

Referral, Notification, and Authorization—Authorization

Durable Medical Equipment (DME) Authorization

Unless otherwise specified, information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport ConnectSM. For UnitedHealthcare's related policies/procedures, please go to www.UnitedHealthcareOnline.com or call 800-708-4414.

DME Services Requiring Authorization

Harvard Pilgrim requires Prior Authorization for:

- Diabetes Management Devices
- Miscellaneous DME (i.e., HCPCS code or E1399)
- DME obtained from or requested by non-contracted vendors or providers (not applicable for POS or PPO members)

Harvard Pilgrim's Medical Review Criteria (used to review Prior Authorization requests) is available online in the Medical Management section of Harvard Pilgrim's provider site at www.harvardpilgrim.org. A copy of current Medical Review Criteria may also be obtained by contacting Harvard Pilgrim's Provider Service Center at 800-708-4414.

Harvard Pilgrim requires notification for sleep therapy equipment including CPAP, APAP, BIPAP, and equipment required for PAP re-supply for members 18 years of age and older.

Action Required

When possible, requests for prior authorization for DME should be submitted at least one week prior to the date of service to allow sufficient time to evaluate member eligibility, level of benefits and medical necessity. Authorization may be requested using *HPHConnect*, *NEHEN* or by contacting the Referral and Authorization Unit at 800-708-4414.

To obtain DME, the ordering clinician should call the Harvard Pilgrim contracted vendor directly. (Refer to Harvard Pilgrim's Provider Directory for a list of approved DME vendors.)

The DME vendor is responsible for obtaining authorization when required. (In urgent situations, contracted vendors may initiate services ordered outside normal business hours without obtaining prior authorization; the vendor is responsible for contacting HPHC on the next business day to request retrospective authorization.)

- If a clinician is providing the DME, the clinician is responsible for obtaining authorization. Request prior authorization through one of the following channels:

Electronic

Submit a transaction record with required information using the *HPHConnect* or *NEHEN* transaction service.

- Detailed *HPHConnect* instructions are available at www.harvardpilgrim.org/providers. (Refer to the user guides at *HPHConnect/User Guides*.)
- For *NEHEN* instructions, refer to your *NEHEN* documentation.

Harvard Pilgrim Response

The request pends for receipt of medical information and reviewer evaluation. Evaluation is completed within two business days after receipt of medical information. The final status will be available online.

Telephone or Mail

Send required information to Harvard Pilgrim's Referral/Authorization Unit.

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|---------------|---|----------------|--------------|
| • <i>Mail</i> | Harvard Pilgrim Health Care
Referral and Authorization Unit
1600 Crown Colony Drive
Quincy, MA 02169 | • <i>Fax</i> | 617-509-1290 |
| | | • <i>Phone</i> | 800-708-4414 |

Harvard Pilgrim Response

The request pends for receipt of medical information and reviewer evaluation. Evaluation is completed within two business days after receipt of medical information. The decision will be communicated by fax or telephone within one business day.

Information Required

The following information is required for a DME request:

- Member's name and Harvard Pilgrim identification number
- PCP's or ordering specialist's name and National Provider Identifier (NPI)

(continued)

- Vendor name and NPI
- Hospital name and location (if applicable)
- Diagnosis and clinical information
- Service requested (type of DME)
- Script information
- Expected length of time DME is needed

All requests must be submitted with a valid NPI for the requesting and servicing providers.

Authorization Changes

Harvard Pilgrim must be informed when any change to an authorized item occurs, such as a change in the service request or a change in the authorized length of time DME is needed.

Electronic

Edit the existing transaction record or submit a new transaction record, using the *HPHConnect* or NEHEN transaction service.

- Detailed *HPHConnect* instructions are available at www.harvardpilgrim.org/providers. (Refer to the user guides at *HPHConnect*/User Guides.)
- For NEHEN instructions, refer to your NEHEN documentation.

Telephone or Mail

Send changes to Harvard Pilgrim's Referral/Authorization Unit.

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1600 Crown Colony Drive
Quincy, MA 02169 | • <i>Fax</i> | 617-509-1290 |
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PUBLICATION HISTORY

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| 01/01/12 | removed First Seniority Freedom information from header |
| 02/15/15 | added sleep therapy equipment information to "DME Services Requiring Authorization" section; added information to "Action Required" section for clarification; added CareCore National (CCN) utilization management information in footnote ¹ |
| 06/15/17 | removed reference to Sleep Studies/Sleep Therapy Authorization policy |
| 10/01/18 | updated diabetes management device due to change in policy name |