



## Fallon Medicare Plus (Medicare Advantage) Services that require prior authorization

**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.**

- Dental services
  - Diagnostic services, endodontics, adjunctive general services, restorative services, prosthodontics (fixed and removable), periodontics, and oral and maxillofacial surgery.
- Diabetic services and supplies
  - Insulin pumps and continuous glucose monitors and supplies (both preferred and non-preferred)
- Durable medical equipment and related supplies
- Home health agency care
- Inpatient hospital care
- Inpatient services in a psychiatric hospital
- Inpatient stay: covered services you get in a hospital or SNF during a non-covered inpatient stay
- 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 hospital services
- Outpatient mental health care
  - For Transcranial Magnetic Stimulation, Electro-Convulsive Therapy, and Intensive Outpatient Therapy
- Outpatient rehabilitation services
  - Occupational/physical therapy - after 60 visits
  - Speech/language therapy - after 35 visits
- Outpatient substance use disorder services
  - For Intensive Outpatient Therapy (IOP)
- Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers
- Partial hospitalization services and intensive outpatient services
- Prosthetic and orthotic devices and related supplies
- Skilled nursing facility care
- Transportation - ambulance services (non-emergency)