Authorization Policy

Overview
Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected procedures, services and items. The prior authorization process is used to facilitate the appropriate utilization of these elective, non-urgent services.

Requirements
Servicing providers are responsible for obtaining prior authorization from Harvard Pilgrim (when required).

- When possible, authorization should be requested at least one week prior to the date of service/admission to allow Harvard Pilgrim time to determine eligibility, level of benefits and medical necessity.
- Failure to comply with Harvard Pilgrim’s authorization requirements will result in an administrative denial of the claim payment (the provider is held liable for any denied claim).
- Members cannot be held liable for claims denied because a contracted provider did not obtain prior authorization.

Easy Access referring providers are responsible for obtaining prior authorization from Harvard Pilgrim for all non-emergent referrals to "Authorized Access" providers for members enrolled in HMO, Best Buy HMO, and Tiered Copay HMO Plans with Focus NetworkSM - MA Limited Network Option.

Decisions
Authorization and denial decisions are made in a timely manner that accommodates the clinical urgency of the situation. Decisions are communicated to the attending physician and the facility verbally and in writing, within standard time frames.

Refer to Denials/Adverse Determination for administrative and clinical denial details.

Harvard Pilgrim’s UM reviewers are available to discuss any clinical denial with practitioners and providers impacted by the denial decision. Written notification of denial decisions includes information explaining how to contact the UM reviewer.

Procedures and Services That Require Prior Authorization
Harvard Pilgrim’s prior authorization requirements are subject to change. For up-to-date information, contact the Provider Service Center at 800-708-4414 and select the option for the Referral/Authorization Unit, or visit our provider website at www.harvardpilgrim.org.

Harvard Pilgrim requires prior authorization for selected elective procedures and services including:

- Admission to skilled or sub-acute nursing facilities
- Admission to rehabilitation hospitals (including inpatient pulmonary rehabilitation) and long-term acute hospitals
- Bariatric surgery2 including:
  - Gastric stapling
  - Vertical banded gastroplasty
  - Gastric lap banding for obesity
  - Biliopancreatic diversion with duodenal switch
  - Gastric bypass surgeries
  - Laparoscopy, surgical, gastric restrictive procedure, (i.e., sleeve gastrectomy)
- Selected non-urgent Behavioral Health services (see Behavioral Health Care Authorization)
- Selected cosmetic and reconstructive surgery including:
  - Blepharoplasty
- Breast reconstruction
- Breast reduction
- Destruction of vascular cutaneous lesions
- Excision/surgical planing of rhinophyma
- Ptosis repair
- Removal of breast implants
- Repair of congenital chest wall deformities
- Rhinoplasty
- Scar revision
- Septoplasty
- Fecal bacteriotherapy
- HMO member referrals to out-of-network providers
- Home health services including infusion therapy
- Hospice care
- Knee arthroscopies
- Immune Globulin

(continued)
• Infant formula and enteral nutrition
• Infertility services including IUI, IVF, embryo transfer, FET, GIFT, ZIFT, ICSI, donor egg procedures, donor sperm, cryopreservation of sperm or eggs, sperm storage/banking, MESA and TESE
• Inpatient or SDC admissions for dental care including extractions and oral or periodontal surgery
• Effective 07/01/14—Interventional Spine Pain Management services, including:
  - Epidural injections
  - Facet joint injections
  - Facet neurolysis
(See Spine Utilization Management and Prior Authorization document)
• Medical Benefit Drugs including:
  - Aloxi
  - Anzemet
  - Cimryze
  - Emend
  - H.P. Acthar Gel
  - Xolair
  - Yervoy
• New technologies (i.e., items or services for which Harvard Pilgrim has not made a coverage determination)
• Effective 07/01/14—Non-emergent Lumbar Spine Surgeries, including:
  - Lumbar fusion—Single and multiple level
  - Lumbar Decompression
  - Lumbar Microdiscectomy
(See Spine Utilization Management and Prior Authorization document)
• Outpatient imaging services including CT scans, PET scans MRls, MRAs, and nuclear cardiology (see Outpatient Advanced Imaging Authorization)
• Outpatient pulmonary rehabilitation
• Outpatient Speech/Language Therapy
• Panniculectomy and/or removal of excess tissue
• Preimplantation Genetic Testing
• Selected durable medical equipment (DME), including long term continuous glucose monitoring systems (CGMS)
• Selected specialty drugs including Synagis and Botox (see Medication Prior Authorization Program Policy)
• Effective 08/01/14—Shoulder Arthroscopy
• Sleep Studies/Sleep Therapies (see Sleep Studies Authorization)
• Surgical treatment of obstructive sleep apnea and/or obstructive sleep disorder
• Temporomandibular joint (TMJ) surgery (therapeutic arthroscopy, arthroplasty including disectomy, joint replacement)
• Transgender services
• Treatment of varicose veins

Harvard Pilgrim also requires prior authorization for all non emergent services rendered by “Authorized Access” providers for members enrolled in HMO, Best Buy HMO, and Tiered Copay HMO Plans with Focus NetworkSM - MA Limited Network Option.


A copy of current Medical Review Criteria may also be obtained by contacting Harvard Pilgrim’s Provider Service Center at 800-708-4414. Select the option for the Referral/Authorization Unit.

**Action Required**

When possible, please request authorization at least one week prior to the date of service/admission to allow Harvard Pilgrim time to determine eligibility, level of benefits and medical necessity.

- The facility, PCP or specialist may request authorization.

Request prior authorization through one of the following channels.

**Electronic**

Submit a transaction record with required information using the HPHConnect or NEHEN transaction service.

- Detailed HPHConnect instructions are available at www.harvardpilgrim.org/providers. (Refer to the user guides at HPHConnect/User Guides.)
- For NEHEN instructions, refer to your NEHEN documentation.

**Harvard Pilgrim Response**

The request pends for receipt of medical information and evaluation. Evaluation is completed within two business days after receipt of medical information. The final status will be available online.

**Fax or Telephone**

Send required information to Harvard Pilgrim’s Referral/Authorization Unit.
Referral, Notification, and Authorization Policies and Procedures—Authorization

Authorization Policy (cont.)

- Fax 800-232-0816
- Phone 800-708-4414, and select the option for the Referral/Authorization Unit.

Harvard Pilgrim Response
The request pending for receipt of medical information and evaluation. Evaluation is completed within two business days after receipt of medical information. The decision will be communicated by fax or telephone within one business day.

Information Required
The following information is required for an authorization request:
- Member’s name and Harvard Pilgrim identification number
- PCP’s name and National Provider Identifier (NPI)
- Admitting provider’s name and NPI
- Facility’s name, location and NPI
- Diagnosis and clinical information
- Service requested (i.e., admission, procedure, etc.)
- Admission date (must be the actual date the member was admitted to inpatient status)

All requests for services must be submitted with a valid NPI for the requesting and servicing providers.

For referrals to “Authorized Access” providers (for members enrolled in HMO, Best Buy HMO, and Tiered Copay HMO Plans with Focus NetworkSM - MA Limited Network Option), the name and NPI of the requested “Authorized Access” provider is also required.

Medical Information
To facilitate the authorization process, submit medical information to the designated Harvard Pilgrim reviewer as soon as possible.

Authorization Changes
Harvard Pilgrim must be informed when any change to an authorized procedure occurs, such as a change in the date of service or a change in the authorized type of service (i.e., inpatient or surgical day care).

Electronic
Edit the existing transaction record or submit a new transaction record, using the HPHConnect or NEHEN transaction service.
- Detailed HPHConnect instructions are available at www.harvardpilgrim.org/providers. (Refer to the user guides at HPHConnect/User Guides.)
- For NEHEN instructions refer to your NEHEN documentation.

Telephone or Mail
Send changes to Harvard Pilgrim’s Referral/Authorization Unit.
- Mail Harvard Pilgrim Health Care
  Referral and Authorization Unit
  1600 Crown Colony Drive
  Quincy, MA 02169
- Fax 800-232-0816
- Phone 800-708-4414, and select the option for the Referral/Authorization Unit.

Action Required
When possible, request authorization for all services and items at least one week prior to the date of service/admission to allow Harvard Pilgrim time to determine eligibility, level of benefits and medical necessity.

To obtain information regarding authorization for:

<table>
<thead>
<tr>
<th>Service</th>
<th>Refer to</th>
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<tbody>
<tr>
<td>Behavioral health</td>
<td>Behavioral Health Services Authorization</td>
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<tr>
<td>Dental/oral surgery</td>
<td>Dental and Oral Surgery Authorization</td>
</tr>
<tr>
<td>Diagnostic imaging services</td>
<td>Outpatient Advanced Imaging Authorization</td>
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### Referral, Notification, and Authorization Policies and Procedures—Authorization

#### Authorization Policy (cont.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Refer to</th>
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<tbody>
<tr>
<td>Durable medical equipment (DME)</td>
<td>Durable Medical Equipment Authorization</td>
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<tr>
<td>Home health care—including home infusion and home hospice services</td>
<td>Home Health Services Authorization</td>
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<tr>
<td>Infertility services</td>
<td>Infertility Services Authorization</td>
</tr>
<tr>
<td>Inpatient admissions to skilled nursing facilities (SNFs), rehabilitation facilities (IRFs), and long-term acute hospitals (LTACs)</td>
<td>Skilled Nursing Facility and Rehabilitation Facility Authorization</td>
</tr>
<tr>
<td>Intra-facility transfer</td>
<td>Intra-Facility Transfer Authorization</td>
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<tr>
<td>Effective 7/1/14—non-emergent Interventional spine pain services including:</td>
<td>Spine Management and Prior Authorization</td>
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<tr>
<td>• Epidural injections</td>
<td></td>
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<tr>
<td>• Facet joint injections</td>
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<tr>
<td>• Facet neurolysis</td>
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<tr>
<td>Non-urgent/emergent out-of-network services—including referrals to non-participating providers (not applicable to POS/PPO members)</td>
<td>Non-Participating Provider Services Authorization</td>
</tr>
<tr>
<td>Effective 07/01/14—non-emergent lumbar spine surgeries, including:</td>
<td>Spine Management and Prior Authorization</td>
</tr>
<tr>
<td>• Lumbar fusion—single and multiple level</td>
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<td>• Lumbar decompression</td>
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<td>• Lumbar microdiscectomy</td>
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<tr>
<td>Prescription</td>
<td>Medication Prior Authorization Program</td>
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<tr>
<td>Sleep studies and sleep therapies</td>
<td>Sleep Study/Sleep Therapies Authorization</td>
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To obtain authorization for:

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Behavioral health services</td>
<td>Harvard Pilgrim’s Behavioral Health Access Center at 888-777-4742. (Referral from PCP is not required.)</td>
</tr>
<tr>
<td>Diagnostic imaging services</td>
<td>NIA by telephone at 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through HPHConnect and NEHEN. Status and transaction numbers can be accessed through NIA’s website at <a href="http://www.radmd.com">www.radmd.com</a></td>
</tr>
<tr>
<td>Infant formula and enteral nutrition</td>
<td>Fax a completed Formula Request Form to the Referral/Auth Unit at 800-232-0816</td>
</tr>
<tr>
<td>Non-emergent interventional spine pain services and lumbar spine surgeries</td>
<td>NIA by telephone at 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through HPHConnect and NEHEN. Status and transaction numbers can be accessed through NIA’s website at <a href="http://www.radmd.com">www.radmd.com</a></td>
</tr>
<tr>
<td>Outpatient pulmonary rehabilitation</td>
<td>Fax a completed Harvard Pilgrim Outpatient Rehab form to the Ref/Auth Unit at 800-232-0816</td>
</tr>
<tr>
<td>Outpatient speech therapy (ST) treatment (MA only)</td>
<td>Fax a completed Functional Therapies Services Form to the Referral/Auth Unit at 800-232-0816</td>
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<tr>
<td>Sleep studies and sleep therapies</td>
<td>• Call CCN (Monday-Friday 7 a.m. -7 p.m. EST) at 888-511-0401</td>
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<td></td>
<td>• Providers may also log on to HPHConnect and link to CCN secure web portal</td>
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**Related Policy**

Coordination of Benefits (COB) Claims
Authorization Policy (cont.)

**PUBLICATION HISTORY**

<table>
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<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>11/21/11</td>
<td>updated telephone extension information and fax numbers</td>
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<tr>
<td>12/15/11</td>
<td>minor edits for clarity</td>
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<tr>
<td>01/01/12</td>
<td>removed First Seniority Freedom information</td>
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<tr>
<td>02/15/12</td>
<td>minor edits for clarity</td>
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<tr>
<td>03/15/12</td>
<td>minor edits to &quot;Action Required&quot; sections for clarity</td>
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<tr>
<td>04/01/12</td>
<td>added referral/authorization information for Focus NetworkSM - MA Limited Network Option</td>
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<tr>
<td>08/15/13</td>
<td>updated authorization list for clarity</td>
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<tr>
<td>11/15/13</td>
<td>added gender reassignment surgeries</td>
</tr>
<tr>
<td>01/15/13</td>
<td>reviewed; added medical benefit drugs; minor edits for clarity</td>
</tr>
<tr>
<td>04/15/14</td>
<td>added spine pain management services</td>
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1Harvard Pilgrim medical necessity review requirements are not applicable in Rhode Island.

2To ensure quality of care Harvard Pilgrim directs members requiring bariatric surgery to designated Centers of Excellence that have met stringent quality criteria established by the American College of Surgeons, or the American Society for Bariatric Surgery. Procedures for most HMO members must be performed at facilities identified as bariatric Centers of Excellence in Harvard Pilgrim’s Provider Directory. Procedures for most POS/PPO members must be performed at designated Centers of Excellence to be covered at in-network cost-sharing amounts. (Note: Harvard Pilgrim’s Center of Excellence program is not applicable to Fully Insured HMO, PPO, or POS members with Maine insurance contracts.)