



Prior Authorization Guidelines

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
Abdominoplasty	▲			<p>Service Codes</p> <p>15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy: abdomen, infraumbilical Panniculectomy)</p> <p>15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascialplication) (List separately in addition to code for primary Procedure)</p>
Abortion		▲		<p>Abortions for pregnancies beyond twenty-three weeks and 6 days are not allowed in Massachusetts unless performed to save the life of the mother or to eliminate substantial risk of grave impairment to her physical or mental health. The abortion must be performed by a licensed and qualified physician only in a hospital licensed by the Department of Public Health to provide facilities obstetrical services and requires prior authorization.</p> <p><i>Some employer groups may exclude coverage of this benefit.</i></p>
Allergy Visits/Injections		▲		
Ambulance, Emergency transportation		▲		Includes emergency inter-facility transportation.

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Ambulance, Inpatient inter-facility transport		▲		<p>MassHealth: Covered by MassHealth for MassHealth Standard members only without prior authorization. Not a covered benefit for MassHealth Family Assistance or Basic members.</p> <p>Commercial: Covered for Commercial members without prior authorization, when medically necessary and arranged by an NHP provider.</p> <p>Commonwealth Choice and Commonwealth Care (CCHIP): Not covered.</p>

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Ambulance, Non- Emergent transportation	▲			<p>MassHealth: Covered by MassHealth for MassHealth Standard members only. Not a covered benefit for MassHealth Family Assistance or Basic members.</p> <p>See Transportation for additional information about non-emergent transportation coverage.</p> <p>Commercial: May be covered for Commercial members in some circumstances with prior authorization, when medically necessary and arranged by an NHP provider.</p> <p>Commonwealth Choice and Commonwealth Care (CCHIP): Not covered.</p> <p>Service Codes</p> <p>A0428 Ambulance service, basic life support, non-emergency Transport (BLS)</p> <p>A0426 Ambulance service, advanced life support, non-Emergency transport, level 1 (ALS 1)</p>
Ambulatory Surgical Procedure	▲			<p>Prior authorization must be obtained at least five (5) business days prior to an elective surgery date.</p>

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Artificial Insemination	▲			<p>MassHealth: Not a covered benefit for MassHealth Standard, Family Assistance or Basic members.</p> <p>Commercial and Commonwealth Choice: Some employer groups may exclude coverage of this benefit.</p> <p>Commonwealth Care (CCHIP): Not a covered benefit.</p> <p>Service Codes</p> <p>58321 Artificial insemination; intra-cervical 58322 Artificial insemination; (intra-uterine) 58323 Sperm washing for artificial insemination</p>
Audiology Visits		▲		

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Bariatric Surgery	▲			<p>Service Codes Laparoscopy, surgical, gastric restrictive procedures 43644, 43645, 43770 through 43774</p> <p>Gastric Restrictive Procedures 43842, 43843, 43845 through 43848</p> <p>Gastric restrictive procedures, open 43886 through 43888</p> <p>Adjustment S2083</p>
Bed Hold-10 Day	▲			See also <i>Institutional Extended Care.</i>

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Behavioral Health – outpatient counseling and medication management	<p style="text-align: center;">▲</p> Required from Beacon Health Strategies for 9 or more sessions per calendar year for Commercial members or Commonwealth choice members and 13 or more sessions per calendar year for MassHealth or Commonwealth Care (CCHIP) members.			Please refer to NHP Behavioral Health Program Provider Manual prepared by Beacon Health Strategies available at www.beaconhealthstrategies.com or by calling 1-800-414-2820 for additional information.

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Behavioral Health – specialty services (e.g. Day Treatment, Methadone Maintenance, et)	▲ from Beacon Health Strategies			Please refer to NHP Behavioral Health Program Provider Manual prepared by Beacon Health Strategies available at www.beaconhealthstrategies.com or by calling 1-800-414-2820 for additional information for additional information.
Behavioral Health - inpatient	▲ from Beacon Health Strategies			Please refer to NHP Behavioral Health Program Provider Manual prepared by Beacon Health Strategies available at www.beaconhealthstrategies.com or by calling 1-800-414-2820 for additional information for additional information.
Blepharoplasty	▲			<p>Service Codes</p> <p>15820 Blepharoplasty</p> <p>15821 Blepharoplast, lower eyelid; with extensive herniated fat Pad</p> <p>15822 Blepharoplasty, upper eyelid</p> <p>15823 Blepharoplasty, upper eyelid; with excessive skin Weighing down</p> <p>67916 Repair of ectropion; excision tarsal wedge</p> <p>67917 Repair of ectropion; extensive (e.g., tarsal strip or capsulopalpebral fascia Repairs operation)</p>
Bone scans		▲		

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Breast Implant Removal	▲			<u>Service Codes</u> 19328 Removal of intact mammary implant 19330 Removal of mammary implant material 19371 Periprosthetic capsulectomy, breast
Breast Reduction	▲			<u>Service Codes</u> 19318 Reduction mammoplasty
Cardiac Catheterization	▲			
Cardiac Rehab		▲		
Cardiology Visits		▲		
Chemotherapy (outpatient)		▲		

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Circumcision outpatient		▲		
Chiropractic Services Visits	▲ beyond 20 visits			<p>MassHealth: Covered only for MassHealth Standard, Family Assistance and Basic members. No age limitations. Effective 7/1/06 this benefit was extended to members age 21 and over. Covered services are restricted to those listed in the MassHealth Chiropractors regulations.</p> <p>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP): Not a covered benefit.</p>
Chromosome Testing		▲		
Colonoscopy		▲		Separate procedures performed in conjunction with this service may require a prior authorization.
Colposcopy		▲		Prior Authorization required when performed in the surgical setting at an outpatient hospital.

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Cosmetic Surgery	▲			Not a covered benefit.
Dermabrasion	▲			Service Codes 15780 Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhyditis, general keratosis) 15781 Dermabrasion; segmental, face 15782 Dermabrasion; regional, other than face 15783 Dermabrasion; superficial, any site, (e.g., tattoo removal)
Dermatology Visits		▲		See Scar Lesions.
Developmental Delay Evaluation and Treatment Visits		▲		
Diabetic Supplies		▲		Lancets, test strips, glucose monitors, alcohol pads may be obtained through a pharmacy or DME provider. For members without a pharmacy benefit the above supplies are covered under the disposable benefit. However, insulin and syringes require pharmacy benefit in order to be covered.
Diabetic Foot Orthotics	▲			

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Dialysis		▲		
DME	▲ depending on type			In most cases, ordering clinicians can contact vendors directly to place the orders. In turn, vendors will contact NHP DME department about any authorization process. Some DME items that <i>do not</i> require any plan authorization if they are dispensed by an NHP contracted provider. A full list of items which do not require prior authorization is available on the NHP website under Durable/Disposable Medical Equipment at the link for DME exceptions.
ECG/ EEG/EKG		▲		
Early Intervention (screening, assessment and treatment)		▲		Restricted to members under the age of 3. MassHealth: Covered for MassHealth Standard and Family Assistance. Not a covered service for MassHealth Basic members. Commercial and Commonwealth Care (CCHIP): Effective 7/1/04 maximum benefit for Commercial members: \$5,200/year/child and \$15,600/lifetime. Commonwealth Choice: Not a covered benefit.
Elective Surgery	▲			Prior authorization required five (5) business days prior to the surgery date.

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Emergency Room (ER)		▲		
Endocrinology Visits		▲		
Endoscopy		▲		
Ear, Nose & Throat (ENT) Visits		▲		
Enteral Feedings	▲			<p>Commercial and Commonwealth Choice: Effective October 28, 2008, the annual individual benefit for nutritional enteral formulas may be limited to \$5,000.</p> <p><u>Service Codes</u></p> <p><u>Therapy</u> S9340 through S9343</p> <p><u>Basic Supplies</u> B9000 Enteral nutrition infusion pump – without alarm B9002 Enteral nutrition infusion pump – with alarm B9998 NOC for enteral supplies</p> <p><u>Formulas</u> B4034 through B4162</p>

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Eye Exams		▲		<p>MassHealth: For MassHealth Standard, Family Assistance and Basic members under the age of 21:once every 12 months and for members age 21 and over, once every 24 months.</p> <p>Please note that MassHealth Standard, Family Assistance and Basic members may use non-contracted providers for this service if the provider utilized is contracted with MassHealth.</p> <p>Commonwealth Care (CCHIP): Benefit limited to exam and glasses every 24 months.</p> <p>Commercial and Commonwealth Choice: Annual eye exam</p>
Family Planning Visits		▲		
Gastroenterology Visits		▲		
Gynecology Visits		▲		
Hearing Aids	▲			<p>MassHealth: Covered for MassHealth Standard and Family Assistance and Basic members.</p> <p>Commercial and Commonwealth Choice: Coverage varies by group. Please verify insurance coverage.</p> <p>Commonwealth Care (CCHIP): Not covered.</p>

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Hearing Examination Visits		▲		
Home Health Aid	▲			<p>MassHealth: Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic members.</p> <p>Commercial, Commonwealth Choice, and Commonwealth Care (CCHIP): Covered.</p>
Home Nutritional Services	▲			<p>MassHealth: Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic members.</p> <p>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP): Covered.</p>
Home Occupational Therapy	▲			<p>MassHealth: Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic members.</p> <p>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP): Covered.</p> <p>Please note: for all members, the initial evaluation does not require prior authorization. Subsequent treatment requires prior authorization.</p>

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Home Infusion Therapy	▲			<p>MassHealth: Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic Members.</p> <p>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP): Covered.</p> <p><u>Service Codes</u> S5035 through S5523, S9325, through S9560, S9810</p>
Home Health Services	▲			<p>MassHealth: Covered for MassHealth Standard and Family Assistance members. Limited coverage for MassHealth Basic members.</p> <p>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP): Covered.</p>
Home Medical Social Worker	▲			<p>MassHealth: Not covered for MassHealth Standard, Family Assistance or Basic members.</p> <p>Commercial: Covered.</p> <p>Commonwealth Choice and Commonwealth Care (CCHIP): Not a covered benefit.</p>

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Home Speech Therapy	▲			<p>MassHealth: Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic members.</p> <p>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP): Covered.</p> <p>Please note: for all members, the initial evaluation does not require a prior authorization. Subsequent treatment requires prior authorization.</p>
Home Skilled Nursing	▲			<p>MassHealth: Covered for MassHealth Standard and Family Assistance members. Limited benefit for MassHealth Basic members.</p> <p>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP): Covered.</p> <p>Please note: for all members, the initial evaluation does not require a prior authorization.</p>
Home Physical Therapy	▲			<p>MassHealth: Covered for MassHealth Standard and Family Assistance members. Not a covered service for MassHealth Basic members.</p> <p>Commercial, Commonwealth Choice and Commonwealth Care (CCHIP): Covered.</p> <p>Please note: for all members, the initial evaluation does not require a prior authorization.</p>

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Hospice	▲			MassHealth: Covered for MassHealth Standard and Family Assistance members. Not covered for MassHealth Basic members. Commercial, Commonwealth Choice and Commonwealth Care (CCHIP): Covered.
Immunology Visits		▲		
Immunizations		▲		
Infectious Disease Visits		▲		
Infertility Services: Assisted Reproductive Technology, Artificial Insemination, Intra-uterine Insemination, Fertility Drugs	▲			MassHealth: Not a covered benefit for MassHealth Members. Commercial and Commonwealth Choice: Some employer groups exclude coverage. Commonwealth Care (CCHIP): Not a covered benefit for CCHIP members. <i>See also Artificial Insemination</i>
Infusion Therapy – outpatient setting				

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Inpatient Services	▲ for elective admissions		▲	Prior Authorization required five (5) business days prior to the scheduled admission date. <i>Notification required within 24 hours or by the next business day for emergent, obstetrical, sick newborn and urgent admissions.</i>
Institutional Extended Care (SNF, Rehabilitation, Chronic Hospital)	▲			MassHealth: Covered for up to 100 days per contract year for Mass Health Standard and Family Assistance members. Rehab, SNF and chronic is a combined benefit. Not a covered benefit for MassHealth Basic members. Commercial and Commonwealth Choice: Covered for up to 60 days per contract/ calendar year for Acute Rehab. Commonwealth Care (CCHIP): Covered for up to 100 days combined for SNF and Rehab. <i>See also Bed Hold-10 day.</i>
Laboratory Services		▲		
Mammography		▲		

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Mastectomy for gynecomastia	▲			
Maternity Services Inpatient	▲ for scheduled c-section		▲	Notification required within 24 hrs of the admission or by the next business day. Please note: no coverage for delivery outside the NHP service area within (30) days of the expected delivery date, or after the member has been informed that she is at risk for early delivery.
Maternity Services Outpatient		▲	▲	Providers are encouraged to submit the Obstetrical Risk form as means of notification to assist NHP in identifying members who might benefit from obstetrical care management.
Maxillofacial Surgery	▲			
MRA & MRI	▲ outpatient & non emergent	▲ inpatient & emergent		Prior authorization required for outpatient non-emergent MR, CT & PET studies for all members through MedSolutions, Inc. No prior authorization required from MR, CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER.
Nephrology Visits		▲		
Neurology Visits		▲		

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Nuclear Studies	▲ outpatient & non emergent	▲ inpatient & emergent		Effective 3/15/06 prior authorization required for outpatient non-emergent MR, CT & PET studies for all members through MedSolutions, Inc.. No prior authorization required from MR, CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER.
Nutritional Counseling	▲ in the home setting			
Observation Stays			▲	Notification required within 24 hrs or by the next business day.
Occupational Therapy Evaluation		▲		No Authorization for initial evaluation only. <i>See also Occupational Therapy Treatment.</i>

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Occupational Therapy (outpatient treatment)	▲			<p><u>Service Codes</u> 97004 Occupational therapy re-evaluation</p> <p><u>Modalities</u> 97010 through 97039</p> <p><u>Procedures</u> 97110 through 97140</p> <p>97530 Therapeutic activities, direct (one-on-one)</p> <p>97537 Community/work integration training, i.e., shopping, transportation, money management, vocational activities and/or work environment modification</p> <p>97750 Physical performance test or measurement, i.e., musculoskeletal, functional capacity) with written report, each 15 minutes.</p>
Oncology Visits		▲		
Oral Surgery	▲			<p>MassHealth, Commercial and Commonwealth Choice: Benefit is limited to certain medically necessary procedures, upon NHP physician review. Prior authorization applies depending on the type of surgery.</p> <p>Commonwealth Care (CCHIP): Not a covered benefit.</p>
Orthopedic Visits		▲		

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http://www.nhp.org/pages/providers_adminresources_policiesandguides.aspx

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Prior Authorization Guidelines

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
Orthotics	▲			<p>MassHealth: Effective 7/1/03, covered in full for all MassHealth members under age 21, with certain exclusions for members age 21 and over. Beginning 2/1/04, MassHealth will pay for one (1) pair of orthotic shoes within a 12-month period. Orthotic shoes for members with severe foot disease are covered in all setting regardless of age. Certain other limitations may apply.</p> <p>For additional coverage information, please visit the MassHealth website at: http://www.mass.gov/Eeohhs2/docs/masshealth/transletters_2004ort-17.pdf.</p> <p>Commercial: Covered for Commercial members as specified in the member's contract.</p> <p>Commonwealth Choice and Commonwealth Care (CCHIP): Covered for diabetics only.</p>
Oxygen	▲			<p><u>Service Codes</u></p> <p><u>Oxygen supplies are a subset of DME.</u></p>
Pain Management Therapy (outpatient evaluation)		▲		

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Pain Management Therapy (outpatient treatment)	▲			<p>Ongoing medical care performed to alleviate or reduce chronic or severe pain services require prior authorization. Services may include:</p> <ul style="list-style-type: none"> • Therapeutic/diagnostic anesthetic agent via injection • Trigger point injection per individual muscle • Fluoroscopy guidance and localization when appropriate • Medication therapy • External Tens Units or implantable peripheral nerve stimulators • Radiofrequency nerve root injections and/or blocks

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
Periorbital Surgery	▲			<p><u>Service Codes</u></p> <p><u>21260 Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach.</u></p> <p><u>21261 Periorbital osteotomies for orbital hypertelorism, with bone grafts; inta- and extracranial approach</u></p> <p><u>21263 Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement</u></p> <p><u>21267 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach</u></p>
Physical Therapy (outpatient evaluation)		▲		<p>No Authorization required for initial evaluation only.</p> <p><i>See also Physical Therapy Outpatient Treatment.</i></p>

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Physical Therapy (outpatient treatment)	▲			<p><u>Service Codes</u> 97002 Physical therapy reevaluation</p> <p><u>Modalities</u> 97010 through 97039</p> <p>97530 Therapeutic activities, direct (one-on-one)</p> <p>97750 Physical performance test or measurement, e.g., musculoskeletal functional capacity, with written report, each 15 minutes</p>
Podiatry Visits		▲		<p>Covered for all members when medically necessary (e.g., treatment of plantar fasciitis).</p> <p>Routine podiatry service (e.g., nail cutting, corn and callous removal) is covered only for patients with diabetes, peripheral vascular disease or peripheral neuropathy.</p>

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Prosthetics	▲			<p>MassHealth: Effective 7/1/03, covered in full for all MassHealth members under age 21, with certain exclusions for members age 21 and over. Certain other limitations may apply. For additional coverage information, please visit the MassHealth website at: http://www.mass.gov/Eeohhs/docs/masshealth/transletters_2004/rpt.pdf.</p> <p>Commercial: Covered for Commercial members as specified in the member's contract.</p> <p>Commonwealth Choice and Commonwealth Care (CCHIP): Covered.</p>
Pulmonary Visits		▲		
Pulmonary Function Tests		▲		
Radiation Therapy (outpatient)		▲		

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Radiology - outpatient	▲ outpatient non-emergent MR, CT & PET imaging	▲ Other outpatient radiology		Effective 3/15/06 prior authorization required for outpatient non-emergent MR, CT & PET studies for all members through MedSolutions, Inc.. No prior authorization, referral or notification required from MR CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER. <i>See also MRA & MRI</i>
Radiology involving anesthesia	▲ outpatient non-emergent			Effective 3/15/06 prior authorization required for outpatient non-emergent MR, CT & PET studies for all members through MedSolutions, Inc.. No prior authorization, referral or notification required from MR CT & PET imaging studies performed in an inpatient setting or through emergency care in the ER. <i>See also MR & MRI.</i>

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Rehabilitation Hospital	▲			<p>MassHealth: Covered for up to 100 days combined for Acute Rehab and SNF per contract year for Mass Health Standard and Family Assistance members. Not a covered benefit for MassHealth Basic members.</p> <p>Commercial and Commonwealth Choice: Covered for up to 60 days per contract/calendar year for Acute Rehab. Covered for up to 100 days for Skilled Nursing Facility (SNF) per contract/calendar year. Please contact NHP to verify contract versus calendar year coverage.</p> <p>Group Insurance Commission (GIC) and Commonwealth Care (CCHIP): Covered for up to 100 days combined for Acute Rehab and SNF per calendar year/plan benefit year.</p>
Rheumatology Visits		▲		

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
Rhinoplasty	▲			<p><u>Service Codes</u></p> <p>30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip</p> <p>30410 Rhinoplasty, primary; complete, eternal parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip</p> <p>30420 Rhinoplasty, primary; including major septal repair</p> <p>30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)</p> <p>30435 Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)</p> <p>30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)</p> <p>30460 Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening: tip only</p> <p>30462 Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies</p>

For more specific coverage and reimbursement information, please visit the **Policies & Guides** section of our website at:

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
Scar/lesion Revisions	▲			Scar or skin lesions are covered when treatment/procedure is deemed medically necessary or because the scars/skin lesions interfere with normal body function, cause pain or are for non-dental restoration after accidental injury.
Second Opinions Visits	▲ Out-of-network	▲ In-network		Second opinions from out-of-network providers are covered only when the expertise requested is not available within the network. Prior authorization is required.
Septoplasty	▲			<u>Service Codes</u> <u>30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft</u>
Sick Newborn Admissions	▲			Notification required within 24 hours or the next business day for newborns requiring intensive care or transfer to another facility,
Sigmoidoscopy		▲		
Skilled Nursing Facility	▲			<i>See Institutional Extended Care.</i>

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
Sleep Studies		▲		
Specialty Visits	▲ Out-of-network	▲ In-network		
Speech Therapy (outpatient evaluation)		▲		Initial evaluation only does not require prior authorization. Service Codes 92506 through 92507 Evaluation of speech, language, voice, communication, and/or auditory processing. <i>See also Speech Therapy Outpatient Treatment.</i>

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
Speech Therapy (outpatient treatment)	▲			<p><u>Service Codes</u></p> <p>92630 Auditory rehabilitation; prelingual hearing loss</p> <p>92633 Auditory rehabilitation; postlingual hearing loss</p> <p>92601 through 92604 Diagnostic analysis of cochlear implant</p> <p>92626 through 92627 Evaluation of auditory rehabilitation status</p>
Stress Tests		▲		
Surgical Day Care	▲			<p>Prior Authorization required five (5) business days prior to the scheduled admission date.</p> <p>See also Ambulatory Surgical Procedure.</p>

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
Surgical Visits		▲		
Tobacco (smoking) Cessation		▲		
TB Clinics		▲		

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
TMJ				<p>Benefit limited to TMJ services determined to be medically necessary. Dental services for TMJ are not a covered benefit.</p> <p><u>Service Codes</u></p> <p>20910 Cartilage graft; costochondral</p> <p>21010 Arthrotomy. Temporomandibular joint</p> <p>21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)</p> <p>21050 Condylectomy, temporomandibular joint (separate procedure)</p> <p>21070 Coronoidectomy (separate procedure)</p> <p>21116 Injection procedure for temporomandibular joint athrography</p> <p>21240 Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)</p> <p>21242 Arthroplasty, temporomandibular joint, with allograft</p> <p>21243 Arthroplasty, temporomandibular joint, with prosthetic joint replacement</p> <p>21247 Reconstruction of mandibular condyle with bone and cartilage autografts (including obtaining grafts), e.g., for microsomia</p>

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
TMJ (Continued)	▲			21480 Closed treatment of temporomandibular dislocation; initial or subsequent 21485 Closed treatment of temporomandibular dislocation; complicated, e.g., recurrent requiring intermaxillary fixation of slinting, initial or subsequent 21490 Open treatment of temporomandibular dislocation 29800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) 29804 Arthroscopy, temporomandibular joint, surgical
Transportation –Non-emergent	▲			<u>Service Codes</u> A0080 through A0210
Ultrasounds		▲		
Urgent Care Visits		▲		

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Service	Prior Authorization Required	No Prior Authorization Required	Notification	Comments
Wigs	▲			<p>MassHealth: Coverage is limited to a maximum of \$350 per year.</p> <p>Commercial and Commonwealth Choice: Coverage is limited to a maximum of \$350 per year.</p> <p>Commonwealth Care (CCHIP): Coverage is limited to a maximum of \$350 per year.</p>

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Prior Authorization & Referral Guidelines

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Please call NHP Member Services at 800-462-5449 for benefit eligibility information.

Grid Column Descriptions:

Service: Type of service or type of request.

Prior Authorization: Services that must be clinically reviewed by NHP and approved subsequent to meeting established criteria. Prior authorization is a condition for payment.

Notification: Notification enables Neighborhood Health Plan to proactively identify members who might benefit from Care Management Programs.

Comments: Points of clarification regarding benefit coverage and/or policies and procedures.

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