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
  o No referral is required for a visit to an OB/GYN specialists.
• 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 defined 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.