# Referral/Authorization Quick Reference Guide for Medical Services

Harvard Pilgrim Health Care
a Point32Health company

## Commercial Products

This is a resource tool for standard HMO, POS, and PPO products; please keep in mind that products may vary by employer group and state. As noted below, please be aware that for HMO members any services provided by a non-participating provider require authorization. It's also important to check the member's benefits as benefit limits may apply for certain services. No guarantee of payment is implied. Use this guide as a quick reference tool, only, as it is not comprehensive. For questions, call the Provider Service Center at 800-708-4414.

For more information on these services and detailed criteria, please refer to the applicable Medical Necessity Guidelines. For certain services, Harvard Pilgrim Health Care utilizes vendor partners to conduct utilization management; for details on vendor prior authorization programs, please refer to our Vendor Program webpage.

**Key:** **R** = Referral **N** = Notification **A** = Authorization

| Service | HMO and In-Network POS | PPO and Out-of-Network POS |
|---|---|---|
| Ambulance Transport – for select non-emergent transportation | A | A |
| Artificial Cervical Disc Replacement | A | A |
| Assistive Reproductive/Infertility:<br>• AI<br>• IUI<br>• ART | A | A |
| Bariatric Surgeries | A | A |
| Breast Surgeries:<br>• Breast Implant Removal<br>• Breast Reconstruction<br>• Breast Reduction Surgery (reduction mammoplasty)<br>• Inverted Nipple Repair (Other nipple procedures are covered only when they are a medically necessary part of an authorized breast reconstruction procedure, and relevant HPHC Medical Review Criteria are met.) | A | A |
| Cardiac diagnostic tests/interventional procedures (select, non-emergent) | A | A |
| Cardiac Rehabilitation (outpatient) | none | none |
| Cervical Spine Surgery | A | A |
| Chiropractic Services | none | none |
| Cholecystectomy | none | none |
| Continuous Glucose Monitoring and Diabetes Management Devices | A | A |
| Dialysis (outpatient) | none | none |
| Durable Medical Equipment (DME):<br>• Physician's order required for all DME<br>• Authorization required for:<br>– Sleep therapy equipment<br>– Prosthetic Devices (upper and lower limbs)<br>– Miscellaneous DME (i.e., HCPCS code E1399 or A9999) | A<br>Authorization required for **all** items provided to HMO members by **non-contracted** vendors/providers | A |
| Early Intervention Services | none | none |
| Early Maternity Discharge Visit | none | none |
| Emergency Ambulance – Air or Ground Transport | none | none |
| Emergency Dental Care (accidental injury) | none | none |
| Emergency Room Services | none | none |
| Endoscopic Sinus Surgeries – (frontal sinusotomy, functional endoscopic sinus surgery, nasal/sinus cavity debridement following FESS, maxillary sinusotomy) | A | A |
| Enteral Formulas | A | A |

| Service | HMO and In-Network POS | PPO and Out-of-Network POS |
|---|---|---|
| Extended Care Facility:<br>• Skilled Nursing Facility & Subacute Care<br>• Inpatient Rehabilitation/Long-Term Acute Care | A | A |
| Gender Reassignment Surgeries | A | A |
| Gynecomastia Surgery | A | A |
| Hematopoietic Stem-Cell Transplantation (HSCT) | A | A |
| Hip/Knee/Shoulder Surgeries (for select surgeries managed by Evolent (formerly National Imaging Associates, Inc./NIA) | A | A |
| Hip Surgeries, select | A | A |
| Home Health Care (first 30 days of service) | N | N |
| Home Health Care (after the initial 30 days of service) | A | A |
| Hospice Care | A | A |
| Hyaluronate Preparations for Osteoarthritis of the Knee | A | A |
| Hysterectomy | A | A |
| Implantable Neurostimulators – (deep brain stimulators, gastric stimulators, sacral nerve stimulators, spinal cord stimulators, Vagus Nerve stimulators) | A | A |
| Inpatient Medical and Surgical Admissions | N (for most services). Authorization required for admissions for services on Harvard Pilgrim's Focused Review List (see Prior Authorization Policy for more information). | N (for most services). Authorization required for admissions for services on Harvard Pilgrim's Focused Review List (see Prior Authorization Policy for more information). |
| Inpatient Rehabilitation Hospital/Long Term Acute Care Hospital Admissions (including inpatient pulmonary rehab) | A | A |
| Interventional Spine Pain Management procedures for Back Pain including:<br>• Epidural Injections<br>• Facet Joint Injections<br>• Facet Neurolysis | A | A |
| Laboratory Tests (outpatient) | none | none |
| Low Protein Food (state–mandated) | A | A |
| Lumbar Spine Surgery including:<br>• Lumbar Fusion – Single and Multiple Level<br>• Lumbar Decompression<br>• Lumbar Microdiscectomy | A | A |
| Medical Drugs – Select | A | A |
| Medical Transport – for all non-emergent transportation including fixed-wing air and ground | A | A |
| Molecular Diagnostic Management | A | A |
| Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures | none | none |
| Neonatal Intensive Care | N | N |
| Neonatal Well Care (inpatient) | none | none |
| Non-Participating Provider (inpatient/outpatient) – Emergent/urgent | N | N |
| Non-Participating Provider (inpatient/outpatient) – Elective | A | N (for inpatient admissions and Focused Review List services) |
| Nutritional Counseling | none | none |
| Observation Stay | none | none |
| Obstetric and Gynecologic Services (outpatient) | none | none |
| Obstetrical Admissions (delivery) | none | none |

| Service | HMO and In-Network POS | PPO and Out-of-Network POS |
|---|---|---|
| Obstetrical Admissions (no delivery) | N | N |
| Obstructive Sleep Apnea/Obstructive Sleep Disorders Surgeries:<br>• Maxillomandibular Advancement (MMA)/Mandibular Advancement (MA)<br>• Uvulopalatopharyngoplasty (UPPP)<br>• Genioglossus Advancement/Hyoid Suspension | A | A |
| Occupational Therapy – Initial visit | none | none |
| Occupational Therapy – Subsequent visits for “Visit Limit” Plans | none | none |
| Occupational Therapy – Subsequent visits for “Per Condition” Plans | A | A |
| Oncology (outpatient) | A | A |
| Out of Network Referrals | A | none |
| Panniculectomy/Removal of Excess Skin (Reconstructive and Cosmetic Surgery) | A | A |
| Participating Physician Specialist Services | R | none |
| PCP Coverage (outside member’s local care unit) | R | none |
| Physical Therapy – Initial visit | none | none |
| Physical Therapy – Subsequent visits for “Visit Limit” Plans | none | none |
| Physical Therapy – Subsequent visits for “Per Condition” Plans | A | A |
| Podiatry/Foot Care | R | none |
| Preimplantation Genetic Testing | A | A |
| Prenatal Care (outpatient) | none | none |
| Private Duty Nursing | A | A |
| Professional Component of Inpatient Services (anesthesia excluding anesthesiologist pain management, diagnostic testing, emergency room treatment, radiation treatment) | none | none |
| Prosthesis Coverage | A | A |
| Pulmonary Rehabilitation (Outpatient) | none | none |
| Radiology – Outpatient Advanced Imaging including:<br>• Computerized Tomography and Computerized Tomography Angiography (CT/CTA)<br>• Magnetic Resonance Imaging and Magnetic Resonance Angiography (MRI/MRA)<br>• Nuclear Cardiology<br>• Positron Emission Tomography (PET)<br>• Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography) | A | A |
| Radiology – Other Diagnostic Services | none | none |
| Reconstructive and Cosmetic Surgery | A | A |
| Routine Physical Exams & Sick Visits by member’s PCP | none | none |
| Second Opinion | R | none |
| Skilled Nursing Facility Admission | A | A |
| Sleep Studies – Facility Based | A | A |
| Sleep Therapy Supplies | none | none |
| Solid Organ Transplant | A | A |
| Speech Therapy – Initial visit | none | none |
| Speech Therapy – Subsequent visits for “Visit Limit” Plans | none | none |
| Speech Therapy – Subsequent visits for “Per Condition” plans | A | A |
| Spine Management and Authorization | A | A |
| Temporomandibular Joint (TMJ) Disorder Treatment | A | A |
| Tumor Treating Fields | A | A |
| Varicose Veins Treatment | A | A |
| Vision (Annual Examination) | none | none |