

Some treatments and services require Prior Authorization. These services and treatments are covered only if Minuteman Health, Inc. (MHI) authorized them in advance. If any non-authorized and/or non-covered service or treatment, such as a cosmetic procedure, is performed at the same time as the authorized services, MHI may deny the non-authorized and/or non-covered service or treatment. To get Prior Authorization, your treating doctor must contact MHI. MHI's Health Services Department sends Prior Authorization Request Forms to your doctor. The doctor can either send us a Prior Authorization Request Form or contact MHI by phone. Please refer to your Explanation of Coverage (EOC) for applicable timeframes associated with prior authorization.

If you have further questions, please call the Minuteman Member Services Line at 1-855-MHI-1776, Monday-Friday, 8 a.m. to 6 p.m.

Minuteman Health Prior Authorization and Notification List

- Admissions to:
 - Acute care facilities
 - Skilled nursing facilities
 - Acute rehabilitation facilities
 - Hospice
- Transplants
 - Human organ
 - Bone marrow
 - Autologous chondrocyte
- Diagnostic Imaging* (Contact eviCore at 888-693-3211)
 - CT scans
 - MRA's
 - MRI's
 - PET's
 - Nuclear cardiac imaging performed in a physician's office or outpatient facility
 - Diagnostic imaging ordered/ performed in urgent care settings

*Imaging procedures performed while a patient is in the emergency room, observation, or is an inpatient, do not require prior authorization.

- Surgical Procedures
 - Abdominal panniculectomy
 - Bariatric surgery and surgical management of morbid obesity
 - Blepharoplasty
 - Cochlear implants
 - Endothelialkeratoplasty
 - Gender reassignment surgery (MA)
 - Implantable Miniature Ocular Telescope (IMT) Prosthesis
 - Infuse bone graft
 - Mammoplasty, reduction

- o Mobi C artificial cervical disc
- o Obstructive sleep apnea corrective surgeries, involving palate, uvula, or related structures
- o Orthognathic surgery
- o Radiofrequency ablation for chronic spinal pain
- o Removal of impacted teeth, excluding wisdom teeth, when performed in an outpatient facility (for both the facility and anesthesia)
- o Rhinoplasty
- o Sacroiliac joint fusion
- o Stimulators
 - Bone growth
 - Gastricelectrical
 - Sacral nerve
 - Spinal cord
- o Stretta procedure
- o Total ankle replacement (TAR)
- o Total hip resurfacing
- o Uvulopalatoplasty, laser-assisted
- Therapies
 - o Speech
- Home Health Care
 - o Skilled nursing
 - o Infusion therapy
 - o Perinatal monitoring
 - o PT,OT,speech
 - o Hospice
- DME, Orthotics & Prosthetics**
 - o Cardiac defibrillator, wearable
 - o BIPAP, Pressure Support Ventilators
 - o High cost equipment, including certain repairs and maintenance
 - Air fluidized beds
 - Bone growth stimulators
 - Cochlear implants
 - Continuous glucose monitoring systems
 - Voice synthesizers for monitors used by legally blind
 - Customized items and supplies
 - (Some)Diabetic equipment and supplies,
 - High frequency chest wall compression devices
 - Home use of oxygen
 - Inter-pulmonary percussive ventilation systems
 - Specialized beds/mattresses for wound care
 - Speech generating devices
 - Wheelchairs, power and other certain wheelchairs
(under certain circumstances an assessment at a wheelchair clinic by a Physical Therapist might be required)
 - Wound care supplies
 - Wound vac systems
 - o Insulin pumps

- o Therapeutic shoes and orthotics
 - o Prosthetic limbs
 - o Facial prostheses (including artificial eyes)
- Infusion & Nutritional Support
 - o IVIG
 - o Formula and enteral nutrition
 - o Lyme disease treatment
- Medications - For information about medications that require prior approval check the Drug Look up Tool on the “I’m a Member” Tab.
- Injectable drugs
 - o For a list of injectable drugs covered under the medical benefit and prior authorization requirements, check the MHI Drug Formulary at www.minutemanhealth.org or call MHI Health Services at 1-855-644-1776 (Select Option 2, then Option 4).
- OB/GYN
 - o Infertility Treatment (MA)
 - AI, IUI, IVF-EP, GIFT, ZIFT, FET, ICSI, assisted hatching, cryopreservation of eggs
 - Pre-implantation genetic diagnosis
 - o Pregnancy
 - After 1st prenatal visit, fax pre-registration form from www.minutemanhealth.org to MHI Health Services at 413-233-2700, which will serve as prior authorization for admission on EDC
 - ACOG Antepartum Record Form may be used
 - Re-submit updated pre-registration form when a risk factor is identified at a subsequent visit
- Behavioral Health/Substance Abuse (*MA– Certain services in Massachusetts cannot be subject to prior authorization but can require a notification requirement and subsequent concurrent review)
 - o Acute residential treatment (ART)/Community Based Acute Treatment (CBAT)*
 - o Autism Services
 - Applied Behavioral Health Analysis
 - In NH, **prior authorization is not required for ABA**
 - In NH, **two (2) visits for diagnosis followed by up to three (3) treatment visits** in each contract year are covered without review. Subsequent visits within the contract year may be subject to utilization review. The treatment plan must be submitted.
 - Physical, occupational and speech therapy provided by a licensed physical or occupational therapist or by a licensed speech and language pathologist to develop skill or function or to prevent the loss of attained skill or function is a covered autism service.
 - In, NH two (2) visits for diagnosis followed by up to Three (3) treatment visits in each contract year are covered without review. Subsequent visits within the contract year may be subject to utilization review. The

- treatment plan must be submitted.
- In NH, Any visit limits for other physical, speech and occupational therapy, will not apply to physical, occupational or speech therapy to treat pervasive developmental disorder or autism.
 - Crisis Stabilization Unit (CSU)/ Community Crisis Stabilization (CCS)
 - Day treatment*
 - Partial hospitalization program (PHP)*
 - Family stabilization therapy (FST)*
 - Intensive outpatient therapy (IOP)*
 - Transcranial magnetic stimulation (TMS)
 - Neuropsychological testing
 - Clinical Stabilization Services (CSS)/ Community Stabilization Services (CSS) and Acute Treatment Services (ATS) (Covered in MA only - mandated coverage. In-plan provider notification required within 48 hours and prior authorization required beginning on day 15. Out-of-plan providers must have prior authorization)
 - **Other**
 - Ambulance, non-emergency, including air ambulance
 - Biofeedback
 - Cardiac monitoring
 - Chair van services
 - Cleft lip and palate treatment
 - Clinical trials
 - Contact Lenses
 - Dental procedures performed in a hospital setting
 - Dermal injections for the treatment of facial lipodystrophy syndrome (LDS)
 - Fecal microbiota transplant
 - Genetic testing
 - Hearing aids for members age 21 and younger
 - Hyperbaric oxygen treatment, outpatient (HBO)
 - Insulin pumps
 - Lyme disease treatment- IV antibiotics
 - Mandibular advancement device for treatment of sleep apnea
 - Oncogene typing associated with treatment of breast cancer
 - Proton beam therapy
 - Photochemotherapy (PUVA) and Phototherapy
 - Scleral lens
 - Sleep Studies

****Durable Medical Equipment (DME)**

At MHI the term "DME" is used to denote anything billed with an A, E, L, or K HCPCS code, with a few exceptions certain drugs and pharmaceuticals). This includes standard durable medical equipment, high-tech or other specialized DME, medical and surgical supplies,

ostomy supplies, oxygen and respiratory equipment and supplies, and orthotics and prosthetics.

- MHI does require DME vendors to receive a prescription from a physician or ordering practitioner prior to dispensing an item to ensure that it is medically necessary.
- The vendor is not required to submit the prescription to be reimbursed, however, MHI may request to see the physician's prescription order.
- Very few DME items require prior approval by Health Services prior to dispensing. For information on member responsibility as well as requirements for prior authorization

Please call MHI Member Services at 855-644-1776 (Select Option 1).

REVIEW DATES

Updated 10/28/2016, 04/05/2017, 6/2/2017, 06/29/2017, 09/07/2017