



# AUTHORIZATION QUICK REFERENCE GUIDE

## Reference for In Network Providers

*Out of Area/Out of Network Providers Require Prior Authorization for all Non-Emergent Services*

Authorizations for scheduled services must be received at least 3 business days prior to scheduled date of service and include required medical necessity documentation. Authorizations for unscheduled, emergent services that cannot be requested in advance or during normal business hours should be requested within 1 business day of the initiation of the service. Neighborhood will only accept retroactive requests up to three business days after the date the service is rendered or the date of admission (i.e. by the end of the third business day following).

*Medical Management Provider Request Forms are available on our web site,  
[http://www.nhpri.org/matriarch/MultiPiecePage.asp\\_O\\_PageID\\_E\\_371\\_A\\_PageName\\_E\\_PMForms](http://www.nhpri.org/matriarch/MultiPiecePage.asp_O_PageID_E_371_A_PageName_E_PMForms)*

*Clinical Medical Policies are available on our web site,  
[http://www.nhpri.org/matriarch/MultiPiecePage.asp\\_O\\_PageID\\_E\\_338\\_A\\_PageName\\_E\\_provcmps](http://www.nhpri.org/matriarch/MultiPiecePage.asp_O_PageID_E_338_A_PageName_E_provcmps)*

*Coverage Summaries and Billing Guidelines are available on our website,  
[http://www.nhpri.org/matriarch/MultiPiecePage.asp\\_O\\_PageID\\_E\\_415\\_A\\_PageName\\_E\\_ProviderPaymentGuidelines](http://www.nhpri.org/matriarch/MultiPiecePage.asp_O_PageID_E_415_A_PageName_E_ProviderPaymentGuidelines)*

*\*Indicates this is not in effect until 10/17/11*

*Our Provider Manual, also on our website, contains general information about authorizations and the medical review process. See Section 5.*

Services and Specialty Care	Clinical Medical Policy on Website	Authorization Requirement Rite Care (MED), CSN, and Sub Care	Authorization Requirement Rhody Health Partners (RHP)	Authorization Requirement Extended Family Planning	Important Information
Allergy Office Visits		Not Required	Not Required	Non-covered Benefit	
Alternative Care Acupuncture, Bio, Massage, etc.		Non-covered benefit	Non-covered benefit	Non-covered benefit	
Ambulance	X	Required for some non-emergent care	Required for some non-emergent care	Non-covered benefit	Ambulance provider submits with specific Neighborhood request form
Ambulatory Surgery and Procedures		Required for Certain Services	Required for Certain Services	Limited	Refer to Outpatient Surgery and Procedures Coverage Summary for auth requirements
Bariatric Surgery	X	Required	Required	Non-covered benefit	Provider submits with specific Neighborhood request form
Behavioral		Required	Required	Non-covered Benefit	Call Beacon's Call Center at 1-800-215-0058

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Health					
Bone Density	X	Not Required	Not Required	Non-covered Benefit	
Breast Reduction Surgery	X	Required	Required	Non-covered Benefit	2 Clinical Medical Policies, "Breast Reduction Surgery," and "Male Gynecomastia – Surgery"
* Cardiac Rehab	X	Not Required	Not Required	Non-covered benefit	
Cardiology Office Visits		Not Required	Not Required	Non-covered benefit	
Chiropractic		Non-covered Benefit	Non-covered Benefit	Non-covered Benefit	Out of Plan Benefit, contact DHS
Dermatology	X ("Treatment of Acne Vulgaris")	Required for Procedures for <u>Acne</u>	Required for Procedures for <u>Acne</u>	Non-covered benefit	Refer to Outpatient Surgery and Procedures Coverage Summary for auth requirements
*Dialysis		Not Required	Not Required	Non-covered benefit	
DME (medical equipment/supplies)	X	Required for Certain Services	Required for Certain Services	Non-covered benefit	Refer to Durable Medical Equipment (DME) Coverage Summary for auth requirements
Early Intervention (Therapy Services as part of IFSP)		Not Required	Non-covered benefit	Non-covered benefit	Member must be qualified for EI services and receive EI services from a state-certified EI provider.
Educational Programs		Not Required	Non-covered Benefit	Non-covered benefit	
Endocrinology Office Visits		Not Required	Not Required	Non-covered benefit	
Emergency Services ER/UC	X	Not Required	Not Required	Non-covered benefit	
Experimental /Investigational	X	Non-covered benefit	Non-covered benefit	Non-covered benefit	In compliance with Rhode Island General Law (RIGL) 27-18-36.2, New Cancer Therapies, Neighborhood covers new cancer therapies still under investigation

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					(RC/CSN/Sub Care/RHP only)
Gastroenterology Office Visits		Not Required	Not Required	Non-covered benefit	
Genetic Counseling		Not Required	Not Required	Non-covered benefit	
Genetic Testing	X	Required	Required	Non-covered benefit	Provider submits with specific Neighborhood request form. Maternity-related genetic testing does not require authorization. Refer to Laboratory Coverage Summary for non-covered services
Gynecology Office Visits		Not Required (except for prenatal care)	Not Required (except for prenatal care)	Not Required	Also see Obstetrics (Prenatal Care) below. For Extended Family Planning members, refer to EFP Coverage Summary
Hematology/Oncology Office Visits		Not Required	Not Required	Non-covered benefit	
Home Care		Required	Required	Non-covered benefit	Home Care Agency submits with specific Neighborhood request form.
Home Care Block Hours (RN/HHA)	X	Required	Required	Non-covered benefit	Home Care Agency submits with specific Neighborhood request form.
Home Infusion		Required	Required	Non-covered benefit	
Hospice		Required	Required	Non-covered benefit	Hospice provider submits with specific Neighborhood request form.
Immunology/Infectious Disease Office Visits		Not Required	Not Required	Non-covered Benefit	
*Implants	X	See "Important	See "Important Information"	Non-covered Benefit. (Only specific contraceptive	Auth requirement applies to implants that require specific medical review and

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		Information”		implants are covered.)	contracting considerations. The Clinical Medical Policy, “Non-Standard Requests for Procedures and Services” is used for those implants that may be considered experimental or investigational or are not currently priced to pay by Neighborhood. Refer to Implants Coverage Summary for auth requirements.
Inpatient Admissions	X	Required	Required	Non-covered benefit	Refer to Clinical Medical Policy “Levels of Care”
Inpatient Admission – Acute Rehab Hospital	X	Required	Required	Non-covered benefit	Refer to Clinical Medical Policy “Levels of Care”
Nephrology Office Visits		Not Required	Not Required	Non-covered benefit	
Neurology Office Visits		Not Required	Not Required	Non-covered benefit	
Nursing Home	X	Required	Required	Non-covered benefit	Refer to Clinical Medical Policy “Levels of Care”
Nutrition Counseling		Not Required	Non-Covered benefit	Non-covered benefit	
*Observation (hospital)		Not Required	Not Required	Non-covered benefit	
Obstetrics (Prenatal Care)		Required	Required	Non-covered Benefit	Provider submits prenatal requests using specific Neighborhood prenatal request form that includes information as required by DHS: EDC, LMP, 1st visit date, and OB provider. Auth extends 10 weeks beyond EDC for the postpartum visit.
Ophthalmology Office Visits		Not Required	Not Required	Non-covered benefit	Refer to Vision Care Coverage Summary for auth requirements for special lenses and procedures
Oral Surgery		Required	Required	Non-covered benefit	Refer to Oral Surgery Coverage Summary
Orthopedics Office Visits		Not Required	Not Required	Non-covered benefit	

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Orthotics and Prosthetics	X	Required for Certain Services	Required for Certain Services	Non-covered benefit	Refer to DME Coverage Summary for auth requirements.
Otolaryngology Office Visits		Not required	Not required	Non-covered benefit	
Pain Management Injections	X	Required	Required	Non-covered benefit	Provider submits with specific Neighborhood request form
Pharmacy		Required for Certain Services	Required for Certain Services	Limited benefit	Formulary and auth requirements can be accessed on website, <a href="http://www.nhpri.org/matriarch/MultiPiecePage.asp?PageID=E394&amp;PageName=EPharmacyResources">http://www.nhpri.org/matriarch/MultiPiecePage.asp?PageID=E394&amp;PageName=EPharmacyResources</a>
Plastic Surgery	X	Required	Required	Non-covered benefit	
Podiatry Office Visits		Not Required	Not Required	Non-covered benefit	
Prenatal (Obstetrical) Ultrasounds	X	Not required	Not required	Non-covered benefit	
Pulmonary Office Visits		Not required	Not Required	Non-covered benefit	
Pulmonary Rehab	X	Required	Required	Non-covered benefit	
Radiology-routine		Not Required	Not Required	Non-covered benefit	
Radiology (CT Scan, MRI, PET)		Required	Required	Non-covered	Refer to NHPRI website for more details <a href="http://www.nhpri.org/matriarch/MultiPiecePage.asp?PageID=E409&amp;PageName=EMedSolutions">http://www.nhpri.org/matriarch/MultiPiecePage.asp?PageID=E409&amp;PageName=EMedSolutions</a>
Rheumatology Office Visits		Not Required	Not Required	Non-covered benefit	
Surgeon Office Visits		Not Required	Not Required	Non-covered benefit	

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Synagis	X	Required	N/A	Non-covered	Ordering MD submits Neighborhood Synagis Request Form to designated home infusion provider
Termination of Pregnancy	X	Required	Required	Non-covered	Limited coverage (only for rape, incest, and endangerment to life of mother). Submit Neighborhood's "Physician Certification Form for TOP".
Therapy Out Patient (PT/OT/ST) and In Office	X	Required	Required	Non-covered	Rehab Provider submits with specific Neighborhood request form.
Transplants	X	Required	Required	Non-covered	
Urology Office Visits		Not Required	Not Required	Non-covered benefit	
Vascular	X (Varicose Vein Treatment")	Required for Procedures for <u>Varicose Veins</u>	Required for Procedures for <u>Varicose Veins</u>	Non-covered benefit	Refer to Outpatient Surgery and Procedures Coverage Summary for auth requirements
Video EEG Monitoring - Inpatient	X	Required	Required	Non-covered	
Vision	X	Required for Certain Services	Required for Certain Services	Non-covered benefit	Refer to Vision Care Coverage Summary for auth requirements
Weight Management Programs	X	Required	Non-covered benefit	Non-covered benefit	
Wound Care Centers		Required	Required	Non-covered benefit	