

Updated Prior Authorization Requirements for Medicaid and Commercial Lines of Business

Neighborhood News – October 2025

Neighborhood Health Plan of Rhode Island (Neighborhood) has updated prior authorization requirements for specific services for the Medicaid and Commercial lines of business. These changes are effective for all dates of service on or after **August 1, 2025**.

Medicaid and Commercial Group & Individual Plans

- **Prosthesis Impression & Custom Preparation:** Codes 21076 and 21082 will no longer require prior authorization.
- **Home Infusion:** No prior authorization required for total parenteral nutrition (TPN) and administration, professional services, and supply codes. Enteral nutrition and Outpatient Intravenous Insulin Treatment (OIVIT) will continue to require prior authorization.

Medicaid Only

- **Interventional Pain Management Injections** (e.g., epidural steroid injections, nerve blocks): Limit of six dates of service per **rolling year**. All procedures beyond six per **rolling year** will require prior authorization.
- **Facility-Based Sleep Studies:** Limit of one per **rolling year**. All procedures beyond one per **rolling year** will require prior authorization.
- **Varicose Vein Procedures:** No prior authorization required for CPT codes 36470, 36471, 37735 and 37799 billed with a diagnosis code of I83 to I83.229 or I83.81 to I83.819.

Commercial Group Plans Only

- **Interventional Pain Management Injections** (e.g., epidural steroid injections, nerve blocks): Limit of six dates of service per **plan year**. All procedures beyond six per **plan year** will require prior authorization.
- **Facility-Based Sleep Studies:** Limit of one per **plan year**. All procedures beyond one per **plan year** will require prior authorization.

Commercial Individual Plans Only

- **Interventional Pain Management Injections** (e.g., epidural steroid injections, nerve blocks): Limit of six dates of service per **calendar year**. All procedures beyond six per **calendar year** will require prior authorization.
- **Facility-Based Sleep Studies:** Limit of one per **calendar year**. All procedures beyond one per **calendar year** will require prior authorization.

Commercial Group & Individual Plans

- **Varicose Vein Procedures:** No prior authorization required if billed with a diagnosis code of I83 to I83.229 or I83.81 to I83.819.

For more information on these changes, please refer to the [Prior Authorization Search Tool](#) available on Neighborhood's website. Contact our Provider Services team at 1-800-963- 1001 with any questions.