



Services that require prior authorization (Medicaid-only services)

This document provides a list of services that require prior authorization. Prior authorization requirements may vary based on medical necessity, plan coverage, and applicable MassHealth rules. This document is not meant to replace your Evidence of Coverage (EOC), which provides detailed information regarding covered benefits, limitations, and exclusions.

- Adult day health
- Adult foster care
- Community-based services (in-home care)
- Continuous nursing services
- Day habilitation
- Dementia day care
- Durable medical equipment and related supplies
- Group adult foster care
- Home health agency care
- Inpatient hospital care
- Inpatient services in a psychiatric hospital
- Inpatient stay: covered services received in a hospital or SNF during a non-covered inpatient stay
- Institutional custodial care
- Outpatient behavioral health care
- Outpatient diagnostic tests and therapeutic services and supplies
 - For CT scans, PET scans, MRIs, nuclear studies, proton beam therapy, intensity modulated radiation of the breast, hyperbaric oxygen therapy, genetic testing, sleep studies (polysomnography), and lab services
- Outpatient rehabilitation services
 - Occupational/physical therapy - after 60 visits
 - Speech/language therapy - after 35 visits
- Outpatient surgery
- Partial hospitalization services and intensive outpatient services
- Personal care attendant services
- Podiatry Services (in a nursing home and podiatric surgery)
- Prosthetic and orthotic devices and related supplies
- Skilled nursing facility care
- Transportation (non-emergent medical and non-emergent non-medical)
- Transportation - ambulance (non-emergency)