



**Health New England**

*Where you matter.*

# **PROCEDURES, TREATMENTS AND SERVICES REQUIRING UTILIZATION MANAGEMENT (UM) REVIEW (NON- BEHAVIORAL HEALTH):**

Effective Date 1/1/2021 | Revised Date 1/1/2021

# Procedures, Treatments & Services Subject to UM

## IMPORTANT INFORMATION:

This section includes examples of non-behavioral health services, procedures and treatments that require prior authorization. Examples are included to demonstrate what information is needed for various types of requests. The examples are not a comprehensive list of services, procedures and treatment that require prior authorization, as this list is subject to change and may differ according to the member's individual benefit package. To verify if a service, procedure or treatment requires prior authorization, contact Provider Relations at (413) 233-3313 or (800) 842-4464, ext. 5000. Providers also may contact HNE Health Services directly at (413) 787-4000, extension 5027, or (800) 842-4464, extension 5027, or HNE Member Services at (800) 310-2835. **For information on behavioral health utilization management, [see "Behavioral Health" section here.](#)**

## Procedures and Services Requiring Prior Authorization or Pre-Service Review – Performed by HNE:

**To request prior authorization for the following services/treatments/procedures, fax the Standardized Prior Authorization Request Form to Health Services at (413) 233-2700 or mail it to Health New England at One Monarch Place, Suite 1500, Springfield, MA 01144.**

1. All requests for Out-Of-Plan providers for HMO plans
2. All elective admissions to an Out-Of-Plan facility for PPO/POS plans
3. All admissions to a skilled nursing facility or inpatient rehabilitation facility
4. Transplants
5. Designated Surgical Procedures and Treatments/Services, including:
  - Abdominal Panniculectomy
  - Biofeedback
  - Autologous Chondrocyte Transplant
  - Blepharoplasty
  - Cardiac Monitoring
  - Clinical Trials
  - Cochlear Implants
  - Dermal Injections
  - Durable Medical Equipment for Home Infusion and Sleep Studies (all other DME is approved by Northwood, see list of HNE Delegates noted below):
    - When Home Infusion, Home Care and Specialty RX providers are billing for medical supplies and equipment related to infusion/parenteral/tube-fed nutrition, Health New England manages/pays for those supplies and/or equipment. Prior Authorization is obtained through Health New England's Health Services at (800) 842-4464, extension 5027 or by faxing the Standardized Prior Authorization Request Form to (413) 233-2700.
    - When Sleep Study providers are billing for professional studies supporting sleep service, Health New England manages/pays for those services. Prior Authorization is obtained from eviCore.
    - If the service is managed through HNE, the AELK Master List should be consulted to determine if the item is covered
  - Formula and Enteral Nutrition
  - Gastric Electrical Stimulation
  - Infertility Treatment and Services (See "OB/GYN Services Requiring Prior Authorization from HNE: below for more details.)
  - Laser-Assisted Uvulopalatoplasty
  - Lyme Disease Treatment
  - Mandibular Advancement Device for treatment of Obstructive Sleep Apnea
  - Orthognathic Surgery
  - Outpatient Hyperbaric Oxygen Therapy
  - Positive Airway Pressure Devices
  - Reduction Mammoplasty

## Procedures, Treatments & Services Subject to UM

- Rhinoplasty
- Sacral Nerve Stimulation
- Scleral Lens
- Speech Generating Devices
- Speech Therapy (outpatient except when provided as part of the Home Health Care benefit)
- Spinal Cord Stimulation
- Surgical Management of Morbid Obesity
- Therapeutic Shoes and Orthotics
- Total Hip Resurfacing
- Upper Limb Prosthetic

See below for detailed Instructions for Completing and Submitting the Standard Prior Authorization Request Form.

Procedures and Services Requiring Prior Authorization – Performed by HNE Delegates:

**High-Cost Imaging Studies, Genetic Lab Testing and Sleep Studies:** contact eviCore healthcare at (888) 693-3211. For more information, [see “eviCore: Radiology, Sleep Studies, Genetic Testing” here](#).

**Chiropractic Care:** contact OptumHealth at (888) 676-7768. For more information, see “Chiropractic Benefit” below.

**Durable Medical Equipment:** contact Northwood at (877) 807-3701. (To view the list of codes managed by Northwood please visit <http://healthnewengland.org/Providers/Resource>). For more information on Northwood’s DME process, [see “Durable Medical Equipment” section here](#).

**Non-Emergency (Scheduled) Transport Services:** contact American Medical Response (AMR) at (866) 585-6438. **Please note: not all scheduled transportation is covered.**

**Medical Injectable Drugs:** contact MagellanRx Management at (800) 424-8325. For more information on medical injectable drug program, [see “Pharmacy Services” section here](#).

Services Requiring Notification to HNE:

- **Emergency Admissions:** fax notifications to (413) 233-2700 or call Health Services at (413) 787-4000, extension 5027 or (800) 842-4464, extension 5027.
- **Pregnancy:** following the first prenatal visit, the ACOG Antepartum Record Form or Obstetrical Pre-Registration Form should be mailed to Health Services at One Monarch Place, Suite 1500, Springfield, MA 01144 or faxed to (413) 233-2700. (See “OBGYN Services Requiring Prior Authorization from HNE” below for more details.)

Procedures or Services Subject to Concurrent Review:

- Inpatient admissions
- After hour and weekend inpatient admissions
- Ongoing services beyond the initial authorization period such as skilled home care services, infusion therapy or outpatient speech therapy
- Discharge Planning

Services Subject to Retrospective Review

- Emergency Services

## OB/GYN Services Requiring Prior Authorization from HNE:

- Pregnancy – Following the first prenatal visit, the American College of Obstetricians and Gynecologists (ACOG) Antepartum Record Form or Obstetrical Pre-Registration Form should be mailed to Health Services or faxed to (413) 233-2700. The ACOG or Obstetrical Pre-Registration form should be completed again and resubmitted if a risk factor is identified at a subsequent pre-natal visit. Send the original forms to Health Services and keep a copy for the member's file. This form will serve as authorization for claims payment, including the projected inpatient admission based on the estimated date of confinement (EDC). The Obstetrical Pre-Registration form can be found on the HNE website at <http://healthnewengland.org/forms> under the Provider tab in the Clinical Request Forms section or by calling Health Services at (800) 842-4464, extension 5027, or (413) 787-4000, extension 5027.
- All Infertility Treatment: AI, IUI, IVF, GIFT, ZIFT and FET requires Prior Authorization. Prior Authorization forms for infertility treatment can found on the HNE website at <http://healthnewengland.org/forms> under the Provider tab in the Clinical Request Forms section or by calling Health Services at (800) 842-4464, extension 5027, or (413) 787-4000, extension 5027.

Infertility services are mandated benefits in Massachusetts for Massachusetts residents only and in Connecticut. This means that Fully Funded plans must cover these services according to state law and where medically indicated. Self-Funded plans may choose not to cover them. Infertility services require prior approval. For detailed information, please refer to the Infertility Protocol Policy at <http://healthnewengland.org/Providers/Resources>

## Instructions for Completing the Standardized Prior Authorization Request Form

When submitting the Standardized Prior Authorization Request Form to HNE Health Services, providers should be very specific. Fill out the form as completely as possible and attach copies of additional pertinent clinical information (e.g., a statement of medical necessity, office notes, lab results, x-ray report and other consultation reports) so that Health Services can make an informed determination within standardized decision-making timeframes. If the required information is not submitted with the initial request, Health Services may need to request additional information, delaying the review process. Once all necessary information is received, Health Services will make a coverage determination. Health Services will then send a written confirmation of the decision to all appropriate parties (e.g., the requesting physician, the provider rendering the service, the member and the member's PCP). If the determination is a Medical Necessity denial, the referring provider will also receive a phone call.

The Standardized Prior Authorization Request Form should be received at HNE at least seven days prior to the scheduled service date. The requesting provider is responsible for submitting the Standardized Prior Authorization Request Form to HNE.

Choose the Service Type Category:

Provider Information:

- Requesting Provider Name, Phone Number and Fax
- Servicing Provider Name, Phone Number and Fax
- Servicing Facility Name (if indicated)
- Name of Contact Person, Phone Number and Fax

Member Information:

- Name of Member
- Date of Birth
- HNE ID Number
- Diagnosis
- Procedure Description and Code
- Units/Days/Visits Requested
- Service Start and End Date

## Instructions for Submitting the Standardized Prior Authorization Request Form

To request prior authorization, the requesting physician's office must submit a Standardized Prior Authorization Form to Health Services. Standardized Prior Authorization Forms are located on the HNE website. In addition to this general prior authorization form, there are additional forms pertaining to specific services such as Behavioral Health, Infertility Treatment and Enteral Nutrition. For assistance, please contact the HNE Provider Relations Department at (800) 842-4464 extension 5000, or Health Services at (413) 787-4000 extension 5027, or (800) 842-4464 extension 5027.

You can access the form at <http://healthnewengland.org/forms>.

### **Prior Authorization requests for Medical Services should be sent to:**

Health New England  
Attention: Health Services  
One Monarch Place, Suite 1500  
Springfield, MA 01144  
Fax: (413) 233-2700

## Chiropractic Benefit

The HNE chiropractic benefit is managed by OptumHealth, an experienced health and wellness company specializing in chiropractic management. When the member receives chiropractic services, prior approval is not required, but the chiropractor must notify OptumHealth when treatment has been initiated or continuing care is expected. OptumHealth works with the chiropractor to determine the appropriate level of covered services to treat the member's condition. OptumHealth will notify both the member and the chiropractor of coverage decisions.

**Please note: X-rays are not covered in chiropractic office. OptumHealth providers are directed to refer members to their PCPs or other treating physicians for coordination of these services.**

To find a participating chiropractor, call OptumHealth Care Solutions directly or use the OptumHealth Care Solutions online Provider Locator. OptumHealth contact information is as follows:

Mailing Address:	Web Address:
OptumHealth Care Solutions	<a href="https://www.myoptumhealthphysicalhealth.com/providerlocator.asp">https://www.myoptumhealthphysicalhealth.com/providerlocator.asp</a>
P.O. Box 5600	
Kingston, NY 12402	