Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines

Harvard Pilgrim Health Care-NH
Commercial Prior Authorization

Effective: March 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the fax numbers below	Yes ☒ No ☐

Overview

The following table lists services and items requiring prior authorization from Point32Health.

While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained.

All of the Medical Necessity Guidelines (MNG) referenced in this document can be found on our Provider Resource Center.

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Refer to the Referrals, Authorizations and Notifications chapter of the Tufts Health Public Plans Provider Manual for additional guidelines.

Member eligibility can be verified electronically using Tufts Health Plan's secure online provider portal, and detailed benefit coverage may be verified by contacting Provider Services.

The following tables list services and items requiring prior authorization:

- **Table 1** includes DME, prosthetic items, procedures and services that require prior authorization through the Precertification Operations Department.
- **Table 2** includes procedure codes that require prior authorization through the Behavioral Health Department.
- **Table 3** includes vendor managed programs and services that require prior authorization through the Vendor Program.
- **Table 4** includes procedure codes that the Plan considers investigation and therefore are not covered by the Plan

Table 1

The following DME, prosthetic items, and procedure codes for procedures, services and items require prior authorization from the Precertification Operations Department. Prior authorization may be submitted by portal, or if you prefer to submit your request via fax, please refer to this chart for the appropriate fax number.

Service/MNG name on Provider Resource Center to view more details
Ankle Arthroscopy
Anterior Vertebral Body Tethering
Assisted Reproductive Technology Services-New Hampshire
Bariatric Surgery
Basivertebral Nerve Ablation

Service/MNG name on Provider Resource Center to view more details
Blepharoplasty, Upper/Lower Eyelid, and Brow and/or Eyelid Ptosis Repair
Clinical Review of Dental Services in Medical Benefits
Comprehensive Genomic Profiling with FoundationOne® CDx or FoundationOne® Liquid CDx to Guide Cancer Treatment in Patients with Advanced Cancer
Continuous Glucose Monitoring and Diabetes Management Devices
Custom Fabricated Oral Appliances for Obstructive Sleep Apnea (OSA)
Endoscopic Sinus Surgeries
Gender Affirming Services
Hematopoietic Stem-Cell Transplantation (HSCT)
Home Health Care Services
Hospice and Palliative Care Services
Hyperbaric Oxygen Treatment
Hysterectomy, Certain Elective
Implantable Neurostimulators
Implantable Pulmonary Artery Pressure Devices (CardioMEMS HF)
Inpatient Acute and Post-Acute Levels of Care (Medical/Surgical)
Lower Limb Prostheses
Minimally Invasive Procedures for the Treatment of Benign Prostatic Hypertrophy
Mobile Cardiac Outpatient Telemetry (MCOT)
Non-Emergency Medical Transportation (Ground/Air)
Oral Formula and Enteral Nutrition
Orthognathic Surgery for Severe Oral Maxillofacial Functional Disorders
Osteogenesis Stimulators, Noninvasive
Out-of-Network Coverage at the In-Network Level of Benefits and Continuity of Care (All Plans)
Percutaneous Tibial Nerve Stimulation (PTNS)
Positive Airway Pressure Devices for Sleep Apnea
Power Operated Vehicles (POVs)
Power Wheelchairs
Private Duty Nursing in the Home
Procedures for the Treatment of Symptomatic Varicose Veins
Proton Bean Therapy
Reconstructive and Cosmetic Surgery
Solid Organ Transplant (Heart, Heart/Lung, Intestinal, Kidney, Liver, Lung, Pancreas, Pancreas/Kidney)
Speech, Hearing, and Language Services
Stereotactic Radiosurgery and Stereotactic Body Radiotherapy

Service/MNG name on Provider Resource Center to view more details
Surgical Procedures for the Treatment Obstructive Sleep Apnea
Surgical Treatments for Lymphedema
Temporomandibular Joint (TMJ) Disorder Treatment
Tonic Motor Activation for the Treatment of Restless Leg Syndrome
Total Joint Replacement-Ankle
Upper Limb Prostheses
Vertebroplasty and Kyphoplasty
Video Capsule Endoscopy

Table 2

The following procedures, services and items require prior authorization from the Behavioral Health Department. Prior authorization may be submitted by portal, or if you prefer to submit your request via fax, please refer to this chart for the appropriate fax number.

Service/MNG name on Provider Resource Center to view more details
Applied Behavioral Analysis (ABA) Therapy and Habilitative Services for Autism Spectrum Disorder
Neuropsychological and Psychological Testing and Assessment
Transcranial Magnetic Stimulation (rTMS)

Table 3

The following codes are managed by various Vendor Managed Programs and services that require prior authorization through the Vendor Program.

Service/Vendor name on Provider Resource Center to view more details	
Evolent	Cardiac Diagnostic Testing/Interventional Procedures
Evolent	Cervical Spine Procedures
Carelon	Genetic and Molecular Diagnostic Testing
Evolent	Interventional Pain Management for Back Pain
Evolent	Joint Surgeries-Hip
Evolent	Joint Surgeries-Knee
Evolent	Joint Surgeries-Shoulder
Evolent	Outpatient Diagnostic Imagine/Advanced Imaging
Evolent	Sleep Studies
Evolent	Spine Surgery

Table 4

The following procedure codes are considered investigation and therefore are not covered by the Plan.

Service/MNG name on Provider Resource Center to view more details
Noncovered Investigational Service

Approval and revision history

February 18, 2025: Reviewed by the Medical Policy Approval Committee (MPAC), effective March 1, 2026