



Mass General Brigham
Health Plan

MAPAM

Suzanne Medeiros
Senior Provider Network Account Executive

May 16, 2025

Agenda

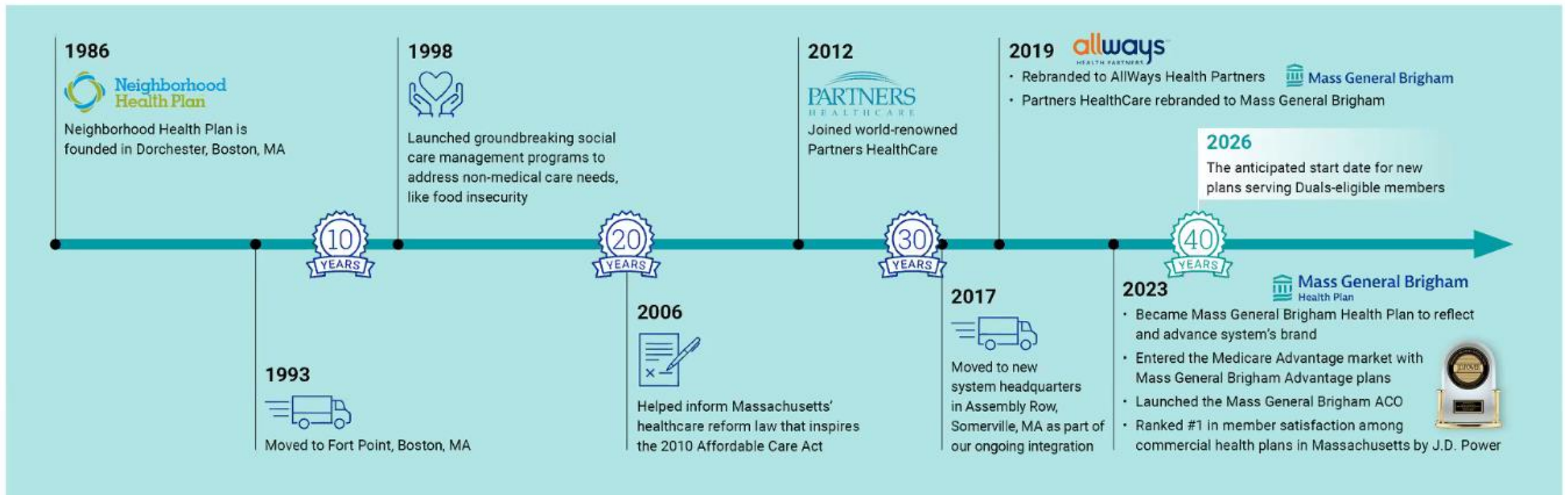
- Mass General Brigham Health Plan Legacy
- Membership
- Products and ID Cards
- News/Reminders
- Provider Portal
 - Claim Submission
 - Request For Claims Review/Appeal Submission
- Authorization & Referral Overview
- Provider Resources
- Questions



Building on our legacy as a community-based organization



Our legacy of integration, innovation, and growth drives us forward



Mass General Brigham Membership

- **MGB ACO MEDICAID** 145,061
- **MGB COMMERCIAL** 251,115
- **MGB MEDICARE ADVANTAGE** 6,597

Total Membership

A breakdown by line of business

Membership as of April 1, 2025	
Total Membership	402,773
Commercial	251,115
MassHealth	145,061
Medicare Advantage	6,597



Our Provider Network



Beth Israel Lahey Health



Products and ID Cards



Products Reference Page

For a complete overview of all our products please click on the following link.

<https://massgeneralbrighamhealthplan.org/providers/product-reference>

Products

Click the links below to jump to the product description and view a sample member ID card.

Standard plans

Coverage offered by employers or purchased by individuals.

- [Complete HMO plans](#)
- [Complete PPO Plus plans](#)
- [Complete Access EPO plans](#)
- [Allies & Allies Choice HMO plans](#)
- [Choice Easy Tier plans](#)

Mass General Brigham plans

Coverage available to employees of Mass General Brigham.

- [Mass General Brigham Employee Plans](#)

Qualified health plans (QHP)

Affordable plans providing essential health benefits for members.

- [Complete HMO Plan - Health Connector](#)
- [Select HMO Plan - Health Connector](#)
- [Complete PPO Plus - Health Connector](#)

Additional plans

Additional plans offered by employers.

- [Value HMO Plan \(City of Boston\)](#)
- [Complete HMO Plan \(GIC\)](#)

Medicaid and Medicare plans

Coverage for individuals who meet specific age, disability, and/or income criteria.

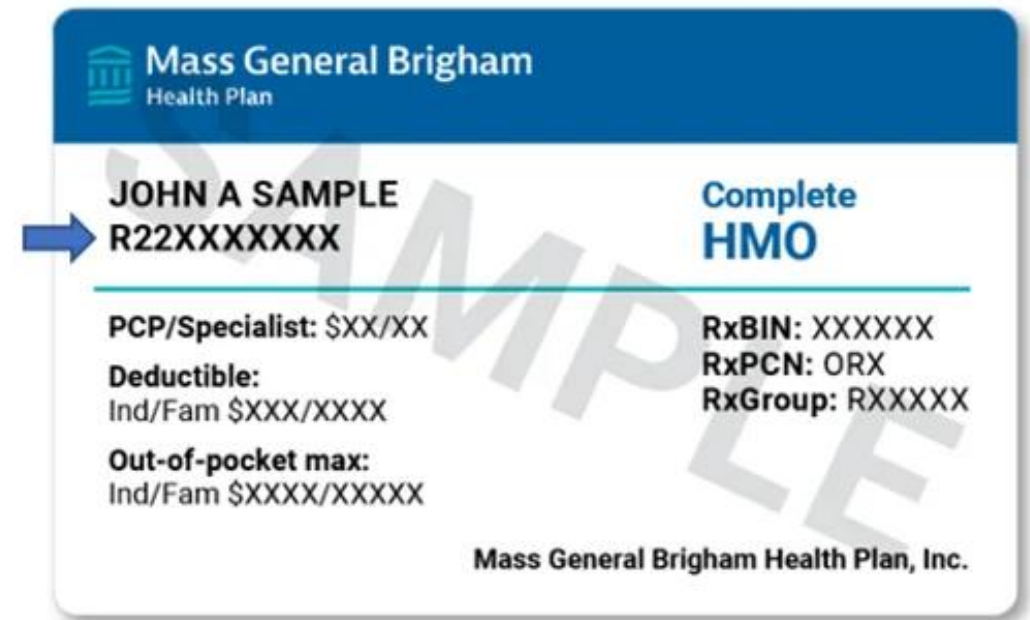
- [Mass General Brigham ACO \(MassHealth\)](#)
- [Medicare Balance](#)
- [Medicare Advantage plans](#)



Member ID Cards

Highlights:

- Reminder - Mass General Brigham Health Plan had updated member ID numbers and cards for all members effective January 1, 2024. All individuals across membership populations have the same prefix, R22, in their new ID numbers.



News and Reminders



Update to Prior Authorizations for Observation stays

To support timely access to care and reduce the administrative burden, Mass General Brigham Health Plan, is removing the prior authorization requirement for observation stays for our Medicaid and Commercial members.

- **Effective 5/1/25**, Observation stays up to 48 hours (two calendar days) will be covered **without** Prior Authorization. Providers should follow standard prior authorization procedures for the length of stay's greater than 48 hours and inpatient admission is required. Inpatient hospitalization requests require a separate authorization.
- Providers should continue to follow standard clinical documentation and billing practices.
- Observation Payment Policy: [ObservationServices.pdf](#)
- Prior Authorization guideline [PAGuide.pdf](#)



Changes to MassHealth Pediatric Proton Pump Inhibitor PA requirements

MassHealth updated Prior Authorization requirements in the MassHealth Drug List

(MHDL) for multiple acid-blocking medications (proton pump inhibitors, or PPIs) for pediatric patients. We developed the following [guide](#) to clarify which drugs are now available without prior authorization.

Below are the links to the Pediatric Guide and Notification regarding the changes.

[Guide to pediatric PPI options for MassHealth patients](#)

[Guide to PPIs for pedi patients.pdf](#)



Update To Prior Authorization Review For Transfers From Acute Care To Post-Acute Care Facilities

In accordance with **Chapter 197 of the Acts of 2024** (recent state legislation), we are making changes to our procedures, including our **Prior Authorization review of Transfers from Acute Care to Post-Acute care facilities (Skilled Nursing, Acute Rehab and/or Long-Term Acute Care)**.

Authorization transfer requests to Post-Acute facilities made on business days, will be reviewed within 1 business day following receipt of all necessary information to establish medical necessity for the transfer. We are defining “business days” as the days the Health Plan is open.

For members transferring from acute inpatient to post-acute facilities on non-business days or holidays, we will approve the first 3 calendar days of the admission. We are defining “non-business” days as weekends and holidays.

A prior authorization is still required for all post-acute transfers within 1 business day of the transfer, but if it is occurring on a non-business day, the facility will not have to wait to obtain approval from MGBHP before transferring.

Please ensure that a prior authorization takes place for all days of the admission, to ensure claims.



For transfers made on non-business days, **Concurrent/Continued Stay reviews will proceed on day 4**, to determine appropriateness of level of care.

If a transfer is made on a non-business day, **a retrospective review will not occur** for any days already approved.

In addition, for transfers that take place on regular business days, the health plan will review the authorization request and make a medical necessity determination for admission to a post-acute care facility by the **next business** day following receipt of all medically necessary information to establish medical necessity.

For regular business days, an approval from the health plan is required prior to transfer.

For any post-acute medical necessity denial, **all appeals will be handled on an expedited basis.**

This applies to lines of business as follows:

- Applies to **Medicaid** and **Commercial** Lines of Business
- Applies to in network post-acute facilities **ONLY** (does not apply to out of network facilities)
- Self-insured ASO** accounts may have applied different guidelines
- Does **not** apply to **Medicare Advantage** Line of Business

Payment Policies/Reimbursement Updates:

Multiple procedure reduction rule in progress; expected completion August 1, 2025

Mass General Brigham Health Plan's update to its multiple procedure reduction rule remains in progress and is expected to be completed by August 1, 2025. Multiple Procedure Reduction Rule: When multiple surgical procedures are performed in the same operative session, the procedure with the highest RVU will be reimbursed at 100% of the allowed amount and all subsequent, lower RVU-valued procedures, will be reduced per the Plan's Modifiers Provider Payment Guidelines, unless otherwise specified in the provider's contract.

Maximum Units Payment Policy: [MaximumUnits.pdf](#)



MGB ACO Updates

MassHealth prior authorization updates for APAD and APEC carve-out drugs

MassHealth recently published [Managed Care Entity Bulletin 125](#) related to changes in prior authorization for APAD and APEC carve-out drugs effective April 1, 2025.

These drugs will become a wrap service for MassHealth members. Providers are required to submit prior authorization requests to MassHealth for the drugs but requests for other services related to the care to the health plan. Similarly claims for drugs should be submitted to MassHealth and claims for other associated services should be submitted to Mass General Brigham Health Plan.

MassHealth RY24 encounter data deadline is July 31

MassHealth has communicated to all plans that 2024 claims must be adjudicated by July 31, 2025. This means all providers must submit claims with a 2024 date of service no later than July 1, 2025, to meet this adjudication deadline. If there are questions or concerns about 2024 claims, please contact Customer Service or your Provider Account Executive. We appreciate your collaboration on these efforts over the coming months



Register Now: Spring Regional Provider Meeting on May 20th

We're excited to invite you to our spring regional provider meeting on Tuesday, May 20, from 9 a.m. to 12 p.m. at our Assembly Row headquarters in Somerville, MA.

[Please RSVP here by May 9.](#)

<https://massgeneralbrighamhealthplan.org/admin-newsletter/april-2025>

Provider Administrative newsletter



[March 2025: Spring provider regional meeting; MassHealth doula program](#)

6 minute read

[Read More](#) →



[February 2025: Submitting claims in the Provider Portal; Rx Savings Solutions](#)

8 minute read

[Read More](#) →



[January 2025: New Provider Portal enhancements; Cultural competency training and resources](#)

10 minute read

[Read More](#) →



Provider Portal

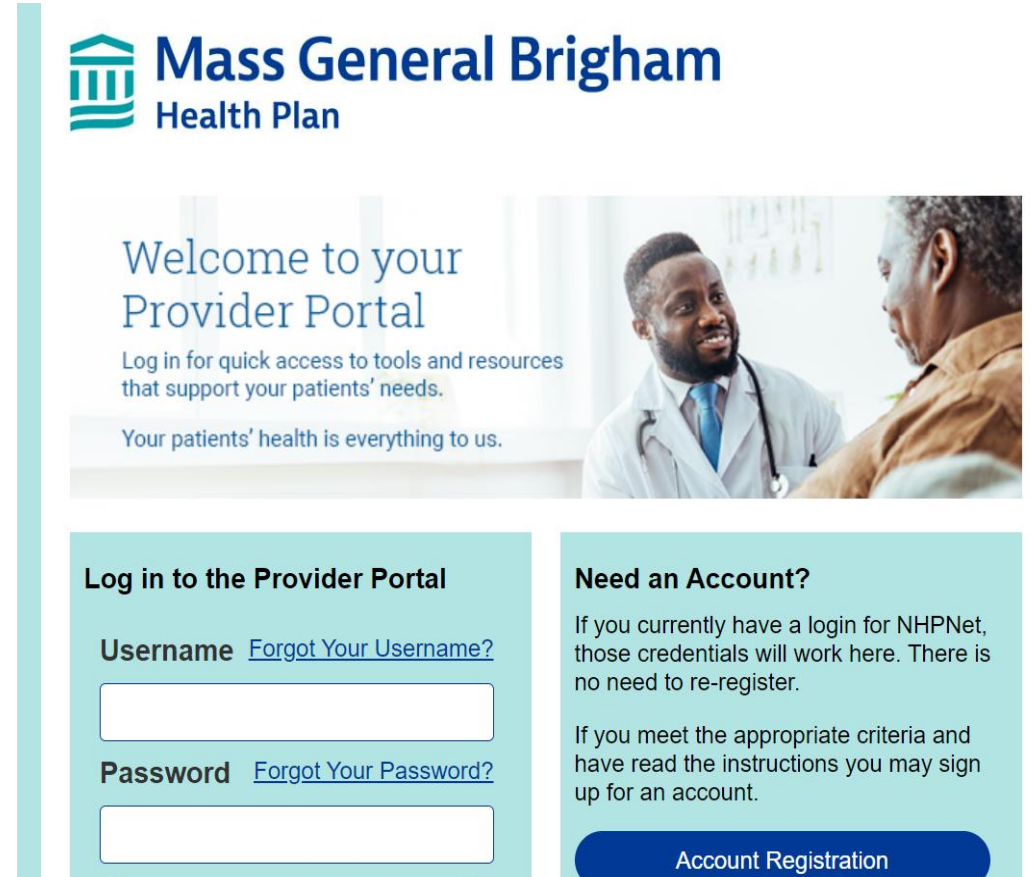


Provider Portal

The MGBHP provider portal is your one-stop-shop for managing your MGBHP patients. Through the portal, you have real-time access to:

- Verify patient eligibility
- Verify claims status
- Submit or check authorizations/referrals
- Access your explanation of payments (EOPs)
- View member and provider roster reports
- Update your practice information
- And much more!

If you do not have access to Our Provider Portal, you can register at: [Mass General Brigham Health Plan Provider Portal](#)



The screenshot displays the Mass General Brigham Health Plan Provider Portal interface. At the top, the logo and name 'Mass General Brigham Health Plan' are visible. Below this, a banner image shows a doctor interacting with a patient, with the text 'Welcome to your Provider Portal' and 'Log in for quick access to tools and resources that support your patients' needs.' A teal sidebar on the left contains the text 'Your patients' health is everything to us.' The main content area is divided into two sections: 'Log in to the Provider Portal' and 'Need an Account?'. The login section includes fields for 'Username' and 'Password', each with a 'Forgot Your [Username/Password]?' link. The registration section provides instructions for existing users and new users, and a blue 'Account Registration' button is at the bottom.

Mass General Brigham Health Plan

Welcome to your
Provider Portal

Log in for quick access to tools and resources that support your patients' needs.

Your patients' health is everything to us.

Log in to the Provider Portal

Username [Forgot Your Username?](#)

Password [Forgot Your Password?](#)

Need an Account?

If you currently have a login for NHPNet, those credentials will work here. There is no need to re-register.

If you meet the appropriate criteria and have read the instructions you may sign up for an account.

Account Registration



Accessing the Provider Portal

If you do not have access to the Mass General Brigham Health Plan Provider Portal, you can register at: [Mass General Brigham Health Plan Provider Portal](#)

Check out the Provider Portal resource page: [Provider Portal Resources](#)

- Frequently asked questions about registration
- Information about the role of the User Administrator
- Links to user guides and tip sheets

For information regarding authorization guidelines: [Authorization Guidelines](#)

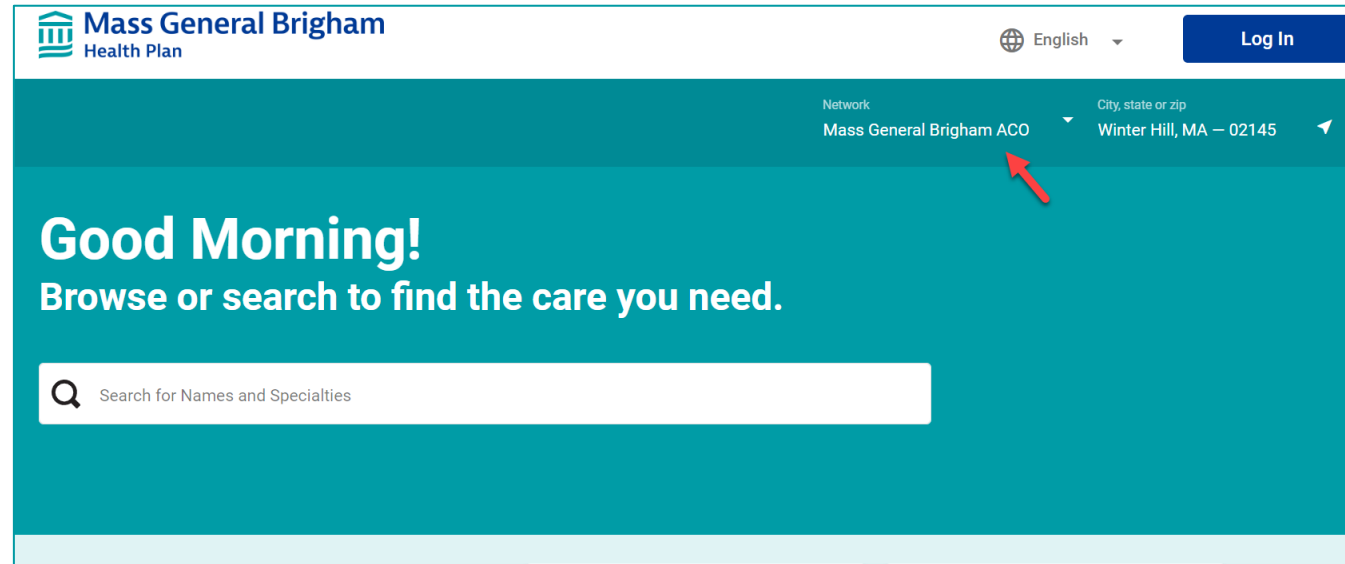
For additional support and registration inquiries, email us at HealthPlanprweb@mgb.org.

Important: Please ensure your site has a registered **User Admin.** for each of your practices to ensure the User Admin can approve registered account access and update User permissions via the Provider Portal



Help us keep our Provider Directory information accurate

- For a complete listing of participating provider please use the MGBHP Provider Directory:
[Home \(sapphirethreesixtyfive.com\)](https://sapphirethreesixtyfive.com)
- **Provider demographic information in our Provider Directory must reflect accurate data at all times and should mirror the information members may receive directly from the practice or via patient appointment call centers.**
- **To report any changes to demographic data** or to your address, panel status (open or closed) for each individual provider, institutional affiliations, phone number, or other practice data requests should be reported via the Mass General Brigham Health Plan Provider Portal **provider.massgeneralbrighamhealthplan.org** or by submitting a **Provider Change** via the **Provider-Enrollment-Form** to Mass General Brigham Health Plans **Provider Enrollment Team** by email at **HealthPlanPEC@mgb.org**.
- **On a quarterly basis**, providers should review and verify the accuracy of their demographic data displayed in our Provider Directory.
- **Timely notice of Provider Changes** — As a reminder, notification of address, acceptance of new patients, provider terminations, and other demographic information changes should be submitted at least 30 days in advance



Provider Enrollment Tool

The **Provider Enrollment Portal** gives you online access to submit the following transactions for your practice:

- **Affiliate a new doctor** : Enrollment and Credentialing submissions can take a minimum of 45 days to be fully processed. Please remember to review your site/practice roster prior to inquiring on a status request.
- **Download a completed HCAS form**
- **Open or close a panel**
- **Terminate an affiliation**: For providers terminating from a practice, Mass General Brigham Health Plan requires written notification at least 60 days prior to the practitioner's termination date unless otherwise agreed upon.
- **Submit demographic changes to Mass General Brigham Health Plan** – Continue to run provider rosters and regularly review our Provider Directory information.

Mass General Brigham Health Plan Nicole Aguero

Provider Enrollment

[Home](#) [Manage Account](#) [Log Out](#)

[Home](#) [Lookup](#)

Welcome to Mass General Brigham Health Plan Provider Enrollment Portal. Please refer to the [user guide](#) for a step-by-step walk-through of available functions.

My Managed Groups

[TRI-COUNTY PEDIATRIC ASSOCIATES, P.C.](#)
NPI: 1346202066

Provider Lookup

You can lookup a provider by name (last, first) or NPI. Partial name searches are supported.

Search By:

Search For:

[Search](#)

Your Recent Transactions

No Recent Transactions

CONTACT US
Customer Service - 1-855-444-4647
Email - HealthPlanprweb@mgb.org

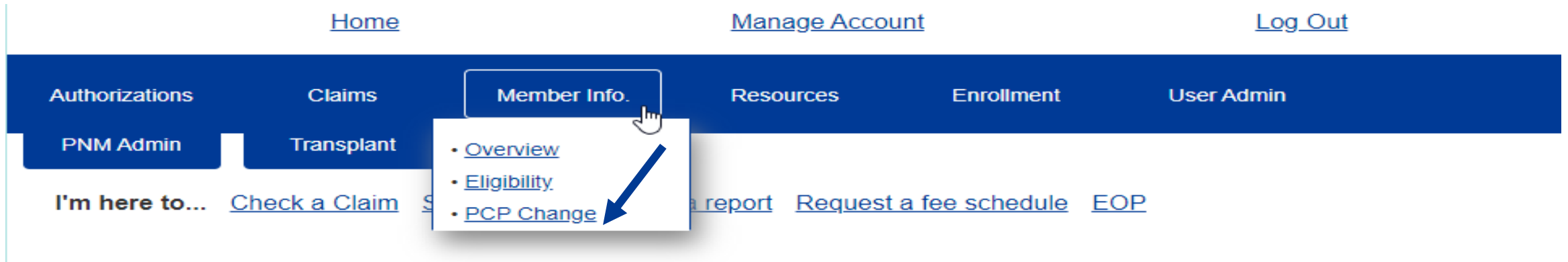
By logging into any of Mass General Brigham Health Plan's online services, you agree to the [terms and conditions of use](#).

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[in](#) [f](#) [t](#)



PCP Changes via the Provider Portal



When submitting a PCP change through the provider portal, make sure to follow these tips to prevent any potential errors:

- **Verify member's eligibility prior to submitting a PCP change.**
- **The provider the member is being assigned to must have an open panel.**
- **The provider the member is being assigned to must accept the member's plan type.**
- **PCP assignments can be backdated for up to 60 days.**
- **Please do not submit duplicate requests and allow up to 7 business days for the PCP change to process.**



Claim Submission Request For Claims Review Overview via Portal



How To Submit A New Claim

Mass General Brigham Health Plan

Brandon Veazie

BRAINTREE EYE ASSOCIATES, PC

Go

Home Manage Account Log Out

Authorizations Claims Member Info. Resources Enrollment User Admin PNM Admin

Transplant

I'm here to...

- Overview
- **Submit a claim**
- Claim Status
- Electronic Payments
- Request a fee schedule

News & Announcements

12/30 Payment Update

12/30/2024 03:25 PM

More

Eligibility

Search By:

ID, Last Name

Member ID:

Last Name:

* Required Field

Search

- On the Provider Portal homepage, select **Claims** and then **Submit a Claim**.
- If you do not have these options speak with your site's User Administrator.
- If you are the User Administrator for the site, contact HealthPlanprWEB@mgb.org



Claims Submission Template

New Claim Submission

Verify that the Provider information is accurate for the claim you're submitting.

Choose a **Specialty Code**

- If the specialty for your claim is not available, you may choose No Specialty Code

Click **Search** next to the **Patient Field**. You will get a **Pop-Up** window that allows you to choose **search parameters**. Fill them out and click **Search** again.

- ****it is best to use all capital letters****

Verify the patient information is correct

Enter the Date of Service or choose using the calendar

Upload a completed CMS 1500 or UB-04 claim form using the Choose Files button. This will allow you to search for a file on your computer.

- PDF is the preferred format
- If your claim requires an invoice choose “**Claim with Invoice**” from the **Submission Type** drop down. You may attach the invoice using the second Choose File button

Click **Submit** and a confirmation screen will appear



Claim Submission

Important reminders for claim submission:

- This page is for submission of Medical claim forms UB 04 and 1500 claims forms only. Medical reimbursements, Pharmacy Forms or Dental Forms will be discarded.
- The only attachments accepted will be for invoices for services and supplies that require an invoice such as DME equipment, supplies such as gauzes tapes, home medical products, buy and bill medications.
- Check all claims for accuracy before submitting All required fields are necessary for reimbursement. - *the submitted claim is incomplete you will be notified by mail which will substantially delay your reimbursement.*
- Claims submitted after 5pm EST will be considered received on the following business day.
- Each claim requires a separate submission.

Provider Information:

BRAINTREE EYE ASSOCIATES, PC
1881718658
Brandon Veazie

Provider Specialty

NO SPECIALTYCODE

Enter the member ID or name and then press the **Search button** to select an eligible member. This request cannot be submitted if you do not search for and select a member.

Patient Search (Member ID/Name)

Search

Date of service

Submission Type

Claim

Upload Claim File

Choose Files

No file chosen

Submit

Submission Type

Claim with invoice

Upload Claim File

Choose Files

No file chosen

Upload Invoice File

Choose Files

No file chosen

Claims Submission Confirmation Screen

Claim Submission

Important reminders for claim submission:

- This page is for submission of Medical claim forms UB 04 and 1500 claims forms only. Medical reimbursements, Pharmacy Forms or Dental Forms will be discarded.
- The only attachments accepted will be for invoices for services and supplies that require an invoice such as DME equipment, supplies such as gauzes tapes, home medical products, buy and bill medications.
- Check all claims for accuracy before submitting All required fields are necessary for reimbursement.- If the submitted claim is incomplete you will be notified by mail which will substantially delay your reimbursement.
- Claims submitted after 5pm EST will be considered received on the following business day.
- Each claim requires a separate submission.

Your claim has been submitted, the transaction number is 685965

Please use the Check Claim Status function in 3-5 business days for an associated claim number. If no number exists, you may need to resubmit the claim.

- Once submitted, please allow 3-5 business days for the claim to be entered before verifying a claim status.
- Once assigned a claim number, it should process within the standard processing time.
- The confirmation screen will also provide you with a **Transaction ID number** for your submission.



Request For Claims Review and Appeal via Portal

- On the Provider Portal homepage, select **Claims** and then **Claims Status**

Mass General Brigham Health Plan

Suzanne Medeiros

WOBURN AND NORTH ANDOVER PEDIATRIC ASSOCIATES, LLP

Go

Home Manage Account Log Out

Authorizations **Claims** Member Info. Resources Enrollment User Admin PNM Admin

Transplant

Claims overview

Learn about the tools and resources available on each page in the Claims menu.

Claim status

[Check the status](#) of a claim, verify payment, and review paid or denial messages.

Note: The claims status tool only displays claims from the past 2 years on which the currently selected site is the pay to entity.

- [Confirm your claim has been sent to the correct payer ID](#)

Electronic payments

Find everything you need to know about our [electronic payment experience](#).

Electronic payment options

You can find details about our electronic payment options and answers to common questions on our [payment options](#) page.

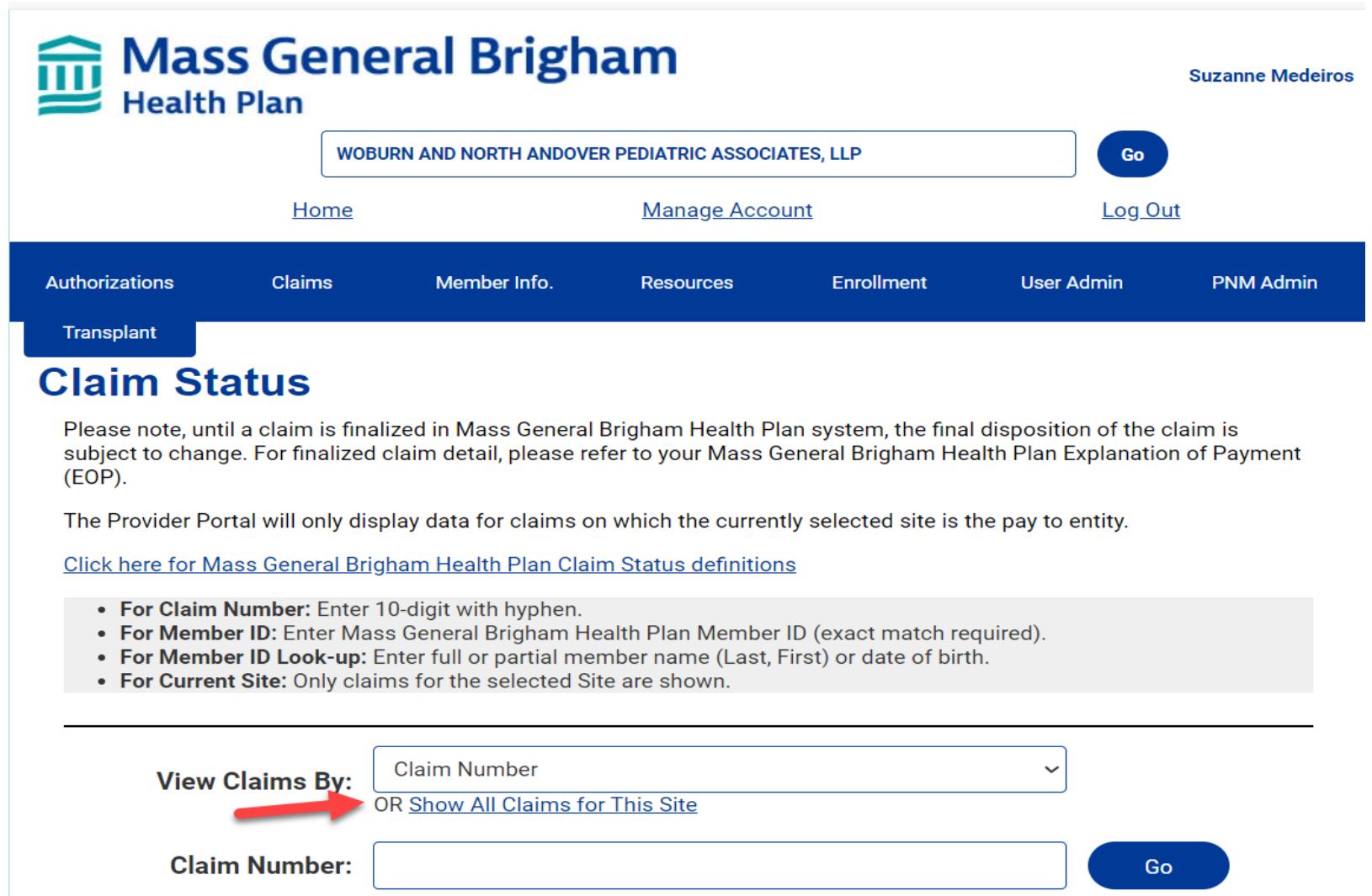
Helpful resources

- [Frequently asked questions about our e-payment experience](#)
- [ECHO Provider Payment Portal user guide](#)
- [Manage Virtual Credit Card payments on the ECHO portal](#)



Verifying Claim Status

- Select to view claim by **Member ID** or **Claim Number**.
- Enter the Member ID or Claim Number and select **Go**.



The screenshot shows the Mass General Brigham Health Plan Provider Portal. At the top, the logo and name "Mass General Brigham Health Plan" are displayed. The user "Suzanne Medeiros" is logged in. A search bar contains "WOBURN AND NORTH ANDOVER PEDIATRIC ASSOCIATES, LLP" with a "Go" button. Navigation links include "Home", "Manage Account", and "Log Out". A dark blue menu bar contains "Authorizations", "Claims", "Member Info.", "Resources", "Enrollment", "User Admin", and "PNM Admin". Below this, a "Transplant" tab is active. The main heading is "Claim Status". A note states: "Please note, until a claim is finalized in Mass General Brigham Health Plan system, the final disposition of the claim is subject to change. For finalized claim detail, please refer to your Mass General Brigham Health Plan Explanation of Payment (EOP).". Another note says: "The Provider Portal will only display data for claims on which the currently selected site is the pay to entity." A link is provided: "Click here for Mass General Brigham Health Plan Claim Status definitions". A list of instructions is shown: "For Claim Number: Enter 10-digit with hyphen.", "For Member ID: Enter Mass General Brigham Health Plan Member ID (exact match required).", "For Member ID Look-up: Enter full or partial member name (Last, First) or date of birth.", and "For Current Site: Only claims for the selected Site are shown." At the bottom, the "View Claims By:" section has a dropdown menu set to "Claim Number" and a red arrow pointing to the "OR Show All Claims for This Site" link. Below this is a "Claim Number:" input field and a "Go" button.

Mass General Brigham
Health Plan

Suzanne Medeiros

WOBURN AND NORTH ANDOVER PEDIATRIC ASSOCIATES, LLP

Go

[Home](#) [Manage Account](#) [Log Out](#)

Authorizations Claims Member Info. Resources Enrollment User Admin PNM Admin

Transplant

Claim Status

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[Click here for Mass General Brigham Health Plan Claim Status definitions](#)

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- **For Member ID:** Enter Mass General Brigham Health Plan Member ID (exact match required).
- **For Member ID Look-up:** Enter full or partial member name (Last, First) or date of birth.
- **For Current Site:** Only claims for the selected Site are shown.

View Claims By: 

OR [Show All Claims for This Site](#)

Claim Number:

Go



Claim Status Review

- Verify that you have selected:
 - The correct claim
 - Correct member
 - Correct Servicing Provider
- Select the **Submit Claim Review** option.
 - **Reminder:** claim reviews must be submitted within timely filing

Claim

Claim Information

Claim Number:	231 EI	Member ID:	R22
Member Name:		Member Date Of Birth:	/ / 1
Status:	PAID	Submission Date:	10/28/2024
Servicing Provider:		Servicing Provider NPI:	
Total Charges:	\$385.00	Paid Amount:	
Check Date:		Check Number:	
EOP Link:	Download Corresponding Explanation of Payment		
Date Of Service Start:	07/24/2023	Date Of Service End::	07/24/2023
Patient Control Number:			
Primary Diagnosis:	I10 - ESSENTIAL PRIMARY HYPERTENSION		
Secondary Diagnosis(es):			
Claim Messages:	Line 1: Adjustment of claim # 20200201 for member eligibility change		

Claim Services

Line	Status	Rev Code	CPT Code	Modifier	Description	Units	Billed	Allowed	COB	Deductible	Co-Insurance	Copay	Withheld	Paid
1	PAID		99213		OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN; BLANK	1	\$385.00	\$171.45	\$0.00	\$0.00	\$0.00	\$60.00	\$11.15	\$111.45
Total											\$0.00	\$0.00	\$60.00	

Submit Claim Review 



Provider Correspondence Portal

- Enter all required information in the **Request for Claim Review Form**.
- Select appropriate **Review Type** from the dropdown menu. This ensures the upload is triaged to the appropriate area.
- Use the **Choose File** button to upload your attachment.
- Click **Submit** once you've completed

Important notes:

- A **claim review form** must be completed and attached to this request. Please add any other supporting documentation for review to the claim review form and **upload as one document**.
- If previous correspondence has been submitted to Mass General Brigham Health Plan, we ask that you not resubmit via the Correspondence Portal.
- Please indicate if this is a duplicate submission and the reason why.
- Validate your submission was received via Claims Submitted Reviews on the Provider Portal

Claim Submitted Reviews

Claim Number	Member Id	Member Name
--------------	-----------	-------------



Request for Claim Review Form

COMPLETE ALL INFORMATION REQUIRED ON THE "REQUEST FOR CLAIM REVIEW FORM".

INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.

Please direct any questions regarding this form to the lan to which you submit your request for claim review.

[Download a claim review form here.](#)

☐ This is a duplicate submission.

Reason for second submission:

Provider Information

Provider Name:

Contact Name:

Brandon Veazie

NPI:

Contact Phone:

Contact Fax:

Contact Email:

Contact Address Information

Address:

City:

State:

Zip:

Member/Claim Information

Member ID:

R225...

Member Name:

Date of Service:

7/24/2023

Claim Number:

23 E

Denial Code:

Review Type

Review Type:

Contract term(s): The provider believes the previously proce

Comments:

Upload Document

Choose Files

No file chosen

Submit

Authorization & Referral Overview

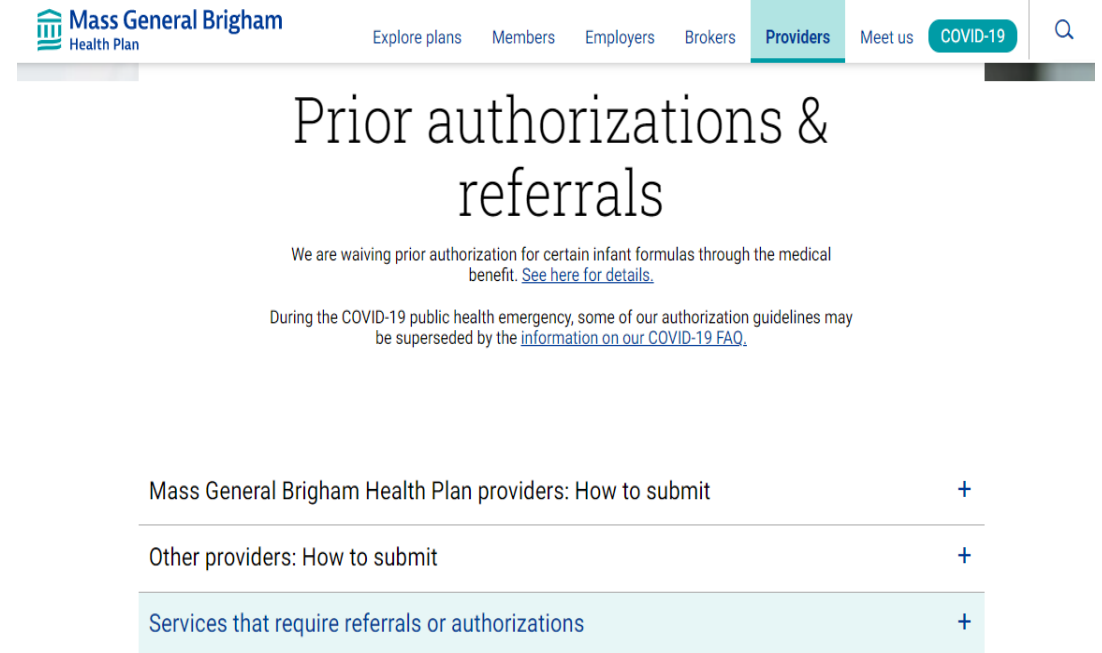


Prior Authorizations & Referrals Tools and Resources

- Authorization guidelines available at: <https://massgeneralbrighamhealthplan.org/providers/authorization-guidelines>
- Webinar to authorization training: [MGBHP Auth Training Webinar](#)
- We will continue to manage our UM for our contracted providers.
- Mass General Brigham Health Plan continues to provide care management for our members

Services that require referrals or authorizations

- [Log into the provider portal for member-specific information](#)
- [View a PDF of all services that require referrals, authorizations, or notifications](#) ↓
- [View the Medicare Advantage prior authorization and notification guidelines](#) ↓
- [View a PDF of durable medical equipment, medical supplies, oxygen related equipment, orthotics prosthetics and hearing aids that require prior authorization](#) ↓



Mass General Brigham Health Plan

Explore plans Members Employers Brokers Providers Meet us COVID-19

Prior authorizations & referrals

We are waiving prior authorization for certain infant formulas through the medical benefit. [See here for details.](#)

During the COVID-19 public health emergency, some of our authorization guidelines may be superseded by the [information on our COVID-19 FAQ.](#)

- Mass General Brigham Health Plan providers: How to submit +
- Other providers: How to submit +
- Services that require referrals or authorizations +



Provider Portal Authorization Overview

Prior authorization verification tool: [Code Checker](#)

- Through the Provider Portal, you can verify PA requirements based on a member's specific plan
- Obtain PA requirements by entering in a valid CPT/HCPCS code
- Save time and validate prior authorization requirements before you submit a new request

To access the prior authorization verification tool in Provider Portal, go to **Authorizations** → **Overview** → **Check authorization requirements by code**.

Home Manage Account Log Out

Authorizations Claims Member Info. Resources Enrollment User Admin

PNM Admin Transplant

Authorizations overview

Learn about the tools and resources available on each page in the Authorization menu.

[NovoLogix portal](#)

Access our medical specialty drug authorizations, managed through the [CVS Health-NovoLogix Portal](#).

- [View the full NovoLogix authorization guidelines](#) (PDF)

[Submit an authorization](#)

Submit your medical authorizations [here](#). You can view our full authorization guidelines using the links below.

- [Prior authorization, notification, and referral guidelines](#) (PDF)
- [Check authorization requirements by](#)

[View authorization status](#)

[Check the status](#) of submitted and pending authorizations across your organization.

- [Tips to improve your prior authorization experience](#)

[InterQual criteria lookup](#)

[Check authorization requirements](#) using a valid member ID and CPT/HCPCS code.



Outpatient Prior Authorization Code Checker

- Search by Member ID# and Code
- Coverage and Prior Authorization requirements will display
- Do not use the Code Checker for Unlisted Codes

Enter Member Id here:

Enter the Code here: DO Not enter UNLISTED CODES. Coverage information is not available for ANY UNLISTED CODE through this tool. Additional restrictions apply as noted above.

Search



Code	Description	Is Covered	Is PA Required
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	YES	YES / MASS GENERAL BRIGHAM HEALTH PLAN

Confirmation of coverage and prior authorization does not guarantee payment, which is based on member eligibility on the date of service, plan design, specific payment policies, individual provider contract terms and fee schedules. Mass General Brigham Health Plan applies standard industry billing and coding rules to claims.



Helpful Tips

- **Have the clinical information (medical chart) available**
Review the patient's medical chart to assemble documented clinical indications for the requested service (e.g., review history/physical, testing conducted prior to service, treatment plan). If the authorization pends, you will need to upload the clinical information.
- **Answer questions based on the patient's clinical information (medical chart)**
If the appropriate answer isn't available, select "Other clinical information" and add a comment
- **Add Reviewer Comments at the question level to document clinical details**
- **Review notes within the criteria;** they serve as a valuable resource in accurately conducting a review by:
 - Explaining criteria rationale
 - Defining medical terminology
 - Detailing new clinical knowledge/evidence

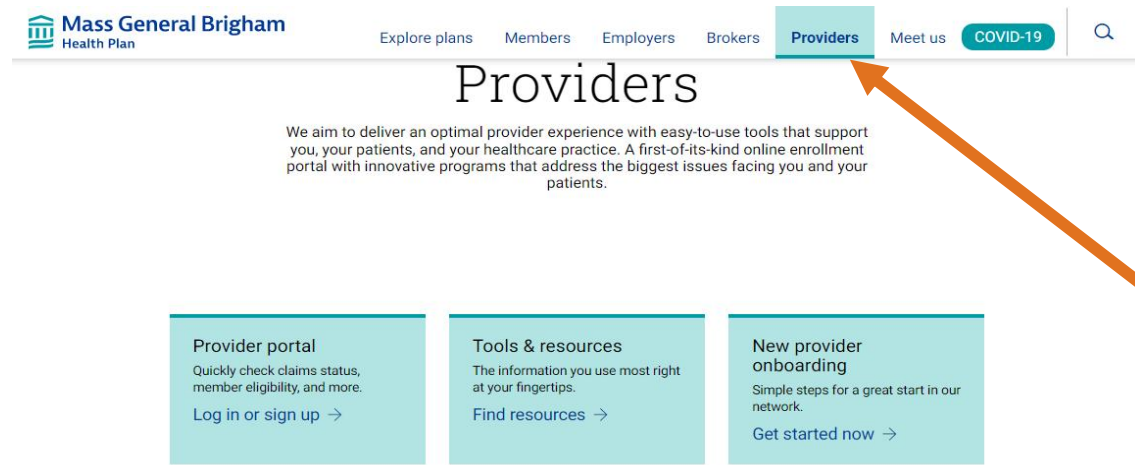


Provider Resources

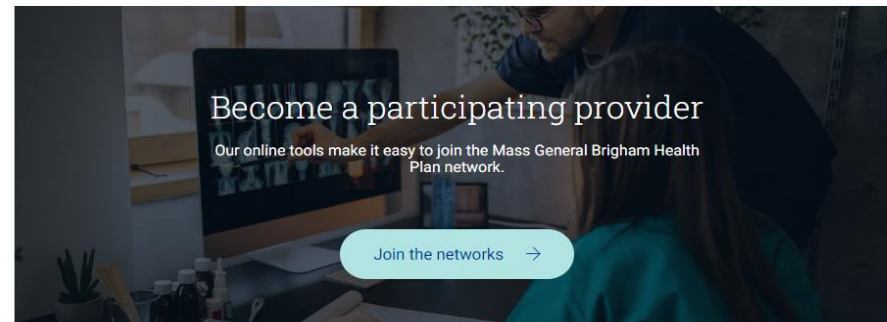


Mass General Brigham Health Plan Provider Page

- <https://massgeneralbrighamhealthplan.org/providers>
- Our public site has important information and resources for providers, such as:
 - Authorization guidelines
 - Claims Information
 - Medical Policies
 - Medical Specialty and Pharmacy Policies
 - Payment Policies
 - Care Management Information
 - Provider Resources
 - Product Reference
 - Provider Administrative Newsletter



Click Here
for a full
menu



Claims Information Page

<https://massgeneralbrighamhealthplan.org/providers/claims>

Highlights:

- Clear guidance for where to send claims
- ID card images to help you identify plans
- Provider Refund/Claims Retraction FAQ
- Request for Claim Review Form

Additional claims resources

Here you'll find additional resources and forms related to the Mass General Brigham Health Plan claims processes.

- [Provider Refund/Claims Retraction FAQ](#)
- [Request for Claim Review Form](#)
- [Timely Filing Best Practices](#)
- **Video:** [Provider Portal claims and correspondence submission overview](#) and [slides](#)



Mass General Brigham Health Plan

Explore plans Members Employers Brokers Providers Meet us COVID-19

Claims information

Payer ID numbers and addresses for submitting medical and behavioral health claims.

How to use this page

To ensure accurate submission of your claims, answer these three questions:

1. What plan is it? Mass General Brigham plans have instructions specific to them.
2. What type of plan is it? Check the section on HMO Plans & PPO Plus plans for instructions specific to those plan types.
3. What state are you located in? Your state will help determine where you should submit your claims.

On this page:

- [Mass General Brigham Employee plans](#)
- [Mass General Brigham Plus PPO plans](#)
- [Provider Refund/Claims Retraction FAQ](#)
- [Additional claims resources](#)

Mass General Brigham Employee plans

Mass General Brigham employee plan members have access to the Mass General Brigham Health Plan network and the UnitedHealthcare Options PPO network outside of Massachusetts.

Mass General Brigham Health Plan	Select	Mass General Brigham Health Plan	Plus PPO
JOHN A SAMPLE 0000000000	UnitedHealthcare® Options PPO Network	JOHN A SAMPLE 0000000000	UnitedHealthcare® Options PPO Network
PCP: 555 Specialist: 555 ER: 555	CVS Caremark® RXBIN: 004235 RXPCN: ADV RXGRP: 101430	PCP: 555 Specialist: 555 ER: 555	CVS Caremark® RXBIN: 004235 RXPCN: ADV RXGRP: 101430
Deductible: Ind/Em: \$10000/00000		IN Deductible: Ind/Em: \$10000/00000	
Out-of-Pocket Max: Ind/Em: \$10000/00000		COB Deductible: Ind/Em: \$10000/00000	
		IN Out-of-Pocket Max: Ind/Em: \$10000/00000	
		COB Out-of-Pocket Max: Ind/Em: \$10000/00000	
Administered by Mass General Brigham Health Insurance Company		Administered by Mass General Brigham Health Insurance Company	

Medical: Mass General Brigham Health Plan network and non-contracted providers in Massachusetts

Mass General Brigham Health Plan network providers in all states and non-contracted providers in Massachusetts should submit claims directly to Mass General Brigham Health Plan.

Mass General Brigham Health Plan
Provider Service: 855-444-4647
Payer ID: 04292
Paper Claims: PO Box #323, Glen Burnie, MD 21060

Medical: Non-contracted providers outside of Massachusetts	+
Behavioral health	+

MGB Health Plan Provider Resources

- **MGBHP conducted virtual trainings** for operational staff on the utilization authorization process which are available on the Provider Education Landing Page
- **Provider Portal** - [Mass General Brigham Health Plan Provider Portal](#)
 - Member management tool, Provider enrollment, Eligibility verification etc.
- **Provider Education Landing Page** - [Provider education | Mass General Brigham Health Plan](#)
 - Access webinars, factsheets, and other tools that make it easy to do business with us.
- **Provider Resource Page**-. [Provider resources | Mass General Brigham Health Plan](#)
- **Public Website Provider Tab** - [Providers | Mass General Brigham Health](#)
 - We aim to deliver an optimal provider experience with easy-to-use tools that support you, your patients, and your healthcare practice.



Mass General Health Plan Contacts

Provider Portal: Claims status, eligibility, EOP	Mass General Brigham Health Plan Provider Portal
Claims issues, benefits	Provider Service 855-444-4647 HealthPlanproviderservice@mgb.org
Portal IT support	HealthPlanprweb@mgb.org
Provider enrollment and credentialling, directory issues	HealthPlanpec@mgb.org
Medical policies, payment policies, provider manual, provider directory, drug lookup, forms	Providers Mass General Brigham Health Plan
Audit denial inquiries	healthplanaudit@mgb.org



Stay connected

Visit <https://massgeneralbrighamhealthplan.org/admin-newsletter> to register

Administrative Newsletter (monthly)

Includes important
administrative updates
that make it easier for your
practice to do business
with us

Best Practice Provider Blog (twice per week)

Get the latest in health
and health insurance
trends, news, and tips



Follow us **@MGBHealthPlan**



Q & A





Mass General Brigham
Health Plan