

Prior Authorization Policy

Unless otherwise specified, information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport ConnectSM. For UnitedHealthcare's related policies/procedures, please go to www.uhcprovider.com/

Overview

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility, and 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 with the provider held liable for any denied claim.
- Members cannot be held liable for claims denied because a contracted provider did not obtain prior authorization.

Referring providers are responsible for obtaining prior authorization from Harvard Pilgrim for all non-emergent referrals including members enrolled in Narrow Network and Tiered Copay Plans. Servicing providers should validate that the referring provider obtained all the appropriate prior authorizations.

Decisions

Authorization and denial decisions are made in a timely manner that accommodates the clinical urgency of the situation. Denial and termination of benefits decisions are communicated verbally and in writing to the attending physician, and in writing to the member and the facility (as appropriate), within standard time frames that accommodate the clinical urgency of the specific situation. Decision time frames are consistent with applicable state regulations and meet or exceed the National Committee for Quality Assurance (NCQA) standards for health plan accreditation.

Refer to [Denials/Adverse Determination](#) for administrative and clinical denial details.

Harvard Pilgrim's Medical Directors (or Physician Reviewers) are available to discuss any clinical denial with practitioners and providers affected by the denial decision. Written notification of denial decisions includes information explaining how to contact the Medical Directors.

Non-contracted Providers

Prior authorization from Harvard Pilgrim is required for all elective (non-urgent) HMO member referrals to providers who are non-participating regardless of where the provider is located or where the service is rendered; members enrolled in POS or PPO products may self-refer to non-contracted providers and assume responsibility for coinsurance, deductibles, and balance bills as described in their Benefit Handbook. Harvard Pilgrim authorizes elective referrals to non-participating providers only in limited situations where we determine that medically necessary services are not available within our contracted provider network or that referral to the non-participating provider is medically necessary to minimize disruption of ongoing care.

Under continuity of care, new enrollees receiving active treatment at the time their Harvard Pilgrim membership becomes effective, may be authorized to continue treatment with non-participating providers for a defined transitional period as

needed to minimize potential disruption of care. A member receiving active treatment from a provider whose Harvard Pilgrim contract was terminated for reasons other than quality deficiencies may be authorized to continue treatment with the provider with in-network coverage for a specified period of time. Please complete the [Continuity of Care/Transitional Care Request Form](#) to make a request

When a referral to a non-contracted provider is authorized, the non-contracted provider must agree to:

- Treat the member for an appropriate period of time (to be determined by the Harvard Pilgrim Physician Reviewers in consultation with the member or non-contracted provider as appropriate).
- Share information relevant to the treatment plan with Harvard Pilgrim (in accordance with HIPAA requirements).
- Accept Harvard Pilgrim's reimbursement, and not charge the member an amount beyond any required copayment.

Procedures and Services That Require Prior Authorization

Harvard Pilgrim's prior authorization requirements are subject to change. For up-to-date information:

- Refer to Medical Necessity Guidelines (MNGs) and review criteria and specific prior authorization policies on our provider website at www.harvardpilgrim.org/provider.
- Or contact the Provider Service Center at 800-708-4414 and select the option for the Referral/Authorization Unit.

Action Required

Please refer to the specific authorization policy and authorization request form for details on criteria and information required at the time of request.

The facility, PCP, or specialist may request 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/provider. (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. Review 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.

Fax: 800-232-0816

Phone: 800-708-4414 and select the option for the Referral/Authorization Unit.

Harvard Pilgrim Response:

The request pends for receipt of medical information and evaluation. Review is completed within two business days after receipt of medical information. The decision will be communicated in writing 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.

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). Failure to notify us of changes may result in claims denial.

Electronic

Edit the existing pending transaction record or submit a new transaction record, using the *HPHConnect* or NEHEN transaction service.

- Detailed *HPHConnect* instructions are available at www.harvardpilgrim.org/provider. (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.

Phone: 800-708-4414 and select the option for the Referral/Authorization Unit.

Fax: 800-232-0816

Mail: Harvard Pilgrim Health Care
Referral and Authorization Unit
1600 Crown Colony Drive
Quincy, MA 02169

Behavioral Health

For further details on prior authorization on behavioral health services, please refer to the Behavioral Health Care Authorization policy.

Utilization Management with Vended Partners

Harvard Pilgrim has selected a partner to oversee utilization management for certain services. In these cases, authorization may be performed through our partner and contact information/process varies from the information listed above. The chart below provides a brief overview of these programs. Additional information is provided in specific authorization policies in this *Provider Manual* and in medical review criteria found in the Medical Management section of our provider website (www.harvardpilgrim.org/providers).

Service	Refer to/Contact
Cardiac Diagnostic Tests/Interventional Procedures (select, non-emergent)	Cardiac Diagnostic Tests/Interventional (select, non-emergent) services managed through Evolent (formerly National Imaging Associates, Inc./NIA). Contact Evolent online or by telephone. Online: www.radmd.com Phone: 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through <i>HPHConnect</i> and NEHEN. Status and transaction numbers can be accessed through Evolent's website at www.radmd.com .
Diagnostic Imaging Services	Outpatient advanced imaging services managed through Evolent. Contact Evolent online or by telephone. Online: www.radmd.com Phone: 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through <i>HPHConnect</i> and NEHEN. Status and transaction numbers can be accessed through Evolent website at www.radmd.com .
Genetic and Molecular Diagnostic Testing	Molecular Diagnostic Testing services are managed through Carelon Medical Benefits Management (formerly AIM Specialty Health). Online: www.providerportal.com Phone: 855-574-6476 Ordering providers should refer to Carelon's website, www.carelon.com , for Carelon registration instructions.
Hip/Knee/Shoulder Surgeries	Select non-emergent inpatient and outpatient hip, knee, and shoulder surgeries managed by Evolent. Contact Evolent online or by telephone. Online: www.radmd.com Phone: 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through <i>HPHConnect</i> and NEHEN. Status and transaction numbers can be accessed through Evolent website at www.radmd.com .
Oncology and Radiation Oncology (outpatient)	OncoHealth (formerly Oncology Analytics) conducts medical review of chemotherapeutic protocols (chemotherapy, support and symptom management drugs) and radiation treatment plans for commercial and Medicare Advantage members on behalf of Harvard Pilgrim. Contact OncoHealth via: <ul style="list-style-type: none"> • Online portal: Submit requests to OncoHealth by using the single sign on feature at <i>HPHConnect</i>. Select "OncoHealth" from the "Office Management" drop down. • Fax: 800-264-6128 Phone: 877-222-2021
Sleep studies	Managed by Evolent. Request authorization for sleep studies through Evolent online or by phone (request authorization of sleep related DME directly through Harvard Pilgrim). Online: www.radmd.com Phone: 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through <i>HPHConnect</i> and NEHEN. Status and transaction numbers can be accessed through Evolent website at www.radmd.com .
Spine Services: Lumbar Spine Surgery Interventional Spine Pain Management Services Cervical Spine Surgery (Eff. 01/01/19)	Non-emergent interventional spine pain services and lumbar spine surgeries managed by Evolent. Contact Evolent online or by telephone. Online: www.radmd.com Phone: 800-642-7543 Authorization status and approved transaction numbers are also available to servicing providers through <i>HPHConnect</i> and NEHEN. Status and transaction numbers can be accessed through Evolent website at www.radmd.com .

Related Policies

[Network Operations & Care Delivery Management](#)

- Denials and Adverse Determination

[Billing & Reimbursement](#)

- Coordination of Benefits (COB) Claims

PUBLICATION HISTORY

01/01/12	removed First Seniority Freedom information from header
02/19/16	reviewed; administrative edits for clarification
11/05/21	updated "Oncology Analytics" to "OncoHealth (formerly Oncology Analytics)"
01/01/22	added "Non-contracted Provider Obligation" section
01/01/23	reviewed; administrative edits
03/01/23	updated "AIM Specialty Health" to "Carelon Medical Benefits Management"
09/01/23	updated for behavioral health insourcing effective on 11/01/23
01/17/24	updated non-contracted providers section
04/12/24	updated Procedures and Services That Require Prior Authorization section; updated table in the Utilization Management with Vended Partners section; administrative edits.
05/10/24	updated/revised references to "National Imaging Associates, Inc./NIA" to "Evolent"