Overview
Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility, and facilitate the appropriate utilization of these elective, non-urgent services.

Requirements
Servicing providers are responsible for obtaining prior authorization from Harvard Pilgrim (when required).
• When possible, authorization should be requested at least one week prior to the date of service/admission to allow Harvard Pilgrim time to determine eligibility, level of benefits and medical necessity.
• Failure to comply with Harvard Pilgrim’s authorization requirements will result in an administrative denial of the claim payment with the provider held liable for any denied claim.
• Members cannot be held liable for claims denied because a contracted provider did not obtain prior authorization.

Referring providers are responsible for obtaining prior authorization from Harvard Pilgrim for all non-emergent referrals including members enrolled in Narrow Network and Tiered Copay Plans.

Decisions
Authorization and denial decisions are made in a timely manner that accommodates the clinical urgency of the situation. Denial and termination of benefits decisions are communicated verbally and in writing to the attending physician, and in writing to the member and the facility (as appropriate), within standard time frames that accommodate the clinical urgency of the specific situation. Decision time frames are consistent with applicable state regulations and meet or exceed the National Committee for Quality Assurance (NCQA) standards for health plan accreditation.

Refer to Denials/Adverse Determination for administrative and clinical denial details.

Harvard Pilgrim's UM reviewers are available to discuss any clinical denial with practitioners and providers affected by the denial decision. Written notification of denial decisions includes information explaining how to contact the UM reviewer.

Procedures and Services That Require Prior Authorization
Harvard Pilgrim’s prior authorization requirements are subject to change. For up-to-date information:
• Refer to Medical Review Criteria and specific prior authorization policies on our provider website at www.harvardpilgrim.org.
• Or contact the Provider Service Center at 800-708-4414 and select the option for the Referral/Authorization Unit.

Harvard Pilgrim also requires prior authorization for all non-emergent services including members enrolled in Narrow Network and Tiered Copay Plans.

Action Required
Please refer to the specific authorization policy and authorization request form for details on criteria and information required at the time of request.

The facility, PCP, or specialist may request 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 evaluation. Review is completed within two business days after receipt of medical information. The final status will be available online.

(continued)
Fax or Telephone
Send required information to Harvard Pilgrim’s Referral/Authorization Unit.
• Fax 800-232-0816
• Phone 800-708-4414 and select the option for the Referral/Authorization Unit.

Harvard Pilgrim Response
The request pends for receipt of medical information and evaluation. Review is completed within two business days after receipt of medical information. The decision will be communicated in writing within one business day.

Information Required
The following information is required for an authorization request:
• Member’s name and Harvard Pilgrim identification number
• PCP’s name and National Provider Identifier (NPI)
• Admitting provider’s name and NPI
• Facility’s name, location and NPI
• Diagnosis and clinical information
• Service requested (i.e., admission, procedure, etc.)
• Admission date (must be the actual date the member was admitted to inpatient status)

All requests for services must be submitted with a valid NPI for the requesting and servicing providers.
When issuing referrals to providers the name and NPI of the requested provider is required.

Medical Information
To facilitate the authorization process, submit medical information to the designated Harvard Pilgrim reviewer as soon as possible.

Authorization Changes
Harvard Pilgrim must be informed when any change to an authorized procedure occurs, such as a change in the date of service or a change in the authorized type of service (i.e., inpatient or surgical day care).

Electronic
Edit the existing pending 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.
• Phone 800-708-4414 and select the option for the Referral/Authorization Unit.
• Fax 800-232-0816
• Mail Harvard Pilgrim Health Care
  Referral and Authorization Unit
  1600 Crown Colony Drive
  Quincy, MA 02169

Utilization Management with Vended Partners
Harvard Pilgrim has selected a partner to oversee utilization management for certain services. In these cases, authorization may be performed through our partner and contact information/process varies from the information listed above. The chart below provides a brief overview of these programs. Additional information is provided in specific authorization policies in this Provider Manual and in medical review criteria found in the Medical Management section of our provider website (www.harvardpilgrim.org/providers).
<table>
<thead>
<tr>
<th>Service</th>
<th>Refer to/Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Services</td>
<td>Please contact Harvard Pilgrim’s Behavioral Health Access Center at 888-777-4742 or go online to the Optum websites listed below. (Refer-ral from PCP is not required.) Behavioral Health Services are managed through United Behavioral Health d/b/a Optum. Providers may also access Optum’s Provider Express website (<a href="https://providerexpress.com">https://providerexpress.com</a>) for clinical and administrative resources. Members and providers may also access Optum’s Live and Work Well website (<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a>) for more information on behavioral health benefits (login required).</td>
</tr>
<tr>
<td>Cardiac Diagnostic Tests/Interventional Procedures (select, non-emergent)</td>
<td>Cardiac Diagnostic Tests/Interventional (select, non-emergent) services managed through National Imaging Associates (NIA). Contact NIA online or by telephone. Online: <a href="http://www.radmd.com">www.radmd.com</a> Telephone: 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through HPHConnect and NEHEN. Status and transaction numbers can be accessed through NIA’s website at <a href="http://www.radmd.com">www.radmd.com</a>.</td>
</tr>
<tr>
<td>Diagnostic Imaging Services</td>
<td>Outpatient advanced imaging services managed through National Imaging Associates (NIA). Contact NIA online or by telephone. Online: <a href="http://www.radmd.com">www.radmd.com</a> Telephone: 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through HPHConnect and NEHEN. Status and transaction numbers can be accessed through NIA’s website at <a href="http://www.radmd.com">www.radmd.com</a>.</td>
</tr>
<tr>
<td>Genetic and Molecular Diagnostic Testing</td>
<td>Molecular Diagnostic Testing services are managed through the AIM Specialty Health (AIM). Authorizations can be requested online or by telephone. Online: <a href="http://www.providerportal.com">www.providerportal.com</a> Telephone: 855-574-6476 Ordering providers should refer to AIM’s website, <a href="http://www.aim-specialtyhealth.com">www.aim-specialtyhealth.com</a>, for AIM registration instructions.</td>
</tr>
<tr>
<td>Hip/Knee/Shoulder Surgeries</td>
<td>Select non-emergent inpatient and outpatient hip, knee, and shoulder surgeries managed by NIA. Contact NIA online or by telephone. Online: <a href="http://www.radmd.com">www.radmd.com</a> Telephone: 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through HPHConnect and NEHEN. Status and transaction numbers can be accessed through NIA’s website at <a href="http://www.radmd.com">www.radmd.com</a>.</td>
</tr>
<tr>
<td>Spine Services: Lumbar Spine Surgery</td>
<td>Non-emergent interventional spine pain services and lumbar spine surgeries managed by NIA. Contact NIA online or by telephone. Online: <a href="http://www.radmd.com">www.radmd.com</a> Telephone: 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through HPHConnect and NEHEN. Status and transaction numbers can be accessed through NIA’s website at <a href="http://www.radmd.com">www.radmd.com</a>.</td>
</tr>
<tr>
<td>Medical Drug Management</td>
<td>Harvard Pilgrim’s medical drug authorization program is managed through CVS Health—NovoLogix. Submit authorization requests via phone or fax. Phone: 844-387-1435 Fax: 844-851-0882 Providers may check the status of an authorization request through HPHConnect or by contacting the Provider Service Center at 800-708-4414 and selecting the option for the Referral/Authorization Unit.</td>
</tr>
<tr>
<td>Service</td>
<td>Refer to/Contact</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sleep studies</td>
<td>Managed by NIA. Request authorization for sleep studies through NIA online or by</td>
</tr>
<tr>
<td></td>
<td>phone (request authorization of sleep-related DME directly through Harvard</td>
</tr>
<tr>
<td></td>
<td>Pilgrim).</td>
</tr>
<tr>
<td></td>
<td>Online: <a href="http://www.radmd.com">www.radmd.com</a>.</td>
</tr>
<tr>
<td></td>
<td>Telephone: 800-642-7543</td>
</tr>
<tr>
<td></td>
<td>Authorization status and approved transaction numbers are also available to</td>
</tr>
<tr>
<td></td>
<td>servicing providers through HPHConnect and NEHEN. Status and transaction numbers</td>
</tr>
<tr>
<td></td>
<td>can be accessed through NIA's website at <a href="http://www.radmd.com">www.radmd.com</a>.</td>
</tr>
</tbody>
</table>

**Related Policy**

- Coordination of Benefits (COB) Claims
- Denials and Adverse Determinations Policy

**PUBLICATION HISTORY**

- 11/21/11: updated telephone extension information and fax numbers
- 12/15/11: minor edits for clarity
- 01/01/12: removed First Seniority Freedom information
- 02/15/12: minor edits for clarity
- 03/15/12: minor edits to "action required" section for clarity
- 04/01/12: added referral/authorization information for Focus NetworkSM - MA Limited Network Option
- 08/15/13: updated authorization list for clarity
- 11/15/13: added gender reassignment surgeries
- 01/15/13: reviewed; added medical benefit drugs; minor edits for clarity
- 04/15/13: added spine pain management services
- 07/25/14: added Rhode Island implementation pending regulatory approval information
- 03/15/15: reviewed; minor edits for clarity
- 07/15/15: added additional surgical services for prior authorization
- 08/15/16: reviewed; updated procedures and services that require authorization section
- 08/15/17: reviewed; updated procedures and services that require authorization section; changed title "action required" section to "utilization management with vended partners"
- 09/15/17: added hip/knee/shoulder surgery information to "utilization management with vended partners" table
- 01/01/18: added genetic molecular diagnostic testing information to "utilization management with vended partners" table
- 11/01/18: added additional cervical spine services that require prior authorization effective 01/01/19
- 12/01/18: updated "utilization management with vended partners" table; updated internal process information
- 02/01/19: revised language regarding referral requirements
- 06/03/19: added cardiac diagnostic tests/interventional procedures (select, non-emergent) to the "utilization management with vended partners" table