



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service		Prior Authorization Required *	Notification	Comments
Abdominoplasty		Yes		See also Cosmetic Surgery.
Abortion		No		<p>Abortions for pregnancies beyond twenty-three weeks and 6 days are not allowed in Massachusetts unless performed to save the life of the mother or to eliminate substantial risk of grave impairment to her physical or mental health. The abortion must be performed by a licensed and qualified physician only in a hospital licensed by the Department of Public Health to provide facilities obstetrical services and requires prior authorization.</p> <p>Some employer groups may exclude coverage of this benefit.</p>
Allergy Visits/Subcutaneous Immunotherapy		No		<p>See also Specialty Visits.</p> <p><i>Provider Payment Guideline 'Allergy Testing and Allergy Immunotherapy':</i> http://www.nhp.org/PDFs/Providers/AllergyTestingImmunotherapyGuidelines.pdf</p>
Ambulance	Emergency transportation (including inter-facility Specialty Care Transport)	No		<p><i>Provider Payment Guideline 'Ambulance Transportation – Ground':</i> http://www.nhp.org/PDFs/Providers/NHPAmbulanceTransportation-Ground.pdf</p>

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
	Non-Emergent transportation	Yes	<p>MassHealth: Covered by MassHealth for MassHealth Standard members only. Not a covered service for MassHealth Family Assistance, Basic or Essential members.</p> <p>Commonwealth Care: NHP covers non-emergent ambulance transport of a member from one health care facility to another only when medically necessary and arranged by an NHP Provider.</p> <p>Commercial (including Commonwealth Choice): May be covered for Commercial members in some circumstances with prior authorization, when medically necessary and arranged by an NHP provider.</p> <p><i>Provider Payment Guideline 'Ambulance Transportation – Ground':</i> http://www.nhp.org/PDFs/Providers/NHPAmbulanceTransportation-Ground.pdf</p>
Ambulatory Surgical Procedure	Yes		<p>Prior authorization must be obtained at least five (5) business days prior to an elective surgery date.</p> <p>Ambulatory Surgical Services include up to 8 hours of observation/recovery services. A separate notification/authorization number for the observation/recovery services is not required. When the observation/recovery services exceed 8 hours, a separate notification/authorization is required.</p>
Artificial Insemination	Yes		See also Infertility Services.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Audiology Visits	No		<p>MassHealth: Covered for MassHealth Standard, Family Assistance and Basic members. Not a covered service for MassHealth Essential members.</p> <p>Commonwealth Care: Covered.</p> <p>Commercial (including Commonwealth Choice): Covered.</p> <p>See also Specialty Visits.</p>
Bariatric Surgery	Yes		<p>See Provider Payment Guideline 'Bariatric Surgery': http://www.nhp.org/PDFs/Providers/NHP%20BariatricSurgeryPaymentGuidelines.pdf</p>
Bed Hold-10 Day	Yes		See also Institutional Extended Care.
Behavioral Health	diversionary and emergency services (e.g. Day Treatment, Methadone Maintenance, etc.)	Yes	No referral requirement applies to all members including those with a Harvard Vanguard Medical Associates PCP.
	inpatient	Yes	
	outpatient counseling and medication management	No	<p>Prior authorization is not required from Beacon Health Strategies for the first 8 outpatient sessions per calendar year for Commercial members (including Commonwealth Choice members) and is not required for the first 12 sessions per calendar year for MassHealth or Commonwealth Care members.</p> <p>No referral requirement applies to all members including those with a Harvard Vanguard Medical Associates PCP.</p>
Blepharoplasty	Yes		See also Cosmetic Surgery.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at: http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Bone scans	No		
Breast Implant Removal	Yes		See also Cosmetic Surgery.
Breast Reduction/Mastectomy for Gynecomastia	Yes		See also Cosmetic Surgery.
Cardiac Catheterization	Yes		
Cardiac Rehab	No		
Cardiology Visits	No		See also Specialty Visits.
Chemotherapy (outpatient)	No		
Chiropractic Services Visits	Yes		<p>MassHealth: Prior authorization required beyond 20 visits for MassHealth Standard, Family Assistance and Basic members. Not a covered service for MassHealth Essential members.</p> <p>Commonwealth Care: Not a covered service.</p> <p>Commercial (including Commonwealth Choice): Prior authorization required beyond 10 visits. Some employer groups may exclude coverage of this service.</p> <p><i>Provider Payment Guideline 'Chiropractic Care':</i> http://www.nhp.org/PDFs/Providers/NHPChiropracticGuidelines.pdf</p>
Circumcision (outpatient)	No		

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Colonoscopy	No		
Colposcopy	No		Prior Authorization required when performed in the surgical setting at an outpatient hospital.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at: http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Computerized Tomography (CT) Scan	Yes		Prior-authorization for non-emergent high tech imaging required from NHP's Radiology Management partner MedSolutions, Inc. https://www.medsolutionsonline.com
Cosmetic Surgery	<ul style="list-style-type: none"> • Abdominoplasty • Blepharoplasty • Breast Implant Removal • Breast Reduction/Mastectomy for Gynecomastia • Dermabrasion • Maxillofacial Surgery • Rhinoplasty • Septoplasty 	Yes	NHP covers cosmetic and reconstructive procedures that are medically necessary. This includes surgery to improve or restore bodily function, as well as to correct or repair severe disfigurement resulting from disease, injury or congenital anomalies. <i>See Provider Payment Guideline 'Dermatology':</i> http://www.nhp.org/PDFs/Providers/Dermatology.pdf
	<ul style="list-style-type: none"> • Skin Biopsy • Skin Lesion Removal 	No	
Dermabrasion	Yes		See also Cosmetic Surgery.
Dermatology Visits	No		NHP covers cosmetic and reconstructive procedures that are medically necessary. This includes surgery to improve or restore bodily function, as well as to correct or repair severe disfigurement resulting from disease, injury or congenital anomalies. <i>See Provider Payment Guideline 'Dermatology':</i> http://www.nhp.org/PDFs/Providers/Dermatology.pdf
Developmental Delay Evaluation and Treatment Visits	No		See also Specialty Visits.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Diabetic Services	Diabetic Foot Orthotics	Yes	
	Insulin Pump and Pump Supplies	Yes	
	Diabetic Supplies	No	Lancets, test strips, glucose monitors, alcohol pads are to be obtained through a pharmacy and not through a DME provider. For members without a pharmacy benefit, the above supplies are covered under the disposable benefit. Insulin and syringes, however, require a pharmacy benefit in order to be covered.
Dialysis	No		

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at: http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Durable Medical Equipment (DME)	Yes		<p>Prior authorization requirement depends upon the type of DME item. Additionally, coverage varies by plan. For most NHP Commercial members a 20% co-insurance applies.</p> <p>The ordering clinicians can contact vendors directly to place the orders. In turn, vendors will contact NHP's DME department to initiate the authorization process.</p> <p>Some DME items <i>do not</i> require any plan authorization if they are dispensed by an NHP contracted provider. Please reference the DME Prior Authorization Exemption list at: http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx</p>
Ear, Nose & Throat (ENT) Visits	No		See also Specialty Visits.
ECG / EEG / EKG / EMG	No		
Early Intervention (screening, assessment and treatment)	No		<p>Restricted to members under the age of 3.</p> <p>MassHealth: Covered for MassHealth Standard and Family Assistance. Not a covered service for MassHealth Basic or Essential members.</p> <p>Commonwealth Care: Not a covered service.</p> <p>Commercial (including Commonwealth Choice): Maximum benefit for Commercial members: \$5,200/year/child and \$15,600/lifetime.</p>

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Elective Surgery	Yes		Prior authorization required five (5) business days prior to the surgery date.
Emergency Room (ER)	No		No referral requirement applies to any member including those with a Harvard Vanguard Medical Associates PCP.
Endocrinology Visits	No		See also Specialty Visits.
Endoscopy	No		
Enteral Nutritional Formulas	Yes		Commercial (including Commonwealth Choice): The annual individual benefit for enteral nutritional formulas is limited to \$5,000.
Eye Exams	No		MassHealth: For MassHealth Standard, Family Assistance, Basic and Essential members under the age of 21:once every 12 months and for members age 21 and over, once every 24 months. Commonwealth Care: Benefit limited to exam and glasses every 24 months. Commercial (including Commonwealth Choice): Annual eye exam
Family Planning Visits	No		See also Specialty Visits. No referral requirement applies to all members including those with a Harvard Vanguard Medical Associates PCP.
Gastroenterology Visits	No		See also Specialty Visits.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service		Prior Authorization Required *	Notification	Comments
Gynecology Visits		No		See also Specialty Visits. No referral requirement applies to all members including those with a Harvard Vanguard Medical Associates PCP.
Hearing Aids		Yes		MassHealth: Covered for MassHealth Standard, Family Assistance and Basic members. Not covered for MassHealth Essential members. Commonwealth Care: Not covered. Commercial (including Commonwealth Choice): Coverage varies by group. Please verify insurance coverage.
Hearing Examination Visits		No		
Home Health Services	Home Health Aid	Yes		MassHealth: Covered for MassHealth Standard, Family Assistance and Basic members. Not a covered service for MassHealth Essential members. Commonwealth Care: Covered. Commercial (including Commonwealth Choice): Covered. <i>See Provider Payment Guideline 'Home Health Care Agency':</i> http://www.nhp.org/PDFs/Providers/HomeHealthCareAgencyGuidelines.pdf

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service		Prior Authorization Required *	Notification	Comments
	Home Medical Social Worker	Yes		<p>MassHealth: Not covered for MassHealth Standard, Family Assistance, Basic or Essential members.</p> <p>Commonwealth Care: Covered.</p> <p>Commercial (including Commonwealth Choice): Covered.</p> <p>See Provider Payment Guideline 'Home Health Care Agency': http://www.nhp.org/PDFs/Providers/HomeHealthCareAgencyGuidelines.pdf</p>
	Home Nutritional Services	Yes		<p>MassHealth: Covered for MassHealth Standard, Family Assistance and Basic members. Not a covered service for MassHealth Essential members.</p> <p>Commonwealth Care: Covered.</p> <p>Commercial (including Commonwealth Choice): Covered.</p> <p>See Provider Payment Guideline 'Home Health Care Agency': http://www.nhp.org/PDFs/Providers/HomeHealthCareAgencyGuidelines.pdf</p>
Home Health Services (continued)	Home Occupational Therapy	No		<p>The initial evaluation does not require prior authorization. Subsequent visits do require prior authorization.</p> <p>MassHealth: Covered for MassHealth Standard, Family Assistance and Basic members. Not a covered service for MassHealth Essential members.</p>
	Home Physical Therapy			
	Home Skilled Nursing			

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Home Speech Therapy			<p>Commonwealth Care: Covered.</p> <p>Commercial (including Commonwealth Choice): Covered.</p> <p>See Provider Payment Guideline 'Home Health Care Agency': http://www.nhp.org/PDFs/Providers/HomeHealthCareAgencyGuidelines.pdf</p>
Home Infusion Therapy	Yes		<p>MassHealth: Covered for MassHealth Standard, Family Assistance, Basic and Essential members.</p> <p>Commonwealth Care: Covered.</p> <p>Commercial (including Commonwealth Choice): Covered.</p> <p>See Provider Payment Guideline 'Home Infusion Including Enteral Nutrition Therapy': http://www.nhp.org/PDFs/Providers/NHPHomeInfusionEnteralNutritionGuidelines.pdf</p>
Hospice	Yes		<p>MassHealth: Covered for MassHealth Standard and Family Assistance members. Not a covered service for Basic and Essential members.</p> <p>Commonwealth Care: Covered.</p> <p>Commercial (including Commonwealth Choice): Covered.</p> <p>See Provider Payment Guideline 'Hospice Services': http://www.nhp.org/PDFs/Providers/HospiceGuidelines.pdf</p>
Immunizations	No		<p>See Provider Payment Guideline 'Vaccine and Immunization': http://www.nhp.org/PDFs/Providers/VaccinesImmunizationPaymentGuidelines.pdf</p>

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Immunology Visits	No		See also Specialty Visits.
Infectious Disease Visits	No		See also Specialty Visits.
Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra-uterine Insemination, Fertility Drugs	Yes		<p>MassHealth: Not a covered benefit for MassHealth Standard, Family Assistance, Basic or Essential members.</p> <p>Commonwealth Care: Not a covered service.</p> <p>Commercial (including Commonwealth Choice): Some employer groups may exclude coverage of this benefit.</p>
Inpatient Services	Yes	Yes	<p>Prior authorization required five (5) business days prior to the scheduled admission date for elective admissions.</p> <p>Notification required within 24 hours or by the next business day for emergent, obstetrical, sick newborn and urgent admissions.</p>
Institutional Extended Care <ul style="list-style-type: none"> • Skilled Nursing Facility • Rehabilitation Facility • Chronic Disease Hospital 	Yes		<p>MassHealth: Covered for up to 100 combined days (SNF, Rehab, Chronic) per contract year for Mass Health Standard and Family Assistance (Rehab, Chronic) members. Not a covered service for MassHealth Basic or Essential members.</p> <p>Commonwealth Care: Covered for up to 100 combined days (SNF, Rehab, Chronic) per contract year.</p> <p>Commercial (including Commonwealth Choice): Covered for up to 100 days per contract year for SNF and for up to 60 days per contract year for Rehab.</p> <p>See also Bed Hold-10 day.</p>

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at: http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Laboratory Services	No		See Provider Payment Guideline 'Laboratory and Pathology Services' : http://www.nhp.org/PDFs/Providers/LaboratoryPathologyServicesPaymentGuidelines.pdf
Magnetic Resonance Angiography (MRA)	Yes		Prior-authorization for non-emergent high tech imaging required from NHP's Radiology Management partner MedSolutions, Inc. https://www.medsolutionsonline.com
Magnetic Resonance Imaging (MRI)	Yes		Prior-authorization for non-emergent high tech imaging required from NHP's Radiology Management partner MedSolutions, Inc. https://www.medsolutionsonline.com
Mammography	No		
Mastectomy for Gynecomastia	Yes		See also Cosmetic Surgery.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at: http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service		Prior Authorization Required *	Notification	Comments
Maternity Services	Inpatient, including Birthing Centers	Yes	Yes	<p>Prior authorization required for scheduled c-section.</p> <p>Notification required within 24 hrs of the admission or by the next business day.</p> <p>Please note: no coverage for delivery outside the NHP service area within (30) days of the expected delivery date, or after the member has been informed that she is at risk for early delivery.</p> <p>See Provider Payment Guideline 'Newborn Care (Inpatient)': http://www.nhp.org/PDFs/Providers/NewbornCareGuidelines.pdf</p> <p>See Provider Payment Guideline 'Obstetrical Services - Professional': http://www.nhp.org/PDFs/Providers/NHPObstetricalServicesGuidelines.pdf</p>
	Outpatient	No	Yes	<p>Providers are encouraged to submit the Obstetrical Risk form as means of notification to assist NHP in identifying members who might benefit from obstetrical care management.</p> <p>See Provider Payment Guideline 'Obstetrical Services - Professional': http://www.nhp.org/PDFs/Providers/NHPObstetricalServicesGuidelines.pdf</p>
Maxillofacial Surgery		Yes		See also Cosmetic Surgery.
Nephrology Visits		No		See also Specialty Visits.
Neurology Visits		No		See also Specialty Visits.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at: http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Observation Stays	No	Yes	Notification required within 24 hrs or by the next business day. Ambulatory Surgical Services include up to 8 hours of observation/recovery services. A separate notification/authorization number for the observation/recovery services is not required. When the observation/recovery services exceed 8 hours, a separate notification/authorization is required. <i>See Provider Payment Guideline 'Observation Services':</i> http://www.nhp.org/PDFs/Providers/Observation_Services_Provider_Payment_Guidelines.pdf
Occupational Therapy	No		The <u>initial</u> evaluation does not require prior authorization. Subsequent visits do require prior authorization.
Oncology Visits	No		See also Specialty Visits.
Oral Surgery	Yes		MassHealth, Commercial (including Commonwealth Choice): Benefit is limited to certain medically necessary procedures, upon NHP physician review. Prior authorization applies depending on the type of surgery. Commonwealth Care: Covered for Plan Type 1 members. Not covered for Plan Type 2 and Plan Type 3 members.
Orthopedic Visits	No		See also Specialty Visits.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Orthotics	Yes		<p>Prior authorization requirement depends upon the type of orthotic.</p> <p>MassHealth: Covered in full for MassHealth Standard, Family Assistance and Basic members under age 21, with certain exclusions for members age 21 and over. MassHealth will pay for one (1) pair of orthotic shoes within a 12-month period. Orthotic shoes for members with severe foot disease are covered in all setting regardless of age. Certain other limitations may apply. Not a covered service for MassHealth Essential members.</p> <p>Commonwealth Care: Covered.</p> <p>Commercial (including Commonwealth Choice): Covered for Commercial members as specified in the member's contract.</p>
Oxygen and related equipment	No		
Pain Management Therapy (outpatient evaluation)	No		<p>See Provider Payment Guideline 'Pain Management Therapy (outpatient evaluation):</p> <p>http://www.nhp.org/pages/providers_adminresources_paymentguidelines.aspx</p>

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Pain Management Therapy (outpatient treatment)	Yes		Ongoing medical care performed to alleviate or reduce chronic or severe pain services require prior authorization. Services may include: <ul style="list-style-type: none"> • Therapeutic/diagnostic anesthetic agent via injection • Trigger point injection per individual muscle • Fluoroscopy guidance and localization when appropriate • Medication therapy • External Tens Units or implantable peripheral nerve stimulators • Radiofrequency nerve root injections and/or blocks
Physical Therapy	No		The <u>initial</u> evaluation does not require prior authorization. Subsequent visits do require prior authorization. See Provider Payment Guideline 'Physical Therapy': http://www.nhp.org/PDFs/Providers/PhysicalTherapy_PaymentGuidelines.pdf
Podiatry Visits	No		Covered for all members when medically necessary (e.g., treatment of plantar fasciitis). Routine podiatry service (e.g., nail cutting, corn and callous removal) is covered only for patients with diabetes, peripheral vascular disease or peripheral neuropathy. See also Specialty Visits.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Positron Emission Tomography (PET)	Yes		Prior-authorization for non-emergent high tech imaging required from NHP's Radiology Management partner MedSolutions, Inc. https://www.medsolutionsonline.com
Prosthetics	Yes		Prior authorization requirement depends upon the type of prosthetic. MassHealth: Effective 7/1/03, covered in full for all MassHealth members under age 21, with certain exclusions for members age 21 and over. Certain other limitations may apply. Commonwealth Care: Covered. Commercial (including Commonwealth Choice): Covered for Commercial members as specified in the member's contract.
Pulmonary Function Tests	No		
Pulmonary Visits	No		See also Specialty Visits.
Radiation Therapy (outpatient)	No		

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service		Prior Authorization Required *	Notification	Comments
Radiology <ul style="list-style-type: none"> • CT, MRI, MRA, PET • Nuclear Studies • Radiology involving anesthesia 		Yes		Prior authorization required for outpatient non-emergent CT, MR & PET studies for all members through MedSolutions, Inc. No prior authorization required from MR, CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER. See <i>Provider Payment Guideline 'Diagnostic Imaging Services'</i> : http://www.nhp.org/PDFs/Providers/Imaging.pdf
Rheumatology Visits		No		See also Specialty Visits.
Rhinoplasty		Yes		See also Cosmetic Surgery.
Second Opinions Visits	NHP contracted providers	No		Second opinions from out-of-network providers are covered only when the expertise requested is not available within the network and upon approval from NHP.
	Non-contracted (Out-of-network) NHP providers	Yes		

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Septoplasty	Yes		NHP covers cosmetic and reconstructive procedures that are medically necessary. This includes surgery to improve or restore bodily function, as well as to correct or repair severe disfigurement resulting from disease, injury or congenital anomalies. <i>See Provider Payment Guideline 'Dermatology':</i> http://www.nhp.org/PDFs/Providers/Dermatology.pdf
Sick Newborn Admissions	No	Yes	Notification required within 24 hours or the next business day for newborns requiring intensive care or transfer to another facility, <i>See Provider Payment Guideline 'Newborn Care (Inpatient)':</i> http://www.nhp.org/PDFs/Providers/NewbornCareGuidelines.pdf
Sigmoidoscopy	No		
Skin Biopsy	No		NHP covers cosmetic and reconstructive procedures that are medically necessary. This includes surgery to improve or restore bodily function, as well as to correct or repair severe disfigurement resulting from disease, injury or congenital anomalies. <i>See Provider Payment Guideline 'Dermatology':</i> http://www.nhp.org/PDFs/Providers/Dermatology.pdf

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service		Prior Authorization Required *	Notification	Comments
Skin Lesion Removal		No		NHP covers cosmetic and reconstructive procedures that are medically necessary. This includes surgery to improve or restore bodily function, as well as to correct or repair severe disfigurement resulting from disease, injury or congenital anomalies. <i>See Provider Payment Guideline 'Dermatology':</i> http://www.nhp.org/PDFs/Providers/Dermatology.pdf
Sleep Studies		No		
Specialty Visits	NHP contracted providers	No		Referrals are not required for specialist consultations by NHP <u>contracted</u> providers. Please note that specific procedures performed during the visit may require prior authorization. If applicable, please review the line item within this grid and/or corresponding payment guidelines specific to the procedure or contact NHP's Customer Care Center for assistance. Prior-authorization is required for all services rendered by out-of-network (non-NHP contracted) providers.
	Non-contracted (Out-of-network) NHP providers	Yes		
Speech Therapy		No		The <u>initial</u> evaluation does not require prior authorization. Subsequent visits do require prior authorization.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Spinal Surgery	Yes		Prior authorization is required including for services rendered in an emergency setting. Please note that if applicable, separate authorization numbers are required for the rendering physician and the facility. However, this can be done via a <u>single</u> authorization request form. The rendering facility and physicians are strongly encouraged to verify via NHPNet the existence of an authorization before the service is rendered.
Stress Tests	No		
Surgical Day Care	Yes		Prior Authorization required five (5) business days prior to the scheduled admission date. Ambulatory Surgical Services include up to 8 hours of observation/recovery services. A separate notification/authorization number for the observation/recovery services is not required. When the observation/recovery services exceed 8 hours, a separate notification/authorization is required. See also Ambulatory Surgical Procedure.
Surgical Visits	No		
Tobacco (smoking) Cessation	No		
Tuberculosis (TB) Clinics	No		
Temporomandibular Joint (TMJ)	Yes		Benefit limited to TMJ services determined to be medically necessary. Dental services for TMJ are not a covered benefit.
Ultrasounds	No		

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.



Prior Authorization & Notification Guidelines

*** A referral for most services is required for NHP members with a Harvard Vanguard Medical Associates PCP seeking non-emergency care outside of Harvard Vanguard Medical Associates. Please verify that the member has the appropriate referral prior to rendering care.**

Service	Prior Authorization Required *	Notification	Comments
Urgent Care Visits	No		
Wigs	Yes		Coverage is limited to a maximum of \$350 per year.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at: http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.

Prior Authorization & Notification Guidelines

This document is **NOT** intended as a tool for determining benefit coverage or eligibility. Please call NHP Customer Care Center at 800-462-5449 for benefit and/or eligibility information. Prior-authorization is required for **all** services rendered by non-NHP contracted providers.

Grid Column Descriptions:

Service: Type of service or type of request.

Prior Authorization: Services that must be clinically reviewed by NHP and approved subsequent to meeting established criteria. Prior authorization is a condition for payment.

Notification: Services that would require prior-authorization but due to the urgent nature, NHP allows notification within one business day. To ensure payment, notification must be made within the established timeframe and any additional information that would normally accompany a prior-authorization request must be submitted at the time of the notification.

Comments: Additional clarification regarding to criteria for coverage and/or availability of payment guidelines.

Prior authorization requirements apply to **all** NHP products unless otherwise specified. When NHP is determined to be the secondary payer for covered services, prior authorization is **NOT** required.

For specific coverage and reimbursement information please visit the Policies & Guides section of our website at:
http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

For Behavioral Health specific services please refer to the Beacon Health Strategies Provider Manual available at <http://www.beaconhealthstrategies.com/provider.aspx>. You may also reach Beacon Health directly at -800-414-2820.