
Temporary COVID-19 Prior Authorization Policy

Policy Statement

In the event that the State of Rhode Island declares a state of emergency due to a pandemic health concern such as COVID-19 or if Neighborhood Health Plan of Rhode Island (Neighborhood) elects to enact this policy outside of a declared state of emergency, Neighborhood may temporarily remove certain prior authorization requirements.

This policy is separate and distinct from Neighborhood's Clinical Medical Policies and other Billing and Payment Policies. Neighborhood will continue to apply all other policies while this Temporary Prior Authorization Policy is in effect, including but not limited to retroactive authorization, readmission policies and provider preventable condition policies.

Scope

This policy applies to:

- Medicaid** *excluding Extended Family Planning (EFP)*
- INTEGRITY**
- Commercial**

Neighborhood reserves the right to implement, modify, and terminate this temporary policy without the contractual sixty day notification that is normally required under Neighborhood contracts with its providers. Notification of implementation, modification, or termination of this policy will be communicated to providers via notice on Neighborhood's COVID-19 Provider Guidance website

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as Interqual
- EOHHS recommendations
- Clinical Medical Policies (CMP)



It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Reimbursement Requirements

Neighborhood's standard reimbursement rules will apply to all services referenced in this policy. Neighborhood reserves the right retrospective claims payment audits and to request and audit medical records related to adherence to all the requirements of this policy and any other applicable policies.

Medicaid and INTEGRITY

Medical Services

Effective July 1, 2020 through August 31, 2021

Prior Authorizations will not be required for the following services that occur within the effective date of this policy:

- Non-pharmacy primary COVID-19 related diagnostic and treatment services

Pharmacy Authorization processes remain in effect.

Effective April 1, 2020 through June 30, 2020

Prior Authorizations will not be required for the following services when the admission date (including transfer date) occurs within the effective date of this policy:

- Inpatient Acute Care level of care determinations
- Skilled Nursing Facilities
- Inpatient Rehabilitation
- Long Term Care Facilities

Neighborhood will require notification for all admissions and transfers. Neighborhood reserves the right to perform retrospective reviews and concurrent reviews.



Outpatient and Pharmacy Authorization processes remain in effect.

Behavioral Health Services

Effective January 18, 2021 through August 31, 2021

Prior Authorizations will not be required for the following services that occur within the effective date of this policy:

- Non-pharmacy primary COVID-19 related diagnostic and treatment services

Neighborhood's vendor requires notification for all admissions and transfers. Neighborhood reserves the right to perform retrospective reviews and concurrent reviews. For the most current information on Behavioral Health, providers should contact OPTUM Provider Express.

Effective April 1, 2020 through January 17, 2021

Prior Authorizations will not be required for the following services when the admission date (including transfer date) occurs within the effective date of this policy:

- Inpatient
- Outpatient

Commercial

Medical Services

Effective June 10, 2021 through August 31, 2021

Prior Authorizations will not be required for the following services that occur within the effective date of this policy:

- Non-pharmacy primary COVID-19 related diagnostic and treatment services

Pharmacy Authorization processes remain in effect

Effective December 1, 2020 to June 9, 2021

Prior Authorizations will not be required for the following services when the admission date (including transfer date) occurs within the effective date of this policy:

- Inpatient Acute Care level of care determinations



- Skilled Nursing Facilities
- Inpatient Rehabilitation
- Long Term Care Facilities
- In-patient COVID-19 related treatment in out-of-network facilities
- Non-pharmacy COVID-19 related diagnostic and treatment services

Neighborhood will require notification for all admissions and transfers. Neighborhood reserves the right to perform retrospective reviews and concurrent reviews.

Pharmacy Authorization processes remain in effect.

Effective July 1, 2020 through November 30, 2020

Prior Authorizations will not be required for the following services that occur within the effective date of this policy:

- Non-pharmacy COVID-19 related diagnostic and treatment services

Pharmacy Authorization processes remain in effect.

Effective April 1, 2020 through June 30, 2020

Prior Authorizations will not be required for the following services when the admission date (including transfer date) occurs within the effective date of this policy:

- Inpatient Acute Care level of care determinations
- Skilled Nursing Facilities
- Inpatient Rehabilitation
- Long Term Care Facilities

Neighborhood will require notification for all admissions and transfers. Neighborhood reserves the right to perform retrospective reviews and concurrent reviews.

Outpatient and Pharmacy Authorization processes remain in effect.

Behavioral Health Services

Effective June 10, 2021 through August 31, 2021

Prior authorization will not be required for primary COVID-19 related behavioral health services.



Effective April 1, 2020 through June 9, 2021

Prior Authorizations will not be required for the following services when the admission date (including transfer date) occurs within the effective date of this policy:

- Inpatient Services
- Outpatient Services

Neighborhood's vendor requires notification for all admissions and transfers. Neighborhood reserves the right to perform retrospective reviews and concurrent reviews. For the most current information on Behavioral Health, providers should contact [OPTUM Provider Express](#).

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Adjustments, corrections, and reconsiderations must include the [required forms](#). All submissions must be in compliance with National Claims Standards.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.



Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

Neighborhood reserves the right to amend or rescind this temporary policy.

Document History

Date	Action
06/10/21	Update: Per Executive Order and OHIC bulletin, prior auth requirements reinstated for some services.
04/16/21	Update: Per Health Insurance Bulletin 2021-01 waiving of auth requirements has been extended. Removed expiration date from policy and updated language.
02/25/21	Update: Per RI Executive Order date extended through March 17, 2021 (or termination of Executive Order if earlier)
12/02/20	Update: Per Health Insurance Bulletin 2020-08 reinstated suspension of auth requirements on all inpatient services effective 12/1/20 to 2/28/21(or termination of the Executive Order) for Commercial Members. Medicaid/MMP Auth requirement to be waived for COVID diagnosis only.
10/22/20	Update: policy effective date updated through 12/31/20
07/27/20	Update: Language regarding Implementation, Modification, and Termination of policy added.
07/13/20	Update: Extend policy effective date in accordance with Executive Order and OHIC bulletin issued July 1,2020. Update auth requirements for Medical Services.

04/28/20	Update: Extend policy effective date in accordance with Executive Order and OHIC Bulletin issued April 27, 2020.
04/01/20	Policy Effective