



Health Benefits Exchange Authorization Reference Guide

The purpose of this guide is to list services that require prior authorization. To obtain authorization, please fax the appropriate prior authorization request form to 401-459-6023. The fax line is accessible 24 hours per day, seven days a week. If you have any questions about the authorization process, please call Utilization Management at 401-459-6060.

If you do not find a specific service listed on this guide, it may be that the service is a non-covered benefit. If you need information related to covered services, please refer to our billing guidelines and coverage summaries or call Neighborhood Membership Services at 1-800-459-6019.

Neighborhood reserves the right to review and revise this guide for any reason and at any time, with or without notice. Last updated 1/30/20

Service	CMP on Website	Authorization Requirement Health Benefits (HBE)	Indicates Specific Authorization Form Available on Website	Related ICD-9 Diagnosis Codes	Related ICD-10 Diagnosis Codes	Related ICD-9 Procedure Codes	Related ICD-10 Procedure Codes	CPT/HCPC Codes that Require Auth
Acupuncture	CMP	Required	General Auth Request Form					97810 to 97814
Allergen IgE Each Allergen	CMP	See CMP or contact Provider Services for auth requirement	Specific IgE Panel Testing Form					86003
Allergen IgE Testing	CMP	Required	Specific IgE Panel Testing Form					82785 , 86005
Alternative Birthing Center (W&I only)		Required		650	O80			59300, 59409, 59414, 59610 to 59614
Ambulance- Non-emergency stretcher	CMP	Required for some non- emergent care	Ambulance Request Form					A0426, A0428 and modifier DE, DN, DR, ED, EJ, EN, GR, HE, HN, HR, II, JE, JR, NR, PD, PE, PG, PJ, PN, PP, PR, RD, RJ, RN
Bariatric Surgery - Outpatient	InterQual	Required	Gastric Bypass	278.00, 278.01	E66.09, E66.1, E66.8, E66.9, E66.01			43770 to 43775, 43842 to 43843 and 43999

Bariatric Surgery - Inpatient	InterQual	Required	Gastric Bypass	278.00, 278.01	E66.09, E66.1, E66.8, E66.9, E66.01	44.31 to 44.39, 44.95 to 44.98	0D16079 to 0D1607L, 0D160J9 to 0D160JL, 0D160K9 to 0D160KL, 0D160Z9 to 0D160ZL, 0D16479 to 0D1647L, 0D164J9 to 0D164JL, 0D164K9 to 0D164KL, 0D164Z9 to 0D164ZL, 0D16879 to 0D1687L, 0D168J9 to 0D168JL, 0D168K9 to 0D168KL, 0D168Z9 to 0D168ZL, 0DP643Z, 0DP64CZ, 0DV64CZ, 0DW04UZ, 0DW643Z, 0DW64CZ, 3E0G3GC	43644 to 43645, 43770 to 43775, 43842 to 43848, 43886 to 43888
Bone Growth Stimulators	CMP	Required	Form Obtained through DMEnsions					Please contact Neighborhood Member Services for authorization criteria
Breast Reduction Outpatient	InterQual	Required	Breast Reduction					19301 to 19499, S2066 to S2068
Cancer Therapies- NEW	CMP	Required	General Auth Request Form					Please contact Neighborhood Member Services for authorization criteria
Capsule Endoscopy	InterQual	Required	General Auth Request Form					91110, 91111
Chiropractic Services	CMP	Required	General Auth Request Form					98940 to 98942
Clinical Trials	CMP	Required	General Auth Request Form					S9988, S9990, S9991
Dialysis		Not Required Unless Out of Network	General Auth Request Form	584.5 to 584.9, 585.6, 585.9, V45.11, V45.12, V56.0 to V56.8	N17.0 to N17.9, N18.6, N18.9, Z49.01 to Z49.32, Z91.15, Z99.2,			90935 to 90999, 99512, A4653 to A4932, E1500 to E1699, G0420, G0421, J0881 to J0886, J0630, J0636, J1756, J2501, J2916, S9335, S9339, Q4081
DME - DMEnson	CMP	Required for certain services	Form Obtained through DMEnsions					Please contact Neighborhood Member Services for authorization criteria

DME (POS NOT 12)	CMP	Required	General DME Request Form					A4335, A4421, A4600, A4606, A6261, A6262, A6512, A6542, A6549, A7047, A9274, A9276, A9277, A9278, A9900, A9901, A9999, B4102 to B4104, B4149, B4150, B4152 to B4155, B4157 to B4162, B9998, C1822, C5271 to C5278, C9349, E0147, E0193, E0194, E0203, E0270, E0300, E0328, E0329, E0371 to E0373, E0424 to E0431, E0434, E0440 to E0450, E0460 to E0467, E0470, E0471, E0472, E0481, E0483, E0574, E0575, E0601, E0604, E0610, E0615, E0617, E0620, E0650 to E0655, E0660 to E0694, E0740, E0747, E0748, E0749, E0760, E0762, E0764, E0770, E0784, E0953, E0954, E0983, E0986, E0990, E1002 to E1008, E1012, E1035, E1085, E1086, E1089, E1130, E1140, E1231 to E1239, E1250, E1260, E1285, E1290, E1300, E1310, E1340, E1390 to E1399, E2100, E2101, E2230, E2300 to E2311, E2330, E2399, E2402, E2500 to E2599, E2609, E2610, E2617, E8000 to E8002, K0005, K0008, K0009, K0013, K0108, K0462, K0553, K0554, K0606 to K0669, K0738 to K0899, K0900, L0999, L1499, L2861, L2999, L3649, L3891, L5000 to L5600, L5700 to L5703, L5856 to L5859, L5999, L6715, L6880, L7499 to L7520, L8039, L8499, L8605, L8692, L8693, L8694, L9900, Q0478, Q0479, Q0502 to Q0505, S1040, S9434, S9435, V2615, V2797, V5336
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Drugs - Prior Auth Required		Required						Please contact Neighborhood Member Services for authorization criteria
Genetic Testing	CMP	Required	Genetic Testing	Genetic testing does not require auth if billing with the following ICD-9 diagnosis codes: V23.1, V23.2, V28.0 to V28.4, V28.89, 630, 631.8, 646.0 to 646.03, 646.30 to 646.33, 648.50 to 648.54, 655.0 to 655.23, 656.41 to 656.43, 678.10, 678.11, 678.13, 774.0	Genetic testing does not require auth if billing with the following ICD-10 diagnosis codes: O01.0, to O02.0, O02.89, O02.9, O09.10 to O09.13, O09.291, O26.20 to O26.23, O30.021 to O30.029, O31.021 to O31.029, O31.00X0 to O31.03X9, O35.0XX0 to O35.2XX9, O36.4XX0 to O36.4XX9, O99.411, O99.419, O99.43, P58.8, Z36			81105 to 81112, 81120, 81121, 81161, 81162, 81163 to 81167, 81170 to 81174, 81177 to 81190, 81200 to 81205, 81209 to 81219, 81221 to 81245, 81247 to 81312, 81314 to 81408, 81412, 81434, 81443, 81448, 81460, 81479, 81512, 81518, 81519, 81520, 83893, 83897, 83902, 83903, 83905, 83906, 83913, 83914, 88245 to 88249, 88261 to 88264, 88271 to 88299, 88364, 88366, 88374, 88377, 0009M, 0036U, 0037U, 0040U, S3800 to S3862, S3870
Hasbro Partial Program	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
Home Care - HHA/CNA Visits	CMP	Required	Home Health Aide Block Hours					99509, G0156, S9122, T1021

Home Care Skilled Nursing Services	CMP	Required	Home Care Services	Home Care Skilled Nurse Nursing Services does not require an auth if billed with the following diagnosis codes V20.2, V24.0, V24.2	Home Care Skilled Nurse Nursing Services does not require an auth if billed with the following diagnosis codes Z00.121, Z00.129, Z39.0, Z39.2			99500 to 99507, 99511, G0068 to G0070, G0154, G0493 to G0496, S5108 to S5116, S5180, S5181, S5185, S5190, S9097, S9098, T1001, T1502, T1503
Home Care LPN Block Hours	CMP	Required	Home Care Skilled Block Hours	Home Care LPN Block Hours does not require an auth if billed with the following diagnosis codes V20.2, V24.0, V24.2	Home Care LPN Block Hours does not require an auth if billed with the following diagnosis codes Z00.121, Z00.129, Z39.0, Z39.2			G0300, S9124
Home Care- PT		Required	Home Care Services					97001, 97002, 97161 to 97164, G0159, S9131 97140 requires prior authorization except when billed with the following ICD-9 diagnosis codes: 174.0 to 174.9, 457.0, 457.1 or ICD-10 diagnosis codes C50.011 to C50.019, C50.111 to C50.119, C50.211 to C50.219, C50.311 to C50.319, C50.411 to C50.419, C50.611 to C50.619, C50.811 to C50.819, C50.911 to C50.919, I97.2, I89.0
Home Care OT		Required	Home Care Services					97003, 97004, 97165 to 97168, 97530, 97535, G0160, S9129
Home Care - ST		Required	Home Care Services					92506, 92507, 92521, 92522, 92523, 92524, 92610, 92526, 92597, G0161, S9128
Home Care - SW		Required	Home Care Services					99150, S9127
Home Infusion		Required	Home Infusion					99601, 99602, B4100 to B4104, B4149 to B9999, G9147, S5497 to S5521, S5523, S9325 to S9331, S9338, S9340 to S9347, S9348, S9351, S9353, S9357, S9359 to S9379, S9490 to S9504, S9529, S9537 to S9810

Implants	InterQual	Required	Outpatient Surgery-Request/ Checklist					33202, 33203, 33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33225, 33226, 33227, 33228, 33230, 33231, 33240, 33241, 33243, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33975, 33976, 33979, 33981, 36260, 36261, 36262, 43647, 43648, 43881, 43882, 61510, 61518, 61531, 61533, 61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64553, 64555, 64561, 64568, 64569, 64570, 64575, 64580, 64581, 64585, 64590, 64595, 65770, 69710, 69714, 69715, 69930, 92601, 92602, 92603, 92604, 93260, 93261, 95980, 95981, 95982, C1722, C1764, C1767, C1785, C1786, C1820, C2619, C2620, G0448, L8614, L8619, L8627, L8628, L8685
Infertility	CMP	Required	General Auth Request Form		Z31.7, Z31.89			55870, 58321, 58322, 58323, 58350, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89257, 89258, 89260, 89261, 89264, 89280, 89281, 89322, 89325, 89331, 89337, S3655, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4025, S4026, S4028, S4030, S4031, S4035, S4037, S4040
Inpatient Hospital Acute	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
Inpatient Rehab	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
Inpatient Non-Acute (for downgrade)	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
Inpatient DCYF Hold	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
Inpatient Condition of Pregnancy	CMP	Required						Please contact Neighborhood Member Services for authorization criteria

Laboratory Test		Required	General Auth Request Form					81420, 81500, 81503, 81506, 81507, 81599, 88375, 0537T to 0540T
Maternity - Vaginal Delivery	CMP	Required		641.20 to 669.61, V27.0 to V27.9	O00.1, O00.8, O00.9, O02.1, O03.0 to O03.9, O09.511 to O09.529, O10.011 to O16.9, O21.0 to O21.9, O23.00 to O26.93, O29.011 to O43.93, P03.89, O30.031 to O35.6XX9, O35.8XX0 to O36.8199, O45.001 to O75.5, O75.82 to O80, O86.11, O86.13 to O86.29, O89.01 to O89.9, O90.4 to O90.89, O98.011 to O9A.53, Z37.0 to Z37.9	72.0 to 73.99, 75.4	10904ZC, 10907ZA, 10907ZC, 10908ZA, 10908ZC, 10A07Z6, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ, 10S07ZZ, 10S0XZZ, 2Y44X5Z, 3E053VJ, 3E0DXGC, 0HQ9XZZ, 0U9500Z, 0U9530Z, 0U9540Z, 0U9570Z, 0U9580Z, 0U9600Z, 0U9630Z, 0U9640Z, 0U9670Z, 0U9680Z, 0U9700Z, 0U9730Z, 0U9740Z, 0U9770Z, 0U9780Z, 10D27ZZ, 10D28ZZ, 10T27ZZ, 10T28ZZ,	59409, 59412 to 59414, 59612 to 59614
Maternity - C-Section	InterQual	Required		641.10 to 649.73 651.93 to 669.61, V27.0 to V27.9	O09.40 to O09.529, O10.011 to O16.9, O21.0 to O21.9, O23.00 to O26.93, O29.011 to O29.93, O30.91 to O31.03X90, O32.0XX0 to O35.6XX9, O35.8XX0 to 36.73X9, O36.8120 to O36.8199, O36.8910 to O41.1499, O41.8X10 to O43.93, O44.10 to O75.5, O75.89 to O77.9, O86.11, O86.13 to O86.29, O89.01 to O89.9, O90.4 to O90.89, O98.011 to O99.411, O99.419, O99.43 to O9A53, Z37.0 to Z37.9	74 to 74.2, 74.4 to 74.99	10D00Z0, 10D00Z1, 10D00Z2, 10A00ZZ, 10A03ZZ, 10A04ZZ	59514 to 59525, 59620 to 59622

Newborns	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
Newborns - Sick newborns only (stay beyond mom)	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
Newborns in NICU (previously NIC admit type)	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
Newborns in NICU Partial Stay (previously NNR admit type)		Required						Please contact Neighborhood Member Services for authorization criteria
Ocular Photoscreening	CMP	See Important Information	Vision Request Form					99174, 99177
Out of Network Services	CMP	Required for all covered services rendered out of network except urgent and emergent care	Out of Network Authorization Request Form					Please contact Neighborhood Member Services for authorization criteria

Outpatient Surgery and Procedures	InterQual	Required	Outpatient Surgery-Request/ Checklist					11300 to 11446, 11920 to 11922, 11950 to 11954, 11970 to 11971, 11980, 15787, 15820 to 15823, 15830, 15840, 17360, 20974 to 20975, 21010, 21076 to 21080, 21082 to 21084, 21086 to 21089, 21120 to 21127, 21208, 22513 to 22515, 22523 to 22525, 22527, 22633, 22634, 26527, 30400 to 30545, 43206, 43252, 43283, 43327, 43328, 43338, 52287, 54125 to 54135, 58720, 62350, 62351, 62360 to 62362, 62366, 62380, 63650 to 63688, 64611, 64615, 92065, 95782, 95783, 95950 to 95953, 95956, 95957, 95965 to 95967, 96567, 96573, 96574, 96910, 96912, 96913, 96920, 96921, 96922, 96999, 0191T, 0226T, 0227T, 0318T, 0440T to 0443T, 0449T, 0474TC9735, C9739, C9740, G0451, G0166, S2340, S2341, S8037
Outpatient Therapies - OT Eval	CMP	Required after 1 evaluation per 365 days	Outpatient Rehab-Adult/Pedi or Outpatient Rehab-Children with Special Needs					97003, 97165 to 97167
Outpatient Therapies - OT	CMP	Required after 8 visits per 365 days	Outpatient Rehab-Adult/Pedi or Outpatient Rehab-Children with Special Needs					97004, 97127, 97168, 97532, 97534, 97535, G0515
Outpatient Therapies - PT Eval	CMP	Required after 1 evaluation per 365 days	Outpatient Rehab-Adult/Pedi or Outpatient Rehab-Children with Special Needs					97001, 97161 to 97163

Outpatient Therapies - PT	CMP	Required after 8 visits per 365 days	Outpatient Rehab-Adult/Pedi or Outpatient Rehab-Children with Special Needs					97002, 97010 to 97116, 97124, 97139, 97150 to 97530, 97542, 97750, 97755, G0283, S9117 97140 requires prior authorization except when billed with the following ICD-9 diagnosis codes: 174.0 to 174.9, 457.0, 457.1 or ICD-10 diagnosis codes: C50.011 to C50.019, C50.111 to C50.119, C50.211 to C50.219, C50.311 to C50.319, C50.411 to C50.419, C50.511 to C50.519, C50.611 to C50.619, C50.811 to C50.819, C50.911 to C50.919, I89.0, I97.2
Outpatient Therapies - ST	CMP	Required	Outpatient Rehab-Adult/Pedi or Outpatient Rehab-Children with Special Needs					92506 to 92508, 92521 to 92524, 92526, 92607, 92608, 92610, S9152
Pain Management	InterQual	Required	Pain Management Request					0228T to 0231T, 27096, 62310, 62311, 62318, 62319, 62320 to 62327, 64479, 64480, 64483, 64484, 64490 to 64495, 64620, 64630, 64632 to 64636, 64640, 64999, G0260
Paramedic Intercept	CMP	Required	Ambulance Request Form					A0432
Pediatric Developmental & Autism Screening	CMP	Required	General Auth Request Form	V20.2	Z00.121 to Z00.129			96110
Phototherapeutic Keratectomy		Required						65400
Plastic Surgery - Outpatient	InterQual	Required						Refer to Outpatient Surgery and Procedures Codes
Plastic Surgery - Inpatient	InterQual	Required						Please contact Neighborhood Member Services for authorization criteria

Prenatal Care		Required	X					Please contact Neighborhood Member Services for authorization criteria
Radiology		Required for certain services	Form Obtained through MedSolutions					70336, 70450 to 70555, 71250 to 71555, 72125 to 72159, 72191 to 72198, 73200 to 73225, 73700 to 73725, 74150 to 74185, 74261 to 74263, 75557 to 75565, 75571 to 75574, 75635, 76376 to 76391, 77046 to 77049, 77058 to 77059, 77078 to 77079, 77084, 78451 to 78454, 78459 to 78499, 78608 to 78609, 78811 to 78816, 93355, C9744, G0297, S8032
Sleep Study	InterQual	Required	X					95782, 95783, 95805, 95807, 95808, 95810, 95811
SNF - Level I	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
SNF - Level II	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
SNF - Level III	CMP	Required						Please contact Neighborhood Member Services for authorization criteria
SNF - Level IV	CMP	Required						Please contact Neighborhood Member Services for authorization criteria

Surgical Services (Ophthalmological Auth Req)	X InterQual 8/27/18	Required	Outpatient Surgery- Request/ Checklist					65273, 65710 to 65757, 65767 to 65770, 65781 to 65782, 67900 to 67924, 67950 to 67999, 68761, 68360 to 68399, C9732, G0186, 0289T, 0290T, 0308T
Surgical Services Inpatient (Transgender)	CMP	Required	General Auth Request Form		Gender Dysphoria treatment is auth required when member age >= 18 year and is billed with the following diagnosis codes F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890		07TC0ZZ, 0H0T0JZ, 0H0T0ZZ, 0H0T0ZZ, 0H0U0JZ, 0H0U0ZZ, 0H0V0JZ, 0H0V0ZZ, 0HBT0ZZ, 0HBU0ZZ, 0HBV0ZZ, 0HQT0ZZ, 0HQU0ZZ, 0HQV0ZZ, 0HRT07Z, 0HRT0JZ, 0HRU07Z, 0HRU0JZ, 0HRV07Z, 0HRV0JZ, 0HRW07Z, 0HRWX7Z, 0HRX07Z, 0HRXX7Z, 0HST0ZZ, 0HSU0ZZ, 0HSV0ZZ, 0HSWXZZ, 0HSXXZZ, 0HTT0ZZ, 0HTU0ZZ, 0HTV0ZZ, 0HUT0JZ, 0HUU0JZ, 0HUV0JZ, 0TQD0ZZ, 0TUD07Z, 0U7G0ZZ, 0UB04ZZ, 0UB14ZZ, 0UB24ZZ, 0UB54ZZ, 0UB64ZZ, 0UB74ZZ, 0UBG0ZZ, 0UBG7ZZ, 0UBJ0ZZ, 0UBJXZZ, 0UBMXZZ, 0UQF7ZZ, 0UQG0ZZ, 0UQG7ZZ, 0UQGXXZZ, 0UT00ZZ, 0UT04ZZ, 0UT07ZZ, 0UT10ZZ, 0UT14ZZ, 0UT17ZZ, 0UT20ZZ, 0UT24ZZ, 0UT27ZZ, 0UT50ZZ, 0UT54ZZ, 0UT57ZZ, 0UT60ZZ, 0UT64ZZ, 0UT67ZZ, 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT90ZZ, 0UT94ZZ, 0UT97ZZ, 0UT9FZZ, 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTG0ZZ, 0UTG7ZZ, 0UTM0ZZ, 0UUG07Z, 0VQ50ZZ, 0VR90JZ, 0VRB0JZ, 0VRC0JZ, 0VT90ZZ, 0VT94ZZ, 0VTB0ZZ, 0VTB4ZZ, 0VTC0ZZ, 0VTC4ZZ, 0VTS0ZZ, 0VTSXZZ, 0VU507Z, 0W4M070, 0W4M0Z0, 0W8NXZZ, 0WQNOZZ	19301, 19303, 19304, 19316, 19318, 19324, 19325, 19350, 31899, 53430, 54125, 54520, 54690, 55175, 55180, 55899, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58554, 58571, 58573, 58661, 58999
Surgical Services Outpatient (Transgender)	CMP	Required			Gender Dysphoria treatment is auth required when member age >= 18 year and is billed with the following diagnosis codes F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890			19301, 19303, 19304, 19316, 19318, 19324, 19325, 19350, 31899, 53430, 54125, 54520, 54690, 55175, 55180, 55899, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58554, 58571, 58573, 58661, 58999
Synagis	CMP	Required	Synagis Enrollment					Please contact Neighborhood Member Services for authorization criteria

Termination of Pregnancy	InterQual	Required	Termination of Pregnancy (preservation of Mother's life) or Termination of Pregnancy (Rape or Incest)			69.01, 69.51, 69.93, 74.91, 75.0	10A00ZZ to 10A08ZZ, 10A07ZW, 10A07ZZ	59840 to 59857, 59866, S0199, S2260 to S2267
Transplant - Recipient Inpatient or Outpatient	InterQual	Required	Transplant Checklist			00.91 to 00.93, 33.50 to 33.52, 33.6, 37.51, 41.00 to 41.09, 41.91, 46.97, 50.51, 50.59, 52.80 to 52.83, 55.52 to 55.69, 99.79	02YA0Z0 to 02YA0ZZ, 079T00Z to 079T40Z, 079T0ZZ, 079T3ZZ, 079T4ZZ, 07DQ0ZZ, 07DQ3ZZ, 07DR0ZZ, 07DR3ZZ, 07DS0ZZ, 07DS3ZZ, 0BYC0Z0 to 0BYM0ZZ, 0DY80Z0 to 0DYE0ZZ, 0FSG0ZZ, 0FSG4ZZ, 0FY00Z0 to 0FYG0ZZ, 0TS00ZZ, 0TS10ZZ, 0TT20ZZ, 0TT24ZZ, 0TY00Z0 to 0TY10ZZ, 30230AZ to 30243AZ, 30230G0, 30230G1, 30230X0 to 30230Y1, 30233G0, 30233G1, 30233X0 to 30233Y1, 30240G0, 30240G1, 30240X0 to 30240Y1, 30243G0, 30243G1, 30243X0 to 30243Y1, 30250G0, 30250G1, 30250X0 to 30250Y1, 30253G0, 30253G1, 30253X0 to 30253Y1, 30260G0, 30260G1, 30260X0 to 30260Y1, 30263G0, 30263G1, 30263X0 to 30263Y1, 6A550ZT, 6A550ZV, 6A551ZT, 6A551ZV	32850 to 32856, 33930 to 33945, 38204 to 38215, 38230 to 38242, 44132 to 44137, 44715 to 44721, 47133 to 47147, 48550 to 48556, 50300 to 50380, G0364, S2054, S2055, S2060, S2065, S2140, S2142, S2150, S2152
Varicose Vein Surgery	InterQual	Required	General Auth Request Form					36465, 36466, 36470 to 36479, 36482, 36483, 37700 to 37785, (37799 and diagnosis 454.0, 454.1, 454.2, 454.8, 454.9 or ICD 10-I83.009, I83.019, I83.029, I83.10, I83.209, I83.899, I83.90)
Video EEG Monitoring - Inpatient	InterQual	Required				89.19	4A1034Z, 4A10X4Z, 4A1134Z, 4A11X4Z	Please contact Neighborhood Member Services for authorization criteria

Vision - Contact Lenses	CMP	Required	Vision Request Form					V2500 to V2523, 92311 to 92317
Vision - Lenses Routine	CMP	Required	Vision Request Form					S0580, V2100 to V2221, V2300 to V2321, V2715, V2784, V2797, V2799
Vision - Lenses Medically Necessary	CMP	Required	Vision Request Form					V2299, V2399, V2410 to V2499, V2700, V2744 to V2755, V2781 to V2783
Vision- Low Vision Aid	CMP	Required	Vision Request Form					V2600, V2610, V2615
Wound Care Center		Required-When done in an outpatient hospital setting	Wound/ Hyperbaric Authorization Form					97597 to 97608, 97610, G0168, G0281, G0329, G0456, G0457, 0183T