Blue Cross Blue Shield of Massachusetts
Managed Care, PPO and Indemnity Guidelines

Commercial Members: Managed Care (HMO/POS) Guidelines
All authorization requirements are determined by the individual's subscriber certificate, explanation of coverage, or summary plan description. In general:
- Any specialist visit requires a referral
  - No referral is required for a visit to an OB/GYN specialist.
- Pre-authorization is required for an inpatient admission.

Commercial Members: PPO and Indemnity Guidelines
All authorization requirements are determined by the individual's subscriber certificate, explanation of coverage, or summary plan description. In general:
- No referral is required for a specialist visit.
- Pre-authorization is required for an inpatient admission.
- Pre-authorizations are not required for most outpatient services, except as those defines in the subscriber certificate.

Medicare Members: Managed Care HMO Blue Guidelines
Services must meet all of the following criteria:
- be medically necessary
- meet the criteria for coverage described in BCBSMA medical policy,
- prescribed by a plan physician and
- provided by a network provider.
Referrals are required for all visits to a specialist.
Pre-authorization is required for an inpatient admission.

Medicare Members: PPO Guidelines
Services must meet all of the following criteria:
- be medically necessary
- meet the criteria for coverage described in BCBSMA medical policy,
- prescribed by a plan physician and
- provided by a network provider.

Referrals are not required for visits to a specialist.
Pre-authorization is required for an inpatient admission.