



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	

Authorizations for service are contingent upon the member’s eligibility in Neighborhood Health Plan of Rhode Island at the time services are rendered, and, if applicable, medical review determination regarding level of care.



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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	

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