

## 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	Required if there is data in box 17
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.