

Prior Authorization Updates for Select Genetic Testing Codes

February 17, 2026

Effective immediately, prior authorization is no longer required for the genetic testing procedure codes listed below when billed with the corresponding diagnosis codes. These changes apply to **all lines of business**.

Prior authorization changes

No prior authorization required (in-network only):

- Microarray Testing (S3870, 81228, 81229)
 - When billed with diagnosis code F84.0 (Autistic disorder)
- Fragile X Testing (81243, 81244)
 - When billed with diagnosis code F84.0 (Autistic disorder) or Q99.2 (Fragile X chromosome) for children younger than 19 years old.

Why this change is needed

Neighborhood Health Plan of Rhode Island (Neighborhood) routinely reviews prior authorization requirements to ensure alignment with [clinical medical policies](#) and evidence-based criteria. For the codes listed above, medical necessity criteria are consistently met when billed with the appropriate diagnosis codes. As a result, prior authorization is no longer required in these circumstances.

What providers need to know

- Ordering providers should ensure the appropriate diagnosis code is included in claims.
- Claims billed with the diagnosis codes listed above will be processed without a prior authorization requirement.
- If the required diagnosis code is not present, standard prior authorization and medical necessity review requirements remain in effect.

Neighborhood's prior authorization requirements are reflected in the [Prior Authorization Reference Guide](#).

Thank you for your continued participation in Neighborhood's provider network and your commitment to providing high-quality care to our members.