



AUTHORIZATION QUICK REFERENCE GUIDE

Reference for In Network Providers

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

Access to Provider Request Forms and a complete list of Neighborhood’s Clinical Medical Policies is available on our web site, http://www.nhpri.org/matriarch/MultiPiecePage.asp_Q_PageID_E_338_A_PageName_E_provcmps or by calling Medical Management at 401-459-6060.

Services and Specialty Care	Clinical Medical Policy on Website *	Authorization Requirement RItE Care, CSN, and Sub Care	Authorization Requirement Rhody Health Partners	Authorization Requirement Extended Family Planning	Important Information
Allergy		Not Required	Not Required	Non-covered Benefit	
Alternative Care Acupuncture, Biofeedback, 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	
Ambulatory Surgery		Required	Required	Limited benefit.	
Anesthesiologist for Pain Management	X	Required	Required	Non-covered benefit	
Behavioral Health		Required for Certain Services	Required for Certain Services	Non-covered Benefit	Call Beacon's Call Center at 1-800-215-0058
Cardiac Rehab		Required	Required	Non-covered benefit	
Cardiology		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	
Dialysis		Required	Required	Non-covered benefit	For extension beyond 3 months, need status of Medicare application.
DME (medical equipment/supplies)	X	Required for Certain Services	Required for Certain Services	Non-covered benefit	DMension Provider Listing and Prior Auth Requirements posted on website.
Early Intervention (Therapy Services as part IFSP)		Not Required	Non-covered benefit	Non-covered benefit	Member must be qualified for EI services and receive EI services from a state-certified EIP provider
Educational		Not Required	Non-covered Benefit	Non-covered benefit	



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Programs					
Endocrinology		Not Required	Not Required	Non-covered benefit	
Emergency Services ER/UC		Not Required	Not Required	Non-covered benefit	
Gastroenterology Excluding Bariatric Surgery (auth required)		Not Required	Not Required	Non-covered benefit	
Genetic Counseling		Not Required	Not Required	Non-covered benefit	
Genetic Testing	X	Required	Required	Non-covered benefit	
Gynecology		Not Required	Not Required	Not Required	
Hematology/ Oncology		Not Required	Not Required	Non-covered benefit	
Home Care	X	Required	Required	Non-covered benefit	Home Care Agency submits with specific Neighborhood request form.
Home Infusion		Required	Required	Non-covered benefit	Home Infusion provider submits with specific Neighborhood request form.
Hospice		Required	Required	Non-covered benefit	Hospice provider submits with specific Neighborhood request form.
Immunology/ Infectious Disease		Not Required	Not Required	Non-covered Benefit	
Inpatient Admissions		Required	Required	Non-covered benefit	
Inpatient Admission – Acute Rehab Hospital		Required	Required	Non-covered benefit	
Nephrology		Not Required	Not Required	Non-covered benefit	
Neurology		Not Required	Not Required	Non-covered benefit	
Nursing Home – custodial level		Non-covered benefit	Required	Non-covered benefit	
Nursing Home – Skilled Level		Required	Required	Non-covered benefit	



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Nutrition Counseling		Not Required	Non-Covered benefit	Non-covered benefit	
Observation (hospital)		Required	Required	Non-covered benefit	
Obstetrics (Prenatal Care)		Required	Required	Non-covered Benefit	
Ophthalmology		Not Required	Not Required	Non-covered benefit	
Oral Surgery		Required	Required	Non-covered benefit	
Orthopedics		Not Required	Not Required	Non-covered benefit	
Orthotics and Prosthetics		Required for Certain Services	Required for Certain Services	Non-covered benefit	DMension Provider Listing and Prior Auth Requirements posted on website.
Otolaryngology		Not required	Not required	Non-covered benefit	
Pain Management Injections	X	Required	Required	Non-covered benefit	
Plastic Surgery	X	Required	Required	Non-covered benefit	
Podiatry		Not Required	Not Required	Non-covered benefit	
Pulmonary		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 MedSolutions at www.medsolutionsonline.com or call (888) 693-3211 (beginning on 5/1/2010-refer to NHPRI website for more details)
Rheumatology		Not Required	Not Required	Non-covered benefit	
Surgery		Not Required	Not Required	Non-covered benefit	
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	X "Outpatient PT/OT for	Required	Required	Non-covered	Rehab Provider submits with specific Neighborhood request form.



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Office	Special Needs" and "Outpatient Speech for Special Needs."				
Transplants		Required	Required	Non-covered	
Urology		Not Required	Not Required	Non-covered benefit	
Vision	X	Required for Certain Services	Required for Certain Services	Non-covered benefit	
Weight Management Programs	X	Required	Non-covered benefit	Non-covered benefit	