

## Authorization, Referral, and Notification: Quick Reference Guide by Service & Commercial Product

This information represents requirements for the standard HMO<sup>1</sup>, POS, and PPO products. Products may vary by employer group and state. No guarantee of payment is implied. Use this guide as a quick reference tool, only. Consult the *Provider Manual* for specific product and service requirements or call the Provider Service Center at 800-708-4414.

<b>SERVICE</b> (See below for abbreviations) <sup>2</sup>	<b>HMO and In-Network POS</b>	<b>PPO and Out-of-Net- work POS</b>	<b>NOTES</b>
Allergy Injections (specialist services)	R	none	
Ambulance Transport — for certain non-emergent transportation	A	A	
Artificial Cervical Disc Replacement	A	A	National Imaging Associates (NIA) conducts utilization management review. Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Bariatric Surgeries	A	A	
Behavioral Health/Substance Abuse Services <ul style="list-style-type: none"> <li>• Non-Routine Outpatient Services including: <ul style="list-style-type: none"> <li>- Intensive Treatment Programs</li> <li>- Partial Hospitalization and Day Treatment Programs</li> <li>- Electroconvulsive Treatment (ECT)</li> <li>- Psychological and Neuropsychological Assessment</li> <li>- Transcranial Magnetic Stimulation (TMS)</li> <li>- Extended visits (&gt; 45-50 minutes/session)</li> <li>- Treatment involving more than 1 visit/day</li> </ul> </li> <li>• Non-emergent Inpatient Admissions</li> <li>• Ongoing Inpatient Care</li> </ul> <p>Contact Harvard Pilgrim Behavioral Health Access Center at 888-777-4742.</p>	A	A	See <i>Behavioral Health Care Authorization</i> policy for additional information.
Bone Marrow Transplant/Stem Cell Transplant (Inpatient Admissions)	N	N	
Breast Surgeries <ul style="list-style-type: none"> <li>• Breast Implant Removal</li> <li>• Breast Reconstruction</li> <li>• Breast Reduction Surgery (reduction mammoplasty)</li> <li>• Inverted Nipple Repair (Other nipple procedures are covered only when they are a medically necessary part of an authorized breast reconstruction procedure, and relevant HPHC Medical Review Criteria are met.)</li> </ul>	A	A	
Bronchial Thermoplasty	A	A	
Cardiac Rehabilitation (outpatient)	none	none	
Chiropractic Services	none	none	
Cholecystectomy	A	A	
Continuous Glucose Monitoring Systems	A	A	
Selected Cosmetic and Reconstructive Surgeries <ul style="list-style-type: none"> <li>• Eye procedures — (blepharoplasty, brow ptosis repair, blepharoptosis repair)</li> <li>• Nasal procedures — (rhinoplasty, septoplasty, rhinophyma treatment)</li> <li>• Skin procedures — (scar revision, treatment of hemangiomas and port wine stains)</li> <li>• Repair of Congenital Chest Deformities — (pectus carinatum, pectus excavatum, Poland Syndrome)</li> </ul>	A	A	
Dental/Oral Surgery Services			See Oral Surgery
Dialysis (outpatient)	none	none	

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Durable Medical Equipment (DME) <ul style="list-style-type: none"> <li>• Physician's order required for <b>all</b> DME</li> <li>• Authorization required for (see DME Authorization Policy for details):                             <ul style="list-style-type: none"> <li>- Continuous Glucose Monitoring Systems</li> <li>- Sleep therapy equipment</li> <li>- Prosthetic Devices (upper and lower limbs)</li> <li>- Miscellaneous DME (i.e., HCPCS code E1399 or A9999)</li> </ul> </li> </ul>			Authorization required for <b>all</b> items provided to HMO members by <b>non-contracted</b> vendors/provider
Early Intervention Services	none	none	
Early Maternity Discharge Visit	none	none	
Emergency Ambulance — Air or Ground Transport	none	none	
Emergency Dental Care (accidental injury)	none	none	
Emergency Room Services	none	none	
Enteral Formulas	A	A	
Fecal Bacteriotherapy	A	A	
Gender Reassignment Surgeries	A	A	
Genetic Testing for Hereditary Breast and/or Ovarian Cancer	A	A	
Gynecomastia Surgery	A	A	
Harvard Pilgrim HMO, Best Buy HMO, and Tiered Copay HMO Plans with Focus NetworkSM — MA Limited Network Option	Refer to product pages	Refer to product pages	<b>Product Portfolio: Product and Product Administration — HMO Plans</b>
Select Hip Surgeries	A	A	National Imaging Associates (NIA) conducts utilization management review. Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Home Health Care	A	A	
Hospice Care	A	A	
Home Infusion	A	A	
H.P. Acthar Gel® (Repository Corticotropin Injection)	A	A	
Human Organ Transplant	N	N	
Hysterectomy	A	A	
Immune Globulin	A	A	
Implantable Neurostimulators — (deep brain stimulators, gastric stimulators, sacral nerve stimulators, spinal cord stimulators, Vagus Nerve stimulators)	A	A	
Infertility Services (MA)	A	A	
Infertility Services (CT)	A	A	
Inpatient Consultations	none	none	
Inpatient Medical and Surgical Admissions	N (for most services). Authorization required for admissions for services on Harvard Pilgrim's Focused Review List (see Authorization Policy for more information).	N (for most services). Authorization required for admissions for services on Harvard Pilgrim's Focused Review List (see Authorization Policy for more information).	Varies by service. Please refer to prior authorization form criteria at <a href="http://www.harvardpilgrim.org/providers">www.harvardpilgrim.org/providers</a> .

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Interventional Spine Pain Management procedures for Back Pain including: • Epidural Injections • Facet Joint Injections • Facet Neurolysis See <i>Spine Management</i> and <i>Prior Authorization</i> policy for additional information.	A	A	National Imaging Associates (NIA) conducts utilization management review. Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Intra-facility Transfer	A	A	Intra-facility Transfer Authorization
Intravenous Antibiotics for treatment of Lyme Disease	A	A	
Select Knee Surgeries	A	A	National Imaging Associates (NIA) conducts utilization management review. Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Laboratory Tests (outpatient)	none	none	
Low Protein Food (state-mandated)	none	none	
Lumbar Spine Surgery including: • Lumbar Fusion — Single and Multiple Level • Lumbar Decompression • Lumbar Microdiscectomy See <i>Spine Management</i> and <i>Prior Authorization</i> policy for additional information.	A	A	National Imaging Associates (NIA) conducts utilization management review. Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Medical Drugs — Select	A	A	<b>Medical Drug Program</b> (Contact CVS Health — NovoLogix) Submit your request to CVS Health–NovoLogix via phone (844-387-1435) or fax (844-851-0882).
Medical Transport — for all non-emergent transportation including fixed-wing air and ground (ambulance, wheelchair van)	A	A	
Neonatal Intensive Care — Notification is required for <b>all</b> non-routine newborn care (level II - IV) admissions on or after date of service 04/15/17.	N	N	
Neonatal Well Care (inpatient)	none	none	
Non-Participating Provider (inpatient/outpatient) — Emergent/urgent	N	N	
Non-Participating Provider (inpatient/outpatient) — Elective	A	N (for inpatient admissions and Focused Review List services)	
Nutritional Counseling	none	none	
Observation Stay	none	none	
Obstetric and Gynecologic Services (outpatient)	none	none	
Obstetrical Admissions	none	none	
Obstructive Sleep Apnea/Obstructive Sleep Disorders Surgeries: • Maxillomandibular Advancement (MMA)/Mandibular Advancement (MA) • Uvulopalatopharyngoplasty (UPPP) • Genioglossus Advancement/Hyoid Suspension	A	A	

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Occupational Therapy — Initial visit	none	none	
Occupational Therapy — Subsequent visits for "Visit Limit Plans Only"	A	A	
Occupational Therapy — Subsequent visits for "Per Condition Plans Only"	N	N	
Oral Surgery (hospital-based)	A	A	
Oral Surgery (office-based)	R	none	
Oral Surgery — Tooth extraction only (office-based)	none	none	
Out of Network Referrals	A	none	
Panniculectomy/Removal of Excess Skin	A	A	
Participating Physician Specialist Services	R	none	
PCP Coverage (outside member's local care unit)	R	none	
Physical Therapy — Initial visit	none	none	
Physical Therapy — Subsequent visits for "Visit Limit Plans Only"	A	A	
Physical Therapy — Subsequent visits for "Per Condition Plans Only"	N	N	
Preimplantation Genetic Testing	A	A	
Prenatal Care (outpatient)	none	none	
Prescriptions	A	A	See <i>Medication Prior Authorization Program</i>
Private Duty Nursing	A	A	(Not covered under most Harvard Pilgrim plans.)
Podiatry/Foot Care	R	none	
Professional Component of Inpatient Services (anesthesia excluding anesthesiologist pain management, diagnostic testing, emergency room treatment, radiation treatment)	none	none	
Pulmonary Rehabilitation (Outpatient)	A	A	
Radiology — Outpatient Advanced Imaging including: <ul style="list-style-type: none"> <li>• Computerized Tomography and Computerized Tomography Angiography (CT/CTA)</li> <li>• Magnetic Resonance Imaging and Magnetic Resonance Angiography (MRI/MRA)</li> <li>• Nuclear Cardiology</li> <li>• Positron Emission Tomography (PET)</li> <li>• Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)</li> </ul>	A	A	National Imaging Associates (NIA) conducts utilization management review. Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.  See <i>Outpatient Advanced Imaging Authorization</i> policy for more information.
Radiology — Other Diagnostic Services	none	none	
Reconstructive and Restorative Surgeries	A	A	
Inpatient Rehabilitation Hospital/Long Term Acute Care Hospital Admissions (including inpatient pulmonary rehab)	A	A	
Routine Physical Exams & Sick Visits by member's PCP	none	none	
Second Opinion	R	none	
Select Shoulder Surgeries			National Imaging Associates (NIA) conducts utilization management review. Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Sinus Surgeries — (frontal sinusotomy, functional endoscopic sinus surgery, nasal/sinus cavity debridement following FESS, maxillary sinusotomy)	A	A	

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Skilled or Sub-Acute Nursing Facility Admission			
Sleep Studies	A	A	National Imaging Associates (NIA) conducts utilization management review. Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Sleep Therapy Supplies — (Non-Invasive Airway Assist Devices [CPAP, APAP and BiPAP] and related sleep therapy supplies)	N	N	
Speech Therapy — Initial visit	none	none	
Speech Therapy — Subsequent visits	N	N	
Speech Therapy — Subsequent visits, MA only	A	A	
Skilled Nursing Facility Admission	A	A	
TMJ Surgeries <ul style="list-style-type: none"> <li>• Therapeutic arthroscopy</li> <li>• Arthroplasty/arthrotomy including discectomy</li> <li>• Joint replacement</li> </ul>	A	A	
Transcranial Magnetic Stimulation (TMS)	A	A	
Urinary Incontinence (Invasive treatment)	A	A	
Varicose Veins Treatment	A	A	
Vision (Annual Examination)	none	none	
Vision Hardware for Special Conditions	N	N	

**Related Information**

Access Harvard Pilgrim's *Provider Manual* for a detailed list of all products and service requirements at [www.harvardpilgrim.org/providers](http://www.harvardpilgrim.org/providers).

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