



## NHP Service Approval Guidelines

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Service		Referral Required	Prior Authorization Required	Notification Required	Additional Information
Abdominoplasty			Yes		
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.</p> <p>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>*Elective inpatient admissions require prior authorization from NHP.</p>
Acupuncture	For the treatment of Pain	No	*Yes		*Benefit only applies to some MassHealth plans. Prior authorization is not required for visits 1-20. Prior authorization is required for visits greater than 20.

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	Substance Use - detoxification	Contact Beacon Health Strategies	Contact Beacon Health Strategies		
Adolescent Medicine (non-PCP) Office Visits		No			
Allergy Office Visits		*Yes	No		* Visits where only immunotherapy is provided do not require a referral. Also see Specialists Office & Clinical Visits
Ambulance	Emergency Transportation (Including Inter-facility Specialty Care Transport)		No		<b>MassHealth:</b> Non-emergent ambulance transportation is covered through MassHealth. <b>Commercial &amp; Health Connector: Not a Covered Benefit.</b> NHP may cover medically necessary under special consideration. Prior authorization required.
	Non-emergent Transportation		Yes		

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Monitoring Devices	Home Cardiac Event Monitors		No		
	Event Monitors		No		
	Cardiac Outpatient Mobile Telemetry		Yes		
	Continuous Glucose Monitoring Devices		Yes		
	Home Prothrombin Time Monitors		Yes		

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Ambulatory Surgical Procedure		*Yes		<p>*Not all Ambulatory Surgical Procedures require prior authorization. Contact NHP Customer Service for assistance or additional information.</p> <p>Prior authorization must be obtained at least five (5) business days prior to an elective procedure date and a review/decision will be completed within 14 calendar days.</p> <p>Ambulatory Surgical Services approvals include up to 8 hours of observation/recovery services.</p>
Anesthesiology (Only for pain management treatment such as nerve blocks)	Yes	Yes		Also see Specialists Office & Clinical Visits

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<b>Audiology Office Visits</b>	Yes			Also see Specialists Office & Clinical Visits
<b>Bariatric Surgery</b>		Yes		
<b>Bed Hold-20 Day</b>		Yes		Covered only for MassHealth plans with a Skilled Nursing Facility benefit. Refer to your plan materials or contact Customer Service. Also see Institutional Extended Care
<b>Behavioral Health</b>	Please contact NHP's Behavioral Health benefit partner, Beacon Health Strategies for assistance or additional information.			
<b>Blepharoplasty</b>		Yes		
<b>Bone Growth Stimulation (ultrasound, noninvasive and invasive electric bone growth Stimulation)</b>		Yes		

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Bone scans			No		
Breast Implant Removal			Yes		
Breast Reduction for Gynecomastia			Yes		
Breast Revision/Augmentation Surgery			Yes		
Cardiac Outpatient Monitoring	Cardiac Outpatient Mobile Telemetry		Yes		
	Holter Monitoring		No		
	Event Monitoring		No		
Cardiac Rehab			No		
Cardiology Office Visits		Yes			Also see Specialists Office & Clinical Visits
Cardiac Electrophysiology Office Visits		No			Also see Specialists Office & Clinical Visits

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<b>Cardiac Imaging</b>		<b>*Yes</b>		<p>* Prior authorization required for outpatient, non-emergent diagnostic advanced imaging.</p> <p>Prior authorization is <b>not</b> required for cardiac imaging that occurs in the emergency room, during an inpatient stay, or while in observation.</p>
<b>Chemotherapy (outpatient)</b>		<b>No</b>		
<b>Chest Deformities</b> Includes, but not limited to: <ul style="list-style-type: none"> <li>▪ Repair of pectus excavatum</li> <li>▪ Repair of pectus cannatum</li> <li>▪ Poland Syndrome</li> <li>▪ Severe disfigurement resulting from trauma</li> <li>▪ Severe breast asymmetry</li> </ul>		<b>Yes</b>		
<b>Children's Hospital Office and Clinical visits</b>		<b>*Yes</b>		<p><b>*MassHealth:</b> Effective January 1, 2016, prior-authorization is required for non-emergency services for most <b>MassHealth</b> members without a Children's Hospital PCP. Contact NHP Customer Service for assistance or additional information.</p> <p><b>Commercial &amp; Health Connector:</b> PCP referral required for non-emergency services</p>

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Chiropractic Services Visits	MassHealth	No	*No		<p><b>*MassHealth:</b> No prior authorization required. 20 visits limit per benefit year (October 1<sup>st</sup> through September 30<sup>th</sup>). Prior authorization is required for any visits over 20.</p> <p><b>Commercial &amp; Health Connector/Qualified Health Plans:</b> No prior authorization required. Visit benefit limits vary by plan type. <b>Note that some employer groups may exclude coverage of this service.</b></p>
	Commercial & Health Connector	No	No		

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Cleft Lip and Palate Repair	17 yrs. of age and under		No		* Coverage is restricted to the member's medical dental coverage under their plan.
	18 yrs. of age and older		Yes		
Dental and Orthodontic Services Related to Cleft Lip and Palate Repair	17 yrs. of age and under		No		
	18 yrs. of age and older		*Yes		
Clinical Trials			Yes		
Cochlear Implants and Bone Anchored Hearing Aids			Yes		
Colonoscopy – preventive screening		No	No		
Colposcopy		No	No		
Continuous Glucose Monitoring Devices			Yes		These cannot be obtained from a pharmacy.
Communicable disease services-HIV testing, sexually transmitted disease testing		No	No		

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Corneal Transplants		Yes		

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Cosmetic Surgery	Includes, but not limited to: <ul style="list-style-type: none"> <li>▪ Abdominoplasty</li> <li>▪ Blepharoplasty</li> <li>▪ Breast Implant Removal</li> <li>▪ Mastectomy for Gynecomastia</li> <li>▪ Chest Deformities</li> <li>▪ Dermabrasion</li> <li>▪ Maxillofacial Surgery</li> <li>▪ Rhinoplasty</li> <li>▪ Septoplasty</li> </ul>	Yes		NHP covers medically necessary cosmetic and reconstructive procedures. 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.
	<ul style="list-style-type: none"> <li>▪ Skin Biopsy</li> <li>▪ Skin Lesion Removal</li> </ul>	No		
Dermabrasion		Yes		
Dermatology Office Visits	Yes			Also see Specialists Office & Clinical Visits
Destruction of vascular Cutaneous Lesions		Yes		

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Diabetic Supplies and Durable Medical Equipment	Diabetic Supplies		*No		<p><b>Diabetic Supplies:</b> NHP members with a pharmacy benefit can obtain lancets, test strips, insulin, alcohol pads, syringes, etc. from participating pharmacies. For members with <u>no pharmacy coverage</u>, diabetic supplies are only covered under their Durable Medical Equipment benefit. Insulin and syringes are not covered for NHP members without a pharmacy benefit.</p> <p><b>Continuous Glucose Monitors:</b> Cannot be obtained from a pharmacy.</p> <p><b>Insulin Pumps:</b> Cannot be obtained from a pharmacy.</p>
	Continuous Glucose Monitors		Yes		
	Insulin Pump and Pump Supplies		Yes		
Diabetic Foot Orthotics/Molded Shoes			No		
Dialysis			No		

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Durable Medical Equipment / Disposable Medical Equipment (DME)		★Yes		★ Not all DME items require prior authorization. Contact NHP Customer Service for assistance or additional information.
Ear, Nose & Throat (ENT) Office Visits	Yes			Also see Specialists Office & Clinical Visits
ECG / EEG / EKG / EMG		No		
Early Intervention	Screening, assessment and treatment for children with developmental delays and disabilities	No		Restricted to members under the age of 3.
	Early Intervention Autism Specialty Services	Yes		Restricted to members under the age of 3.

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Elective Inpatient Surgery		Yes		Prior authorization required at least five (5) business days <b>prior</b> to the surgery date. Authorization requests are reviewed/completed within 14 calendar days. Also see Inpatient Admissions
Emergency Room (ER)	No	No		
Endocrinology Office Visits	Yes			Also see Specialists Office & Clinical Visits
Endoscopy		No		
Enteral, Parenteral and Nutritional Formulas		Yes		No prior authorization required for food thickeners
Extracorporeal Shockwave Therapy for Plantar Fasciitis		Yes		
Excise Excess Skin Tissue for cosmetic purposes		Yes		
Experimental and Investigational Treatment/Procedures		Yes		
Eye Exams - Routine	No			Also see Specialists Office & Clinical Visits

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Eye Exams – Non-Routine	Yes			
<b>Eye Related Cosmetic Surgery</b> <ul style="list-style-type: none"> <li>▪ Such as but not limited to:</li> <li>▪ Radial Keratotomy</li> <li>▪ Blepharoplasty</li> <li>▪ Repair of Blepharotosis</li> <li>▪ Brow Ptosis</li> <li>▪ Excision Repair or Reconstruction of the Eyelid</li> </ul>		Yes		
Facial Surgery and Prosthetics		Yes		
Family Planning Visits	No			

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Family Practice Office Visits	No			
Family Nurse Practitioner Office Visits	No			
Gastroenterology Office Visits	Yes			Also see Specialists Office & Clinical Visits
Gender Reassignment Surgery		Yes		
Genetics Office Visits - Medical	Yes			Also see Specialists Office & Clinical Visits
Genetic Testing for Hereditary Breast and Ovarian Cancer		Yes		
Genetic Testing – Molecular Genomic		*Yes		<p>Prior authorization required for outpatient, non-emergent Molecular Genomic Testing.</p> <p>Prior authorization is <b>not</b> required for genetic testing performed during an inpatient admission.</p>

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Genital Implantation Surgery			Yes		
Geriatric Medicine Office visits		No			
Gynecology Office Visits including Nurse Practitioner visits		No			
Gynecology Oncology Office Visits		Yes			Also see Specialists Office & Clinical Visits
Hearing	★Hearing Aids		Yes		<p>★ <b>Commercial &amp; Health Connector:</b> coverage is generally based on MGL: <a href="#">Chapter 233 of the Acts of 2012</a>, an act providing hearing aids for children. Some plans may have coverage for member 22 years of age and older.</p> <p>Refer to the NHP Summary of Benefits or contact NHP Customer Service for assistance or additional information.</p>
	Cochlear Implants and Bone Anchored Hearing Aids		Yes		
Hearing Examination Office Visits (non-PCP)		Yes			Also see Specialists Office & Clinical Visits
Hematology Office Visits		Yes			Also see Specialists Office & Clinical Visits

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Service		Referral Required	Prior Authorization Required	Notification Required	Additional Information
Hepatology Office Visits		Yes			Also see Specialists Office & Clinical Visits
Home Health Services	Home Health Aid		Yes		
	Home Medical Social Worker		Yes		
	Home Nutritional Counseling Services		Yes		
	Home Skilled Nursing		★Yes		<b>Home Skilled Nursing:</b> ★Initial evaluation does <b>not</b> require prior authorization. Visits after the evaluation require prior authorization. <b>Occupational Physical and Speech Therapy:</b> ★★ <b>MassHealth:</b> Prior-authorization required for any visits after the initial evaluation.

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	Home Occupational Therapy		★★Yes		Commercial & Health Connector: no prior-authorization required.
	Home Physical Therapy		★★Yes		
	Home Speech Therapy		★★Yes		
Hospice	Hospice –inpatient and outpatient care		Yes		
	Hospice Respite Care				
Hospice and Palliative Medicine Office Visits		Yes			Also see Specialists Office & Clinical Visits
Hyperbaric Chamber Treatment			Yes		
Immunizations			No		
★Immunology Office Visits		Yes			★ Visits where only immunotherapy is provided do not require a referral. Also see Specialists Office & Clinical Visits
Infectious Disease Office Visits		Yes			Also see Specialists Office & Clinical Visits

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Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra-uterine Insemination, Fertility Drugs			Yes		<p><b>MassHealth:</b> coverage limited to diagnosis of infertility and treatment of underlying medical condition. Assistive reproductive services are not a covered benefit.</p> <p><b>Commercial &amp; Health Connector:</b> Some employer groups exclude coverage of this benefit.</p>
Infusion Therapy	Home		Yes		
	Clinic/Office		Yes		
Inpatient Admissions	Elective		Yes		<p><b>Elective:</b> Prior authorization must be obtained at least five (5) business days prior to an elective procedure date and are reviewed/completed within 14 calendar days.</p>
	Emergency			Yes	<p><b>Emergent &amp; Newborn:</b> Notification to NHP <b>by the facility</b> is required within 24 hours or by the next business day.</p>

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Sick Newborn			Yes	<b>Sick Newborn:</b> Notification to NHP <b>by the facility</b> is required within 24 hours or by the next business day.
<b>Institutional Extended Care</b> <ul style="list-style-type: none"> <li>• Skilled Nursing Facility</li> <li>• Acute Rehabilitation Hospital</li> <li>• Long Term Care Hospital (LTCH)/Chronic Disease Hospital level of care</li> </ul>		Yes		<b>MassHealth Family Assistance:</b> Skilled Nursing Facility is not a covered benefit. <b>Long Term Care Hospital (LTCH)/Chronic Disease Hospital:</b> <b>Commercial &amp; Health Connector:</b> The acute rehabilitation facility benefit may be applied toward care in a Long Term Care Hospital/Chronic Disease Hospital. Also see Bed Hold-20 day
Insulin Pump and Pump Supplies		Yes		These cannot be obtained from a pharmacy.

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Internal Medicine Office Visits			No		
Laboratory Services			*No		*Unless otherwise specified within this document
Lens	*Crystalens		Yes		*Not covered
	Scleral Lens				
Light Therapy	Photochemotherapy		Yes		*Only Covered for specific conditions
	Phototherapy		No		
	*Photodynamic Therapy		No		
Mammography			No		

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Maternity Admissions (delivery)	C-Section		Yes		
	Vaginal Deliveries			Yes	
Maxillofacial Surgery			Yes		
Medical Oncology Office Visits, including Hematology		Yes			Also see Specialists Office & Clinical Visits
Neonatal – Perinatal Medicine		No			
Nephrology Office Visits		Yes			Also see Specialists Office & Clinical Visits
Neurology Office Visits		Yes			Also see Specialists Office & Clinical Visits
Neuropathology		No			
Neuroradiology		No			
Nuclear Radiology		No			
Neurodevelopmental Disabilities Office Visits		Yes			Also see Specialists Office & Clinical Visits

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Neuromuscular Medicine Office Visits	Yes			Also see Specialists Office & Clinical Visits
Neurophysiology, Clinical Office Visits	Yes			Also see Specialists Office & Clinical Visits
Neuropsychological Testing		Yes		When requested for a Behavioral Health diagnosis the approval request must be submitted to Beacon Health Strategies. When requested for a Medical diagnosis the approval request must be submitted to NHP.
Neurostimulators		Yes		
Neurosurgery Office Visits	Yes			Also see Specialists Office & Clinical Visits
Nurse Midwife	No			
Nutritionist	No			

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Observation Services			Yes	Notification to NHP <b>by the facility</b> is required within 24 hours or by the next business day. Ambulatory Surgical Services approvals include up to 8 hours of observation/recovery services.
Obstetrician & Gynecologist including Nurse Practitioner	No			
Occupational Medicine Office Visits	Yes			Also see Specialists Office & Clinical Visits
Occupational Therapy (outpatient)	No	*Yes		<b>*MassHealth:</b> Prior-authorization required for any visits after the initial evaluation. <b>Commercial &amp; Health Connector:</b> no prior-authorization required. Also see Home Health Services
Oncology Office Visits (Medical & Radiology)	Yes			Also see Specialists Office & Clinical Visits

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Ophthalmology Office Visits for Routine Eye Examination		No			Also see Specialists Office & Clinical Visits
Ophthalmology Office Visits for Non-Routine Eye Examination		Yes			
Optometry Office Visits for Routine Eye Examination		No			Also see Specialists Office & Clinical Visits
Optometry Office Visits for Non-Routine Eye Examination		Yes			
Oral Surgery	MassHealth		Yes		
	Commercial & Health Connector		Yes		
Oral Maxillofacial & Dental Treatment Setting (Inpatient & Surgical Day)	MassHealth		Yes		
	Commercial & Health Connector		Yes		

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Orthopedic Office Visits	Yes			Also see Specialists Office & Clinical Visits
Osteopathic Medicine Office Visits	No			
Orthotics		Yes		<p>Prior authorization requirement depends upon the type of Orthotic.</p> <p><b>MassHealth:</b> Covered in full for Standard, Family Assistance and Basic Plan members under age 21. Not a covered service for Essential Plan members.</p> <p>Certain exclusions apply for members age 21 and over. MassHealth will cover one (1) pair of Orthotic shoes within a 12-month period. Orthotic shoes for members with severe foot disease are covered regardless of age. Other limitations may apply. Contact Customer Service for assistance or additional information.</p> <p><b>Commercial &amp; Health Connector:</b> Coverage varies by Plan type. Refer to the NHP Summary of Benefits or contact NHP Customer Service for assistance or additional information.</p>
Otolaryngology Office Visits	Yes			Also see Specialists Office & Clinical Visits

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<b>Out of Network (OON) Providers of Service</b>		Yes		<p>An out-of-network provider is a healthcare professional not contracted with NHP.</p> <p><b>All services rendered by Out of Network providers must be pre-authorized by NHP.</b> Some exceptions apply.</p> <p>The services below do not require prior-authorization even if the provider of services is not contracted with NHP:</p> <ul style="list-style-type: none"> <li>• Emergency ambulance</li> <li>• Emergency Care (ER and Inpatient). Notification is required for non-emergency inpatient admissions</li> <li>• Family Planning</li> <li>• Services rendered by a physician while the member is in an inpatient setting</li> </ul>
<b>Oxygen and Related Equipment</b>		No		

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Service	Referral Required	Prior Authorization Required	Notification Required	Additional Information
Pain Management Therapy (outpatient treatment)		Yes		
Pain Medicine Office Visits	Yes			Also see Specialists Office & Clinical Visits
Physical Medicine & Rehabilitation Office Visits	Yes			Also see Specialists Office & Clinical Visits

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Physical Therapy (outpatient)	No	★Yes		<p>★<b>MassHealth:</b> Prior-authorization required for any visits after the initial evaluation.</p> <p><b>Commercial &amp; Health Connector:</b> no prior-authorization required.</p> <p>Also see Home Health Services</p>
Plastic Surgery Office Visits	Yes			Also see Specialists Office & Clinical Visits
Podiatry Office Visits	Yes			<p>Also see Specialists Office &amp; Clinical Visits</p> <p>Routine podiatry service (e.g., nail cutting, corn and callous removal) covered only for patients with diabetes, peripheral vascular disease or peripheral neuropathy.</p>
Prosthetics		Yes		Prior authorization requirement depends upon the type of Prosthetic
Home Prothrombin Time Monitors		Yes		
Pre-implantation Genetic Diagnosis		Yes		

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<b>Pulmonary Function Tests</b>		No		
<b>Pulmonary Medicine Office Visits</b>	Yes			Also see Specialists Office & Clinical Visits
<b>Radiation Therapy (outpatient)</b>	★ Yes			Prior authorization is required for outpatient, non-emergent radiation therapy. Prior authorization is <b>not</b> required for radiation therapy performed in the emergency room, during an inpatient admission or while in observation.
<b>Radiology Oncology Office Visits</b>	Yes			Also see Specialists Office & Clinical Visits
<b>Radiology</b> <ul style="list-style-type: none"> <li>• CT, MRI, MRA, PET</li> <li>• Radiology Involving Anesthesia</li> </ul>		Yes		Prior authorization required for outpatient non-emergent CT, MR & PET No prior authorization required for MR, CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER
<b>Reproductive Endocrinology/Infertility Office Visits</b>	Yes			Also see Specialists Office & Clinical Visits
<b>Rheumatology Office Visits</b>	Yes			Also see Specialists Office & Clinical Visits
<b>Rhinoplasty</b>		Yes		

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Scleral Lenses			Yes		
Second Opinions (Specialist Office Visits)	NHP contracted provider Office Visits	Yes			Also see Specialists Office & Clinical Visits
	Non-contracted (Out-of-network) providers	Yes	Yes		

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Septoplasty		Yes		
Sick Newborn Admissions		*Yes	Yes	Notification to NHP <b>by the facility</b> is required within 24 hours or the next business day for newborns requiring Neonatal Intensive Care Unit (NICU) care in the same hospital or transferred to another facility. *Subsequent days of care after the notification require prior authorization Also see Inpatient Admissions
Sigmoidoscopy		No		
Skin Biopsy		No		
Skin Lesion Removal		No		

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Sleep Specialist		Yes			Also see Specialists Office & Clinical Visits
Sleep	Studies		Yes		
	PAP Therapy Device & Supplies		Yes		
	Surgical Treatment for OSA		Yes		
Specialists Office & Clinical Visits		Yes			Please note that specific procedures performed during the visit may require prior authorization. Also see Out of Network (Non contracted)
		Yes	Yes		

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Speech Therapy (outpatient)	No	*Yes		<p><b>*MassHealth:</b> Prior-authorization required for any visits after the initial evaluation.</p> <p><b>Commercial &amp; Health Connector:</b> no prior-authorization required.</p> <p>Also see Home Health Services</p>
Spinal Surgery		Yes		Prior authorization is required for elective surgery. Prior authorization is not required for emergency surgeries.
Stress Tests	Standard Exercise Stress Test	No		
	Nuclear Stress Test	No		

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## NHP Service Approval Guidelines

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Service	Referral Required	Prior Authorization Required	Notification Required	Additional Information
Surgical Day Care		★Yes		<p>★ Not all Ambulatory Surgical Procedures require prior authorization. Contact NHP Customer Service for assistance or additional information.</p> <p>Prior authorization must be obtained at least five (5) business days prior to an elective procedure date and are reviewed/finalized within 14 calendar days.</p> <p>Ambulatory Surgical Services approvals include up to 8 hours of observation/recovery services. Also see Observation</p>
Surgical Office Visits (all areas of specialty for adult and pediatric)	Yes			Also see Specialists Office & Clinical Visits

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Service		Referral Required	Prior Authorization Required	Notification Required	Additional Information
Transplants (organ, bone marrow and stem cell)	Surgeon's Office Visit		*Yes		<p>*Prior authorization required for Surgical Office Visits for transplant evaluation (organ, bone marrow and stem cell).</p> <p><b>All plans except PPO:</b> Transplant surgery site must participate in one of NHP's transplant networks, Optum or LifeTrac network. Providers who are not part of the Optum or LifeTrac network are considered out of network providers.</p> <p><b>PPO plan:</b> MultiPlan's Centers of Excellence Network of transplant facilities are considered in-network providers.</p> <p>Also see Specialists Office</p>
	Surgery		Yes		
Telemetry - Mobile Cardiac Telemetry			Yes		
Tobacco (smoking) Cessation			No		
Tuberculosis (TB) Clinics			No		
Temporomandibular Joint (TMJ)			Yes		Benefit limited to TMJ services determined to be medically necessary.
Ultrasound	Obstetric Ultrasonography		No		*Prior authorization is required for outpatient, non-emergent, non-obstetric diagnostic ultrasonography.

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Service	Referral Required	Prior Authorization Required	Notification Required	Additional Information
Non-Obstetric Ultrasonography		★Yes		Prior authorization is <b>not</b> required for non-obstetric ultrasonography when performed in the emergency room, during an inpatient admission or while in observation.
Urgent Care Visits		No		
Urology Specialist Office Visits	Yes			Also see Specialists Office & Clinical Visits
Wigs		No		Coverage limited to a maximum of \$350 per year.
Weight Loss Surgery		Yes		

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## NHP Service Approval Guidelines

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### Column Descriptions:

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Service: Service or Request type.

Prior Authorization: Services that must be clinically reviewed by NHP and are approved subsequent to meeting established medical necessity criteria.

Notification: Services that would typically require Prior-authorization but due to their urgent nature, NHP allows notification from the rendering facility within one business day, having included any additional information that would normally accompany a Prior-authorization request.

Referral: NHP promotes a health care delivery model that supports Primary Care Provider (PCP) coordination and oversight. Only Primary Care Providers are authorized to issue referrals for in-network specialists. A referral number is required to ensure specialists are reimbursed for services rendered.

Comments: Additional clarification regarding to criteria for coverage, exclusions and/or availability coverage variances by Product when applicable.

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