
	Pacemaker	✓							
	Related supplies	✓							
	Supplies not covered by Medicare								✓
Pulmonary Rehabilitation	All services	✓		See Note		N/A	Facility/Clinician	UM (Outpatient)	PCP referral required.
Radiology	CT	✓		Required	NOT Required		UM		
	PET scan	✓							
	X-ray	✓							
	Ultrasound	✓							
	MRI	✓							
Respiratory	Nebulizer		✓	Required		N/A	All entities	UM (Outpatient)	Includes all necessary supplies for liquid or gaseous oxygen administration.
	Gaseous oxygen systems		✓						
	Liquid oxygen systems		✓						
	Supplies		✓						
	Sleep study		✓						

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Routine Services	Annual wellness visit	✓		Not Eligible	NOT Required		Member Svcs/ Claims	Available after 12 months on Medicare Part B; or 12 months from initial "Welcome to Medicare" preventive visit.	
	Immunizations	✓		NOT Required				Immunizations must be covered under Part B; some Part D vaccines also included.	
Smoking Cessation	Cessation products (Chantix, Nicotrol)	✓	✓	NOT Required		Member Svcs/ Claims	Medicaid includes replacement medicine including patches, gum, lozenges; Must be prescribed.		
	Counseling	✓	✓				2 attempts to quit - Medicaid after Medicare exhausted		
Substance Abuse	Refer to Vendor Contact Magellan Behavioral Health: 1-800-424-4536								
Supplies	Medical	✓		Required	NOT Required		UM	Includes all Medical supplies unless otherwise listed elsewhere on this matrix.	
	Surgical	✓							
	Miscellaneous	✓							
Surgery	Oral	✓		Required	Facility/Clinician	UM (Inpatient)	Surgical requests should be faxed to 617-551-4198		
	Transplant	✓							
	Ambulatory	✓							
	Bariatric	✓			NOT Required	UM (Outpatient)	Outpatient surgery requests should be faxed to 508-823-6375 or 617-494-5554		
	Cataracts	✓							
	Outpatient	✓							
Vision Services	Refer to vendor Contact VSP: 1-800-877-7195								
Stress Test	Stress test		✓	Not Eligible	NOT Required		Member Svcs/Claims		
	Nuclear stress test		✓						

