

Benefit Coverage

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| Covered Benefit for lines of business including: |
| All Lines of Business |
| Excluded from Coverage: |
| None |

Description

While Neighborhood Health Plan of Rhode Island goes to great lengths to utilize existing coverage guidelines for the majority of review scenarios, requests are submitted that are not addressed by established criteria. In the event that a request cannot be adequately evaluated using established medical criteria (for example, Centers for Medicare/Medicaid Services National Coverage Determinations, Local Coverage Determinations, InterQual®, or existing Clinical Medical Policies), the request will be forwarded to a medical doctor reviewer who will review the request using current evidence based medicine.

The physician reviewer may utilize one or more of the following resources in formulating a decision: Cochrane Reviews, PubMed, current society guidelines, ICER, Hayes, UpToDate, other applicable third-party payer policies, or external expert specialty review opinion.

Coverage Determination

Requests for Evidence Based Services are covered **ONLY** when physician review (described above) shows that **ALL** of the following criteria are met:

1. The requested service or item is safe and effective,
2. The requested service or item is not experimental or investigational,
3. The requested service or item is within accepted standards of medical practice,
4. The requested service or item is appropriate to the medical needs and condition of the member in the current clinical scenario,
5. The requested service or item is not specifically excluded by another Clinical Medical Policy or treatment guideline,
AND
6. The requested service or item is ordered and furnished by qualified personnel.

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.

Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the [Authorization Quick Reference](#)

CMP Cross Reference:

Created: June 2022
Annual Review Month: June
Review Dates: 6/15/22
Revision Dates:
CMC Review Date: 6/15/22
Medical Director
Approval Dates: 6/15/22
Effective Dates: 6/15/22

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.