



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
All Provider Bulletin 287
February 2020

TO: All Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Clinical Guidelines for New MassHealth Third Party Prior Authorization Administrator

Summary

This bulletin describes forthcoming changes related to prior authorization (PA) requirements for certain services provided by physicians, certified nurse practitioners, certified nurse midwives, physician assistants, clinical nurse specialists, group practices, acute outpatient hospitals (AOHs), community health centers (CHCs), and independent diagnostic testing facilities (IDTFs).

Background

Pursuant to 130 CMR 450.303, MassHealth requires providers to obtain PA to provide certain medical services. PA determines only the medical necessity of the requested service, and does not establish or waive any other prerequisites for payment, such as member eligibility, or health-insurance payment. Providers should consult all applicable regulations and subregulatory guidance for information about coverage, limitations, service conditions, and other PA requirements.

As explained in Transmittal Letters PHY-157, AOH-45, IDTF-20, and CHC-113 (collectively, the Transmittal Letters), effective March 1, 2020, MassHealth will require PA for certain advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology. The services for which MassHealth will require PA (Services Requiring PA) are described in each of the Transmittal Letters.

As also explained in each of the Transmittal Letters, as part of MassHealth's efforts to provide its members with access to high quality, cost-effective care, MassHealth has contracted with eviCore healthcare (eviCore) to provide utilization management programs for these services. Among other things, eviCore will evaluate all requests for PA for the Services Requiring PA.

Designation of eviCore Clinical Guidelines to Evaluate PA Requests

eviCore has published a series of clinical guidelines that identify the clinical information that it needs to determine the medical necessity for various services, including the Services Requiring PA. These Clinical Guidelines are available via the following URL:

<https://www.evicore.com/provider/clinical-guidelines> (Clinical Guidelines).

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Through this bulletin, MassHealth is designating those Clinical Guidelines as its guidelines for the medical necessity determination for each of the Services Requiring PA. When evaluating requests for PA for any of the Services Requiring PA, eviCore will apply the Clinical Guidelines corresponding to those services. Consequently, when submitting a request for PA for such a service, all providers must ensure that they review and follow that service's corresponding eviCore Clinical Guideline. In addition, providers submitting requests for PA for these services must also follow the directions set forth in the Transmittal Letters, as well as any other applicable regulations or subregulatory guidance.

This change will impact only those members enrolled in MassHealth fee-for-service, a Primary Care ACO plan, or the Primary Care Clinician (PCC) plan. Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), integrated care organization (ICO), senior care organization (SCO), or Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, ICO's, SCO's, or PACE's medical policies for covered services.

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Questions or Concerns

If you have any questions or concerns about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.