Neighborhood Health Plan OF RHODE ISLAND™

910 Douglas Pike, Smithfield, RI 02917

No Prior Authorization Requirement for Services Ordered by PCPs

Medicaid and Commercial

May 15, 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) is implementing a change to prior authorization requirements for certain services ordered by primary care providers (PCPs).

What is changing

Effective July 15, 2026, prior authorization will no longer be required for eligible services ordered by a PCP for **Medicaid** and **Commercial** lines of business.

This change aligns with Rhode Island Medicaid and Commercial regulatory requirements effective **October 1, 2025**, and will be implemented in Neighborhood's claims processing systems effective **July 15, 2026**.

Eligibility and exclusions

- This change applies to Medicaid and Commercial lines of business
- INTEGRITY for Duals (HMO D-SNP) and Dual CONNECT (HMO D-SNP) are excluded
- Additional exclusions may apply as outlined in the applicable policies

Providers must review the applicable policies for full details on eligible services, excluded services, and line-of-business-specific requirements, as outlined in the Primary Care Prior Authorization Policy for Medicaid and Primary Care Prior Authorization Policy for Commercial.

Who qualifies as a PCP

A PCP is the primary care provider assigned to the member, as reflected:

- On the member's ID card, or
- Within the member's referral circle

Please refer to Section 8 of the Provider Manual for the full definition of a primary care provider.

Claim submission requirements

To bypass prior authorization requirements under this initiative, providers must:

- **Bill with the V1 modifier** when submitting applicable claims under this initiative. The applicable Medicaid and Commercial policies have been updated to reflect V1 modifier requirements.
- **Include the ordering (referring) provider information** on the claim in the corresponding boxes below

Professional (1500 form)

Box	Description	Requirements
17	Name of Referring or Other Source	All Products: Required for all non PCP claim submissions
17a	Referring/Other Source Provider ID	Not Required; may be left blank
17b	Referring Provider NPI#	Required if there is data in box 17

Institutional (UB-04)

Box	Description	Requirements
78	Referring Provider Name	All Products: Required for non-emergent submissions.
79	Referring provider NPI#	Required: If there is data in box 78

If this information is not included, the claim will be processed under standard prior authorization requirements and may be subject to denial if authorization is not obtained.

Provider action required

Before July 15, 2026, providers must:

- Update billing systems and workflows to ensure ordering provider information and V1 modifier is included on applicable claims
- Educate billing and clinical staff on these new requirements
- Review the Medicaid and Commercial policies to understand eligible services and exclusions

Thank you for your continued dedication to the care of our members.