

New England Health Plan (NEHP)



Members with an alpha prefix of: CTP, CTN, MEP, MEN, MTP
MTN, NHP or NHN

Quick Reference for MEDICAL SERVICES Requiring a Referral Authorization for members with New England Health Plan. If the service and applicable CPT or HCPC code is listed below, then a referral authorization is required:

PROCEDURE	CPT or HCPC Code(s)
All Providers/Facilities Not in Network	All
Ambulance: Ground (non-emergent)	All
Cardiac Rehabilitation	Rev 0933, 93797-93799, 94667-94668, G0128-G0129
Durable Medical Equipment: (including Prosthetic Devices)	All
Genetic Testing	83890-83912, 88271-88299, S3818-S3837
Home Health/Hospice	All
Hospital Services: Inpatient Outpatient – Surgery only	All All
Podiatry Care	All
Prosthetic Devices	All
Radiology: CT Scans MRI PET Scans	All All All
Therapy (Rehabilitation) Occupational Therapy Physical Therapy Speech Therapy	All All All