



Berkshire Fallon Health Collaborative 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.

- Acute inpatient hospital services
- Acute outpatient hospital services
- Ambulatory surgery services
- Chronic disease and rehabilitation hospital services
- Durable medical equipment
- Home health services
- Inpatient psychiatric hospital services
- Nursing facility services
- Outpatient mental health care
 - Electro-Convulsive Therapy and Repetitive Transcranial Magnetic Stimulation
- Outpatient substance use disorder services
- Oxygen and respiratory therapy equipment
- Prosthetic and orthotic devices and related supplies
- Radiology and diagnostic Services
 - Advanced imaging and diagnostic studies, including MRI and other radiological services.
- Therapy services
 - Occupational/physical therapy - after 60 combined visits
 - Speech/language therapy - after 30 visits
- Vision care services