

## Prior Authorization Guidelines

This grid is NOT to be used to determine benefit eligibility.

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Service	Prior Authorization	Notification	No Notification or Referral	Comments
Abdominoplasty	▲			<p><b>Service Codes</b></p> <p><b>15830</b> Excision, excessive skin and subcutaneous tissue (includes lipectomy: abdomen, infraumbilical Panniculectomy)</p> <p><b>15847</b> Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascialplication) (List separately in addition to code for primary Procedure)</p>
Abortion			▲	<p>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/Injections			▲	
Ambulance, Emergency transportation			▲	Includes emergency inter-facility transportation.
Ambulance, Inpatient inter-facility transport			▲	<p><b>MassHealth:</b> Covered by MassHealth for MassHealth Standard members only. Not a covered benefit for MassHealth Family Assistance or Basic members.</p> <p><b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Covered for Commercial members without prior authorization, when medically necessary and arranged by an NHP provider.</p>

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<b>Ambulance, Non- Emergent transportation</b>	▲			<p><b>MassHealth:</b> Covered by MassHealth for MassHealth Standard members only. Not a covered benefit for MassHealth Family Assistance or Basic members.</p> <p>See Transportation for additional information about non-emergent transportation coverage.</p> <p><b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> May be covered for Commercial members in some circumstances with prior authorization, when medically necessary and arranged by an NHP provider.</p> <p><b>Service Codes</b></p> <p><b>A0428</b> Ambulance service, basic life support, non-emergency Transport (BLS)</p> <p><b>A0426</b> Ambulance service, advanced life support, non-Emergency transport, level 1 (ALS 1)</p>
<b>Ambulatory Surgical Procedure</b>	▲			Required 5 business days prior to the elective surgery date.
<b>Artificial Insemination</b>	▲			<p><b>MassHealth:</b> Not a covered benefit for MassHealth Standard, Family Assistance or Basic members.</p> <p><b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Some employer groups may exclude coverage of this benefit.</p> <p><b>Service Codes</b></p> <p><b>58321</b> Artificial insemination; intra-cervical</p> <p><b>58322</b> Artificial insemination; (intra-uterine)</p> <p><b>58323</b> Sperm washing for artificial insemination</p>
<b>Audiology Visits</b>			▲	

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Bariatric Surgery	▲			<p><b><u>Service Codes</u></b>  Laparoscopy, surgical, gastric restrictive procedures  <b>43644, 43645, 43770 through 43774</b></p> <p>Gastric Restrictive Procedures  <b>43842, 43843, 43845 through 43848</b></p> <p>Gastric restrictive procedures, open  <b>43886 through 43888</b></p> <p>Adjustment  <b>S2083</b></p>

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<p><b>Behavioral Health – outpatient counseling and medication management</b></p>	<p>▲ required from Beacon Health Strategies for session 9 or more per calendar year for Commercial members or Commonwealth choice members and session 13 or more per calendar year for MassHealth or Commonwealth Care members.</p>		<p>▲ for the first 8 sessions per calendar year for Commercial or Commonwealth Choice members and the first 12 sessions per calendar year for MassHealth or Commonwealth Care members</p>	<p>Please refer to NHP Behavioral Health Program Provider Manual prepared by Beacon Health Strategies for additional information.</p>
<p>Note: ▲ Applies to all products unless otherwise noted</p>				<p>its section.</p>
<p>Note: Referrals are not required for specialist office vis</p>				<p>pecific procedures may require prior authorization.</p>
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<b>Behavioral Health – specialty services (e.g. Day Treatment, Methadone Maintenance, et)</b>	▲ from Beacon Health Strategies			Please refer to NHP Behavioral Health Program Provider Manual prepared by Beacon Health Strategies for additional information.
<b>Behavioral Health - inpatient</b>	▲ from Beacon Health Strategies			Please refer to NHP Behavioral Health Program Provider Manual prepared by Beacon Health Strategies for additional information.
<b>Blepharoplasty</b>	▲			<u><b>Service Codes</b></u> <b>15820</b> Blepharoplasty <b>15821</b> Blepharoplast, lower eyelid; with extensive herniated fat Pad <b>15822</b> Blepharoplasty, upper eyelid <b>15823</b> Blepharoplasty, upper eyelid; with excessive skin Weighing down <b>67916</b> Repair of ectropion; excision tarsal wedge <b>67917</b> Repair of ectropion; extensive (e.g., tarsal strip or capsulopalpebral fascia Repairs operation)
<b>Bone scans</b>			▲	

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Service	Prior Authorization	Notification	No Notification or Referral	Comments
Breast Implant Removal	▲			<u>Service Codes</u> 19328 Removal of intact mammary implant 19330 Removal of mammary implant material 19371 Periprosthetic capsulectomy, breast
Breast Reduction	▲			<u>Service Codes</u> 19318 Reduction mammoplasty
Cardiac Catheterization	▲			
Cardiac Rehab			▲	
Cardiology Visits			▲	
Chemotherapy (outpatient)				
Circumcision outpatient			▲	Referral required for office visits to specialists.
Chiropractic Services Visits	▲ beyond 20 visits		▲ for the first 20 visits per contract year	<b>MassHealth:</b> Covered only for MassHealth Standard, Family Assistance and Basic members. No age limitations. Effective 7/1/06 this benefit was extended to members age 21 and over. Covered services are restricted to those listed in the MassHealth Chiropractors regulations. <b>Commercial and CCHIP:</b> Not a covered benefit.

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Service	Prior Authorization	Notification	No Notification or Referral	Comments
Chromosome Testing				
Colonoscopy			▲	
Colposcopy			▲	No notification required when performed in a doctor's office, Referral required when performed in the surgical setting at an outpatient hospital.
Cosmetic Surgery	▲			Generally, not considered a covered benefit.
Dermabrasion	▲			Service Codes 15780 Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhyditis, general keratosis) 15781 Dermabrasion; segmental, face 15782 Dermabarasion; regional, other than face 15783 Dermabrasion; superficial, any site, (e.g., tattoo removal)
Dermatology Visits			▲	See Scar Lesions

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Service	Prior Authorization	Notification	No Notification or Referral	Comments
Developmental Delay Evaluation and Treatment Visits			▲	
Diabetic Supplies			▲	Lancets, test strips, glucose monitors, alcohol pads may be obtained through a pharmacy or DME provider. For members without a pharmacy benefit the above supplies are covered under the disposable benefit. However, insulin and syringes require pharmacy benefit in order to be covered.
Diabetic Foot Orthotics	▲			
Dialysis			▲	
DME	▲ depending on type			In most cases, ordering clinicians can contact vendors directly to place the orders. In turn, vendors will contact NHP DME department about any authorization process.  Some DME items that <i>do not</i> require any plan authorization if they are dispensed by an NHP contracted provider. A full list of items which do not require prior authorization is available on the NHP website under Durable/Disposable Medical Equipment at the link for DME exceptions.
ECG/ EEG/EKG			▲	
Early Intervention (screening, assessment and treatment)			▲	Restricted to members under the age of 3.  <b>MassHealth:</b> Covered for MassHealth Standard and Family Assistance. Not a covered service for MassHealth Basic members.  <b>Commercial and CCHIP:</b> Effective 7/1/04 maximum benefit for Commercial members: \$5,200/year/child and \$15,600/lifetime.

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Service	Prior Authorization	Notification	No Notification or Referral	Comments
Elective Surgery	▲			Required 5 business days prior to the surgery date.
Emergency Room (ER)		▲ required for post stabilization services and emergent admissions		To ensure payment, notification <u>is</u> required within 24 hours or by the next business day for emergent admissions and post-stabilization services.
Endocrinology Visits			▲	
Endoscopy			▲	
Ear, Nose & Throat (ENT) Visits			▲	
Enteral Feedings	▲			<p><b>Commercial and Commonwealth Choice:</b> benefit may be limited to \$2500/year.</p> <p><b><u>Service Codes</u></b></p> <p><b><u>Therapy</u></b> S9340 through S9343</p> <p><b><u>Basic Supplies</u></b> B9000 Enteral nutrition infusion pump – without alarm B9002 Enteral nutrition infusion pump – with alarm B9998 NOC for enteral supplies</p> <p><b><u>Formulas</u></b> B4034 through B4162</p>

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Service	Prior Authorization	Notification	No Notification or Referral	Comments
Eye Exams			▲	<p><b>MassHealth:</b> For MassHealth Standard, Family Assistance and Basic members under the age of 21:once every 12 months and for members age 21 and over, once every 24 months.</p> <p>Please note that MassHealth Standard, Family Assistance and Basic members may use non-contracted providers for this service if the provider utilized is contracted with MassHealth.</p> <p><b>Commonwealth Care (CCHIP):</b> Benefit limited to exam and glasses every 24 months.</p> <p><b>Commercial and Commonwealth Choice:</b> Annual eye exam</p>
Family Planning Visits			▲	
Gastroenterology Visits			▲	
Gynecology Visits			▲	
Hearing Aids	▲			<p><b>MassHealth:</b> Covered for MassHealth Standard and Family Assistance and Basic members.</p> <p><b>Commercial Commonwealth Choice:</b> Coverage varies by Commercial group. Please verify Commercial insurance coverage.</p> <p><b>Commonwealth Care (CCHIP):</b> Not covered.</p>
Hearing Examination Visits			▲	

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Service	Prior Authorization	Notification	No Notification or Referral	Comments
Home Health Aid	▲			<b>MassHealth:</b> Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic members. <b>Commercial, Commonwealth Choice, and Commonwealth Care (CCHIP):</b> Covered.
Home Nutritional Services	▲			<b>MassHealth:</b> Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic members. <b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Covered.
Home Occupational Therapy	▲		▲	<b>MassHealth:</b> Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic members. <b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Covered.  Please note: for all members, the initial evaluation does not require a notification. Subsequent treatment requires prior authorization.
Home Infusion Therapy	▲			<b>MassHealth:</b> Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic Members. <b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Covered.  <b><u>Service Codes</u></b> <b>S5035 through S5523, S9325, through S9560, S9810</b>
Home Health Services	▲			<b>MassHealth:</b> Covered for MassHealth Standard and Family Assistance members. Limited coverage for MassHealth Basic members. <b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Covered.

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Home Medical Social Worker	▲			<p><b>MassHealth:</b> Not covered for MassHealth Standard, Family Assistance or Basic members.</p> <p><b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Covered for Commercial members.</p>
Home Speech Therapy	▲			<p><b>MassHealth:</b> Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic members.</p> <p><b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Covered.</p> <p>Please note: for all members, the initial evaluation does not require a referral or notification. Subsequent treatment requires prior authorization.</p>
Home Skilled Nursing	▲			<p><b>MassHealth:</b> Covered for MassHealth Standard and Family Assistance members. Limited benefit for MassHealth Basic members.</p> <p><b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Covered.</p> <p>Please note: for all members, the initial evaluation does not require a referral or notification</p>
Home Physical Therapy	▲			<p><b>MassHealth:</b> Covered for Commercial and Family Assistance. Not a covered service for MassHealth Basic members.</p> <p><b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Covered.</p> <p>Please note: for all members, the initial evaluation does not require a referral or notification</p>

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Hospice	▲			<b>MassHealth:</b> Covered for MassHealth Standard and Family Assistance members. Not covered for MassHealth Basic members. <b>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP):</b> Covered.
Immunology Visits			▲	
Immunizations			▲	
Infectious Disease Visits			▲	
Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra-uterine Insemination, Fertility Drugs	▲			<b>MassHealth:</b> Not a covered benefit for MassHealth Members. <b>Commercial and Commonwealth Choice:</b> Some employer groups exclude coverage. <b>Commonwealth Care (CCHIP):</b> Not a covered benefit for CCHIP members.
Infusion Therapy – outpatient setting			▲	
Inpatient Services	▲ for elective admissions	▲ required for emergent and urgent admissions		Prior Authorization required 5 business days prior to the scheduled admission date. Notification required within 24 hours or by the next business day for emergent, obstetrical, sick newborn and urgent admissions.

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Service	Prior Authorization	Notification	No Notification or Referral	Comments
<b>Institutional Extended Care (SNF, Rehabilitation, Chronic Hospital)</b>	▲			<p><b>MassHealth:</b> Covered for up to 100 days per contract year for Mass Health Standard and Family Assistance members. Rehab, SNF and chronic is a combined benefit. Not a covered benefit for MassHealth Basic members.</p> <p><b>Commercial and Commonwealth Choice:</b> Covered for up to 60 days per contract/ calendar year for Acute Rehab.</p> <p><b>CCHIP:</b> Covered for up to 100 days combined for SNF and Rehab.</p> <p><b>Non-Group:</b> Effective 12/1/04 covered for SNF 100 days and Rehabilitation/Chronic 60 days, per calendar year .</p>
<b>Laboratory Services</b>				
<b>Mammography</b>				
<b>Mastectomy for gynecomastia</b>	▲			
<b>Maxillofacial Surgery</b>	▲			
<b>MRA &amp; MRI</b>	▲ outpatient & non emergent			<p>Effective 3/15/06 prior authorization required for outpatient non-emergent MR, CT &amp; PET studies for all members through MedSolutions, Inc..</p> <p>No prior authorization, referral or notification required from MR CT &amp; PET imaging studies performed in an inpatient setting or through emergency care in the ER.</p>
<b>Nephrology Visits</b>			▲	

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Neurology Visits			▲	
Nuclear Studies	▲			Effective 3/15/06 prior authorization required for outpatient non-emergent MR, CT & PET studies for all members through MedSolutions, Inc..  No prior authorization, referral or notification required from MR CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER.
Nutritional Counseling	▲ in the home setting		▲ when provided outside of member's primary care site	
Observation Stays		▲ required		Notification required within 24 hrs of the admission or by the next business day.
Maternity Services Inpatient	▲ for scheduled c-section	▲ required		Notification required within 24 hrs of the admission or by the next business day.  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.
Maternity Services Outpatient		▲ requested		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.
Occupational Therapy (outpatient evaluation)				
Occupational Therapy (outpatient treatment))	▲			

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Oncology Visits			▲	
Oral Surgery	▲		▲	MassHealth and Commercial: Benefit is limited to certain medically necessary procedures, upon NHP physician review. Prior authorization or referral applies depending on the type of surgery. <b>CCHIP:</b> Please refer to the Doral Dental provider manual for additional information.
Orthopedic Visits			▲	
Orthotics	▲			<b>MassHealth:</b> Effective 7/1/03, covered in full for all MassHealth members under age 21, with certain exclusions for members age 21 and over. Beginning 2/1/04, 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. For additional coverage information, please visit the MassHealth website at: <a href="http://www.mass.gov/Eeohhs2/docs/masshealth/transletters_2004ort-17.pdf">http://www.mass.gov/Eeohhs2/docs/masshealth/transletters_2004ort-17.pdf</a> . <b>Commercial:</b> Covered for Commercial members as specified in the member's contract. <b>CCHIP:</b> Covered for diabetics only.
Oxygen	▲			
Periorbital Surgery	▲			
Physical Therapy (outpatient evaluation)				

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Physical Therapy (outpatient treatment)	▲			
Podiatry Visits			▲	<b>CCHIP:</b> Covered for diabetics only.
Prosthetics	▲			<b>MassHealth:</b> 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. For additional coverage information, please visit the MassHealth website at: <a href="http://www.mass.gov/Eeohhs/docs/masshealth/transletters_2004/rpt.pdf">http://www.mass.gov/Eeohhs/docs/masshealth/transletters_2004/rpt.pdf</a> . <b>Commercial:</b> Covered for Commercial members as specified in the member's contract. <b>CCHIP:</b> Covered.
Pulmonary Visits			▲	
Pulmonary Function Tests				
Radiation Therapy (outpatient)				
Radiology - outpatient	▲ outpatient non-emergent			Effective 3/15/06 prior authorization required for outpatient non-emergent MR, CT & PET studies for all members through MedSolutions, Inc..  No prior authorization, referral or notification required from MR CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER.

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Radiology involving anesthesia	▲ outpatient non-emergent			Effective 3/15/06 prior authorization required for outpatient non-emergent MR, CT & PET studies for all members through MedSolutions, Inc..  No prior authorization, referral or notification required from MR CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER.
Rehabilitation Hospital	▲			<b>MassHealth:</b> Covered for up to 100 days combined for Acute Rehab and SNF per contract year for Mass Health Standard and Family Assistance members. Not a covered benefit for MassHealth Basic members.  <b>Commercial:</b> Covered for up to 60 days per contract/calendar year for Acute Rehab. Covered for up to 100 days for Skilled Nursing Facility (SNF) per contract/calendar year. Please contact NHP to verify contract versus calendar year coverage.  <b>GIC and CCHIP:</b> Covered for up to 100 days combined for Acute Rehab and SNF per calendar year/plan benefit year.  <b>Non-Group:</b> Effective 12/1/04 covered for Acute Rehab and SNF 100 days and Rehabilitation/Chronic 60 days, per calendar year.
Rheumatology Visits			▲	
Rhinoplasty	▲			
Scar/lesion Revisions	▲			
Second Opinions Visits			▲	

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Service	Prior Authorization	Notification	No Notification or Referral	Comments
Septoplasty	▲			
Sick Newborn Admissions		▲ required		Notification required within 24 hours or the next business day for newborns requiring intensive care or transfer to another facility,
Sigmoidoscopy				
Skilled Nursing Facility	▲			See Institutional Extended Care
Sleep Studies			▲	Specialists may initiate referrals..
Specialty Visits			▲	
Speech Therapy (outpatient evaluation)				
Speech Therapy (outpatient treatment)	▲			
Stress Tests				
Surgical Visits			▲	

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Service	Prior Authorization	Notification	No Notification or Referral	Comments
<b>Tobacco (smoking) Cessation</b>				Benefit is limited to MassHealth members and CCHIP members only. However, all members may participate in the NHP Care Management Smoking Cessation Program.
<b>TB Clinics</b>		▲ required		
<b>TMJ</b>	▲			Benefit limited to TMJ services determined to be medically necessary. Dental services for TMJ are not a covered benefit.
<b>Transportation –Non-emergent</b>	▲			NHP covers non-emergent transportation by ambulance and other common carriers for MassHealth Standard only. Coverage is limited to travel to and from medical appointments or inpatient admissions when the member does not have the resources to provide transportation and when NHP has authorized the service(s) to be performed by a provider that is located outside a 50 mile radius of the MA border. MassHealth covers non-emergent transportation within the state and within a 50 mile radius of the MA border for standard members only.
<b>Ultrasounds</b>				
<b>Urgent Care Visits</b>		▲ required for urgent admissions	▲ when at other than member's primary care site	NHP requires notification of urgent inpatient admissions, within 24 hours or by the next business day.
<b>Wigs</b>				<b>MassHealth:</b> Covered for all MassHealth members. <b>Commercial:</b> Commercial, coverage is limited to a maximum of \$350 per year. <b>CCHIP:</b> Covered for CCHIP members.

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## Prior Authorization & Referral Guidelines

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Please call NHP Member Services at 800-462-5449 for benefit eligibility information.

### 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.

Referral: Services that cannot be provided by the member's Primary Care Physician (PCP). A referral informs NHP that the member's PCP recommends that the member should receive care by a specialist. A referral must be initiated prior to a visit with a specialist. However, referrals may be issued retroactively up to 30 days beyond the initial visit. Specialty services referrals are effective for 90 days, from the initial date of service requested, unless otherwise specified. Referral is a condition for payment.

Notification: Notification enables Neighborhood Health Plan to proactively identify members who might benefit from Care Management Programs. Notifications may be requested or required. **Required** notification is a condition for payment. **Requested** notification is not a condition for payment and claims adjudicate provided all payment rules have been met.

No Notification: Services that are not subject to notification to NHP.

Comments: Points of clarification regarding benefit coverage and/or policies and procedures.

Note: ▲ Applies to all products unless otherwise noted in the Comments section.

Note: Referrals are not required for specialist office visits, however, specific procedures may require prior authorization.