



## Referral/Authorization Quick Reference Guide for Commercial Products

This is a resource tool for standard HMO, POS, and PPO products; please keep in mind that products may vary by employer group and state. No guarantee of payment is implied. Use this guide as a quick reference tool, only, as it is not comprehensive. For questions, call the Provider Service Center at 800-708-4414.

### KEY

**R** = Referral

**MNG** = Medical Necessity Guideline

**PAF** = Prior Authorization Request Form

**N** = Notification

**NP** = Notification Policy

**MAPAF** = Massachusetts Standard Form for Medication Prior Authorization

**A** = Authorization

**AP** = Authorization Policy

SERVICE	HMO and In-Network POS	PPO and Out of Network POS	Resources
Allergy Injections (specialist services)	R	none	<a href="#">MAPAF</a>
Ambulance Transport — for select non-emergent transportation	A	A	<a href="#">MNG</a> <a href="#">PAF</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	<a href="#">MNG</a>
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	<a href="#">MNG</a>
Bronchial Thermoplasty	A	A	<a href="#">MNG</a>
Cardiac diagnostic tests/interventional procedures (select, non-emergent)	none	none	Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Cardiac Rehabilitation (outpatient)	none	none	
Cervical Spine Surgery	A	A	Refer to NIA website ( <a href="http://www.radmd.com">www.radmd.com</a> ) or call NIA at 800-642-7543.
Chiropractic Services	none	none	
Cholecystectomy	A	A	<a href="#">MNG</a>

SERVICE	HMO and In-Network POS	PPO and Out of Network POS	Resources
Cosmetic and Reconstructive Surgeries, selected <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	<a href="#">Cosmetic and Reconstructive Procedures</a> <ul style="list-style-type: none"> <li>• Eye <a href="#">MNG</a></li> <li>• Nasal <a href="#">MNG</a></li> <li>• Skin <a href="#">MNG</a></li> <li>• Panniculectomy/Removal of Redundant Tissue <a href="#">MNG</a></li> </ul>
Dental/Oral Surgery Services			<a href="#">MNG</a> <a href="#">PAF</a>
Diabetes Management System (See DME below)	A	A	<a href="#">MNG</a> <a href="#">PAF</a>
Dialysis (outpatient)	none	none	
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:               <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/providers		<a href="#">AP</a> <ul style="list-style-type: none"> <li>• CGM- <a href="#">MNG</a> PAF</li> <li>• Sleep equipment- <a href="#">MNG</a></li> <li>• Prosthetic Devices (lower limb) – <a href="#">MNG</a> <a href="#">PAF</a></li> <li>• Prosthetic devices (upper limb) – <a href="#">MNG</a> <a href="#">PAF</a></li> </ul>
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	<a href="#">MNG</a> <a href="#">PAF</a>
Extended Care Facility <ul style="list-style-type: none"> <li>• Skilled Nursing Facility &amp; Subacute Care</li> <li>• Inpatient Rehabilitation/ Long-Term Acute Care</li> </ul>	A	A	<ul style="list-style-type: none"> <li>• <a href="#">MNG</a> (Skilled Nursing Facility &amp; Subacute Care)</li> <li>• <a href="#">MNG</a> (Inpatient Rehabilitation/ Long-Term Acute Care)</li> <li>• <a href="#">PAF</a></li> </ul>
Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures	none	none	
Gender Reassignment Surgeries	A	A	<a href="#">MNG</a>

SERVICE	HMO and In-Network POS	PPO and Out of Network POS	Resources
<b>Genetic and Molecular Diagnostic Testing</b> Hereditary Breast/Ovarian Cancers Genetic Testing	A	A	<a href="#">AP</a> Carelton Medical Benefits Management (formerly AIM Specialty Health) manages HPHC's genetic testing authorization program. Refer to Carelon's website at <a href="http://www.carelton.com">www.carelton.com</a> or by telephone at 855-574-6476.
Gynecomastia Surgery	A	A	<a href="#">MNG</a>
Hip Surgeries, select	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 (first 30 days of service)	N	N	<a href="#">MNG</a>
Home Health Care (after the initial 30 days of service)	A	A	<a href="#">MNG</a>
Hospice Care	A	A	<a href="#">MNG</a>
Home Infusion	A	A	<a href="#">MNG</a>
Human Organ Transplant	N	N	
Hysterectomy	A	A	<a href="#">MNG</a>
Immune Globulin	A	A	<a href="#">Policies and forms</a>
Implantable Neurostimulators — (deep brain stimulators, gastric stimulators, sacral nerve stimulators, spinal cord stimulators, Vagus Nerve stimulators)	A	A	<a href="#">MNG</a> <a href="#">PAF</a>
Infertility Services (MA): <ul style="list-style-type: none"> <li>AI</li> <li>IUI</li> <li>ART</li> </ul>	A	A	<a href="#">MNG</a> <a href="#">PAF</a> <a href="#">AP</a> Separate authorizations required for PGD testing and embryo biopsy through Carelon Medical Benefits Management (see <a href="#">Molecular Diagnostics Medical Review Criteria</a> ) before submitting IVF authorization request to HPHC
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 <a href="#">Prior Authorization Policy</a> for more information).	N (for most services). Authorization required for admissions for services on Harvard Pilgrim's Focused Review List (see <a href="#">Prior Authorization Policy</a> 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> .
Interventional Spine Pain Management procedures for Back Pain including: <ul style="list-style-type: none"> <li>Epidural Injections</li> <li>Facet Joint Injections</li> <li>Facet Neurolysis</li> </ul>	A	A	<a href="#">AP</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.

SERVICE	HMO and In-Network POS	PPO and Out of Network POS	Resources
Intravenous Antibiotics for treatment of Lyme Disease	A	A	<a href="#">MNG</a>
Hyaluronate Preparations for Osteoarthritis of the Knee	A	A	<a href="#">Policies and forms</a>
Hip/Knee/Shoulder Surgeries (for select surgeries managed by National Imaging Associates)	A	A	<a href="#">AP</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: <ul style="list-style-type: none"> <li>Lumbar Fusion — Single and Multiple Level</li> <li>Lumbar Decompression</li> <li>Lumbar Microdiscectomy</li> </ul>	A	A	<a href="#">MNG</a> <a href="#">AP</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	<a href="#">Policies and forms</a>
Medical Transport — for all non-emergent transportation including fixed-wing air and ground	A	A	<a href="#">MNG</a> <a href="#">PAF</a>
Neonatal Intensive Care	N	N	<a href="#">NP</a>
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)	<a href="#">AP</a>
Nutritional Counseling	none	none	
Observation Stay	none	none	
Obstetric and Gynecologic Services (outpatient)	none	none	
Obstetrical Admissions (delivery)	none	none	
Obstetrical Admissions (no delivery)	N	N	
Obstructive Sleep Apnea/Obstructive Sleep Disorders Surgeries: <ul style="list-style-type: none"> <li>Maxillomandibular Advancement (MMA)/Mandibular Advancement (MA)</li> <li>Uvulopalatopharyngoplasty (UPPP)</li> <li>Genioglossus Advancement/Hyoid Suspension</li> </ul>	A	A	<a href="#">MNG</a>
Occupational Therapy — Initial visit	none	none	<a href="#">PAF</a>

SERVICE	HMO and In-Network POS	PPO and Out of Network POS	Resources
			<a href="#">AP</a>
Occupational Therapy — Subsequent visits for "Visit Limit" Plans	none	none	<a href="#">PAF</a> <a href="#">AP</a>
Occupational Therapy — Subsequent visits for "Per Condition" Plans	A	A	<a href="#">PAF</a> <a href="#">AP</a>
Oncology and radiation oncology (outpatient)	A	A	OncoHealth conducts medical review of chemotherapeutic protocols and radiation treatment plans. <a href="#">Refer to criteria</a> for more information. Request authorization via: HPHConnect; fax at 800-264-6128; or phone at 877-222-2021
Oral Surgery (hospital-based)	A	A	<a href="#">MNG</a> <a href="#">PAF</a>
Oral Surgery (office-based)	R	none	<a href="#">MNG</a>
Oral Surgery — Tooth extraction only (office-based)	none	none	<a href="#">MNG</a>
Out of Network Referrals	A	none	<a href="#">MNG</a> <a href="#">Referral Policy</a>
Panniculectomy/Removal of Excess Skin	A	A	<a href="#">MNG</a>
Participating Physician Specialist Services	R	none	
PCP Coverage (outside member's local care unit)	R	none	
Physical Therapy — Initial visit	none	none	<a href="#">PAF</a> <a href="#">AP</a>
Physical Therapy — Subsequent visits for "Visit Limit" Plans	none	none	<a href="#">PAF</a> <a href="#">AP</a>
Physical Therapy — Subsequent visits for "Per Condition" Plans	A	A	<a href="#">PAF</a> <a href="#">AP</a>
Preimplantation Genetic Testing	A	A	<a href="#">AP</a> Carelton Medical Benefits Management manages the genetic testing authorization program. Refer to <a href="http://www.carelton.com">www.carelton.com</a> or call 855-574-6476.
Prenatal Care (outpatient)	none	none	
Private Duty Nursing	A	A	Not covered under most Harvard Pilgrim plans.
Podiatry/Foot Care	R	none	
Prosthesis Coverage	A	A	<a href="#">MNG</a> (upper) <a href="#">PAF</a> <a href="#">MNG</a> (lower) <a href="#">PAF</a>
Professional Component of Inpatient Services (anesthesia excluding anesthesiologist pain management, diagnostic testing, emergency room treatment, radiation treatment)	none	none	
Pulmonary Rehabilitation (Outpatient)	A	A	<a href="#">MNG</a>

SERVICE	HMO and In-Network POS	PPO and Out of Network POS	Resources
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.
Radiology — Other Diagnostic Services	none	none	
Reconstructive and Restorative Surgeries	A	A	<a href="#">MNG</a>
Inpatient Rehabilitation Hospital/Long Term Acute Care Hospital Admissions (including inpatient pulmonary rehab)	A	A	<a href="#">MNG</a> <a href="#">AP</a>
Routine Physical Exams & Sick Visits by member's PCP	none	none	
Second Opinion	R	none	
Sinus Surgeries — (frontal sinusotomy, functional endoscopic sinus surgery, nasal/sinus cavity debridement following FESS, maxillary sinusotomy)	A	A	<a href="#">MNG</a>
Skilled or Sub-Acute Nursing Facility Admission			<a href="#">MNG</a> <a href="#">AP</a>
Sleep Studies	A	none	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	none	none	<a href="#">NP</a>
Speech Therapy — Initial visit	none	none	<a href="#">PAF</a> <a href="#">AP</a>
Speech Therapy — Subsequent visits for "Visit Limit" Plans	none	none	<a href="#">PAF</a> <a href="#">AP</a>
Speech Therapy — Subsequent visits for "Per Condition" plans	A	A	<a href="#">PAF</a> <a href="#">AP</a>
Skilled Nursing Facility Admission	A	A	<a href="#">MNG</a> <a href="#">NP</a>
Spine Management and Authorization	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.
TMJ Surgeries <ul style="list-style-type: none"> <li>Therapeutic arthroscopy</li> <li>Arthroplasty/arthrotomy including discectomy</li> </ul>	A	A	<a href="#">MNG</a>

SERVICE	HMO and In-Network POS	PPO and Out of Network POS	Resources
• Joint replacement			
Tumor Treating Fields	A	A	<a href="#">MNG</a>
Varicose Veins Treatment	A	A	<a href="#">MNG</a> <a href="#">PAF</a>
Vision (Annual Examination)	none	none	
Vision Hardware for Special Conditions	N	N	

PCE 4/2024