

### Neighborhood INTEGRITY (Medicare-Medicaid Plan) 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 2/1/2021*

Service	Review Criteria	Authorization Requirement Integrity	Indicates Specific Authorization Form Available on Website (otherwise use General Authorization Form)	Related ICD-10 Diagnosis Codes	Related ICD-10 Procedure Codes	CPT/HCPC Codes That Require Auth
Acupuncture	CMP	Required				97810 to 97814
Adult Day Health-Enhanced Services	CMP	Required	Adult Day Health			S5101, S5102 and modifier U1
Allergen IgE Each Allergen	CMP	See CMP or contact Provider Services for auth requirement	Specific IgE Testing Form			86003, 86008
Allergen IgE Testing	CMP		Specific IgE Testing Form			82785 , 86005
Alternative Birthing Center (W&I only)		Required		O80		59300, 59409, 59414, 59610 to 59614
Ambulance - non-emergency stretcher	CMP	Required for some non-emergent care	Ambulance Request Form			A0021, A0426, A0428, A0433, A0434 and modifier HE, HN, HR
Ambulance - wheelchair	CMP	Required for some non-emergent care	Ambulance Request Form			A0130 and modifier HE, HN, HR

Assisted Living- Basic	<b>CMP</b>	Required	Assisted Living			T2030, T2031
Assisted Living - Enhanced	<b>CMP</b>	Required	Assisted Living			T2030, T2031 and U1, U3
Bariatric Surgery - Outpatient	<b>InterQual</b>	Required	Gastric Bypass	E66.01 - E66.1, E66.8, E66.9		43770 to 43775, 43842 to 43843 and 43999
Bariatric Surgery - Inpatient	<b>InterQual</b>	Required	Gastric Bypass	E66.01 - E66.1, E66.8, E66.9	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	<b>CMP</b>	Required	Form Obtained through DMEnsions			Please contact Neighborhood Member Services for authorization criteria
Breast Reduction Outpatient	<b>InterQual</b>	Required	Breast Reduction			19301 to 19499, S2066 to S2068
Breast Reduction Outpatient - Male (Gynecomastia Surgery)	<b>InterQual</b>	Required	Outpatient Surgery Request/ Checklist	N62		19300
Capsule Endoscopy	<b>InterQual</b>	Required	General Auth Form			91110, 91111
Category III Codes	<b>CMP</b>	Required				0100T, 0249T, 0275T, C1821
Chiropractic Care	<b>CMP</b>	Required	General Auth Form			98940 to 98942
CNDC-Hasbro		Required-for greater than 23 yrs.	General Auth Form			
Combined Personal Care/Homemaker Services		Required	Home Health Aide Block Hours and Minimum Data Set (MDS ) Form			S5125
DME - DMEnsion	<b>CMP</b>	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			<p>A4335, A4421, A4600, A4606, A4649, A6261, A6262, A6512, A6542, A6549, A7047, A9274, A9275, A9276, A9277, A9278, A9279, A9280, A9900, A9901, A9999, B4102 to B4104, B4149, B4150, B4152 to B4155, B4157 to B4162, B9998, C5271 to C5278, E0147, E0172, E0193, E0194, E0203, E0270, E0300, E0328, E0329, E0371 to E0373, E0424 to E0431, E0434, E0440 to E0450, E0460 to E0464, E0467, E0470, E0471, E0472, E0481, E0483, E0574, E0575, E0601, E0604, E0610, E0615, E0617, E0620, E0627 to E0629, E0635 to E0642, E0650 to E0655, E0660 to E0694, E0740, E0747, E0748, E0749, E0760, E0762, E0764, E0770, E0784, E0953, E0954, E0983, E0986, E0990, E1002 to E1008, E1035, E1085, E1088, 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, K0009, K0108, K0462, K0553, K0554, K0606 to K0669, K0738 to K0899, 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, T4521 to T4535, T4541 to T4544, V2615, V2797, V5336</p>
Drugs - Prior Auth Required		Required				<p>Please reference the Medical Pharmacy Benefit Searchable HCPCS Listing. This can be located on NHPRI.org by going to the Provider Page, then click on Provider Resources, then chose Pharmacy and then click on Medical Pharmacy Benefit Searchable HCPCS Listing.</p>

Environmental Modifications (Home Accessibility Adaptations)	CMP	Required	Form Obtained through DMEnions			S5165, T2039
Genomic Testing		<b>In Network providers</b> need to obtain auth through New Century Health <b>Out of Network Providers</b> obtain auth through NHPRI				Please contact Neighborhood Member Services for authorization criteria
Genetic Testing	CMP	Required	Genetic Testing	<b>Genetic testing does not require auth if billed with the following diagnosis codes</b> O01.0 to O02.0, O02.89, O02.9, O09.10 to O09.13, O09.291, O26.20 to O26.23, O30.021 to O31.029, O31.00X0 to O31.03X9, O35.00X0 to O35.2XX9, O36.4XX0 to O36.4XX9, O99.411, O99.419, O99.43, P58.8, Z36		81105 to 81112, 81120, 81121, 81125, 81161 to 81167, 81170 to 81175, 81176 to 81190, 81200 to 81205, 81209 to 81219, 81221 to 81408, 81412, 81415 to 81417, 81430, 81431, 81443, 81448, 81460, 81479, 81518 to 81522, 81541, 81551, 83893, 83897, 83902, 83903, 83905, 83906, 83913, 83914, 88245 to 88249, 88261 to 88264, 88271 to 88299, 88364, 88366, 88374, 88377, 88384 to 88385, 0009M, 0036U, 0037U, 0040U, S3800 to S3862, S3870
High Acuity for Personal Care/Homemaker Services		Required	Home Health Aide Block Hours and Minimum Data Set (MDS ) Form			S5125 and U9

Home Care Services-NonSkilled	CMP	Required	Home Care Services			99509, G0156, S5120, S5121, S5125, S5126, S5130, S5131, T1021
Home Health Care Services-Skilled	CMP	Required	Home Care Services	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, S9097, S9098, T1001, T1502, T1503
Home Health Care RN Hours	CMP	Required	Home Care Services	Home Care Skilled Nurse Block Hours does not require an auth if billed with the following diagnosis codes Z00.121, Z00.129, Z39.0, Z39.2		G0299, S9123, T1002
Home Health Care RN Visits	CMP	Required	Home Care Services	Home Care RN visits does not require an auth if billed with the following diagnosis codes Z00.121, Z00.129, Z39.0, Z39.2		T1030, T1031
Home Health Care LPN Hours	CMP	Required	Home Care Services	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, T1003
Home Health Care Social Work Services	CMP	Required	Home Care Services			99510, S9127

Home Health Care PT	CMP	Required	Home Care Services			97001, 97002, 97161 to 97164, G0159, S9131 <b>97140</b> requires prior authorization except when billed with the following ICD-10 diagnosis codes C11.0 to C43.9, C44.00 to C45.2, C47.0 to C50.019, C50.111 to C50.119, C50.211 to C50.219, C50.311 to C50.319, C50.411 to C50.419, C50.551 to C50.519, C50.611 to C50.619, C50.811 to C50.819, C50.911 to C50.919, D03.0 to D03.9, I97.2
Home Health Care OT	CMP	Required	Home Care Services			97003, 97004, 97165to 97168, 97530, 97535, G0160, S9129
Home Health Care ST	CMP	Required	Home Care Services			92506,92507, 92521, 92522, 92523, 92524 92610,92526, 92597, G0161, S9128
Home Infusion	CMP	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 S9377, S9379, S9490 to S9504, S9529, S9537 to S9810

Homemaker		Required	Home Health Aide Block Hours			S5120, S5121, S5130, S5131
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, C1767, C1785, C1786, C1820, C2619, C2620, G0448, L8614, L8619, L8627, L8628, L8685
Infertility	CMP	Required	Outpatient Surgery Request/ Checklist	Z31.7		55870, 58321, 58322, 58323, 58350, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89257, 89258, 89260, 89261, 89264, 89280, 89281, 89322, 89325, 89331, 89337, 53655, 54011, 54013, 54014, 54015, 54017, 54018, 54020, 54021, 54022, 54025, 54026, 54028, 54030, 54031, 54035, 54037, 54040
In Lieu of	CMP	Required	In Lieu of			97110, 97112, 98970 to 98942 97124, 97140 97810 to 97814

Inpatient Hospital Acute	<b>CMP</b>	Required				Please contact Neighborhood Member Services for authorization criteria
Inpatient Rehab	<b>CMP</b>	Required				Please contact Neighborhood Member Services for authorization criteria
Inpatient Non-Acute (for downgrade)	<b>CMP</b>	Required				Please contact Neighborhood Member Services for authorization criteria
Inpatient Condition of Pregnancy	<b>CMP</b>	Required				Please contact Neighborhood Member Services for authorization criteria
Laboratory Test		Required	General Auth Form			81420, 81500, 81503, 81506, 81507, 81599, 88375, 0537T to 0540T



Mastectomy for Male Gynecomastia	InterQual	Required	Outpatient Surgery Request/ Checklist	N62		19300
Maternity - Vaginal Delivery	CMP	Required		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	0W8NXZZ, 10900ZC, 10903ZC, 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, 0U9900Z, 0U990ZZ, 0U9930Z, 0U993ZZ, 0U9940Z, 0U994ZZ, 0U9970Z, 0U997ZZ, 0U9980Z, 0U998ZZ, 0UC90ZZ, 10T20ZZ, 10T23ZZ, 10T24ZZ, 10T27ZZ, 10T28ZZ, 0UJD0ZZ, 0UJD3ZZ, 0UJD4ZZ, 0U7C7ZZ, 10S07ZZ, 10I07ZZ, 10A07ZZ, 10A08ZZ, 10E0XZZ, 0UB50ZZ, 0UB53ZZ, 0UB54ZZ, 0UB57ZZ, 0UB58ZZ, 0UB60ZZ, 0UB63ZZ, 0UB64ZZ, 0UB67ZZ, 0UB68ZZ, 0UCG0ZZ, 0UCG3ZZ, 0UCG4ZZ, 0UCG7ZZ, 0UCG8ZZ, 0UCM0ZZ, 0UC93ZZ, 0UC94ZZ, 0UJD7ZZ, 0UPD00Z, 0UPD01Z, 0UPD03Z, 0UPD07Z, 0UPD0DZ, 0UPDOHZ, 0UPDOJZ, 0UPDOKZ, 0UPD30Z, 0UPD31Z, 0UPD33Z, 0UPD37Z, 0UPD3DZ, 0UPD3HZ, 0UPD3JZ, 0UPD3KZ, 0UPD40Z, 0UPD41Z, 0UPD43Z, 0UPD47Z, 0UPD4DZ, 0UPD4HZ, 0UPD4JZ, 0UPD4KZ, 0UPD70Z, 0UPD71Z, 0UPD73Z, 0UPD77Z, 0UPD7DZ, 0UPD7JZ, 0UPD7KZ, 0UPD80Z, 0UPD81Z, 0UPD83Z, 0UPD87Z, 0UPD8DZ, 0UPD8JZ, 0UPD8KZ, 0DQR0ZZ, 0DQR3ZZ, 0DQR4ZZ, 0UQG0ZZ, 0UQG3ZZ, 0UQG4ZZ, 0UQG7ZZ, 0UQG8ZZ, 0UQG8ZZ, 0UQM0ZZ, 0UQMXZZ, 0Q820ZZ, 0Q823ZZ, 0Q824ZZ, 0Q830ZZ, 0Q833ZZ, 0Q834ZZ, 0UQ90ZZ, 0UQ93ZZ, 0UQ94ZZ, 0UQ97ZZ, 0UQ98ZZ, 0UQC0ZZ, 0UQC3ZZ, 0UQC4ZZ, 0UQC7ZZ, 0UQC8ZZ, 0TQB0ZZ, 0TQB3ZZ, 0TQB4ZZ, 0TQB7ZZ, 0TQB8ZZ, 0TQD0ZZ, 0TQD3ZZ, 0TQD4ZZ, 0TQD7ZZ, 0TQD8ZZ, 0TQD8ZZ, 0DQP0ZZ, 0DQP3ZZ, 0DQP4ZZ, 0DQP7ZZ, 0DQP8ZZ, 0US90ZZ, 0US94ZZ, 0US9XZZ, 0UT00ZZ, 0UT10ZZ, 0UT50ZZ, 0UT54ZZ, 0UT60ZZ, 0UT64ZZ, 0W3R0ZZ, 0W3R3ZZ, 0W3R4ZZ, 0W3R7ZZ, 0W3R8ZZ, 0UWD00Z, 0UWD01Z, 0UWD03Z, 0UWD07Z, 0UWD0DZ, 0UWD0HZ, 0UWD0JZ, 0UWD0KZ, 0UWD30Z,	59409, 59412 to 59414, 59612 to 59614

Maternity - Vaginal Delivery cont'd	CMP	Required		<p>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</p>	<p>0UWD31Z, 0UWD33Z, 0UWD37Z, 0UWD3DZ, 0UWD3HZ, 0UWD3JZ, 0UWD3KZ, 0UWD40Z, 0UWD41Z, 0UWD43Z, 0UWD47Z, 0UWD4DZ, 0UWD4HZ, 0UWD4JZ, 0UWD4KZ, 0UWD70Z, 0UWD71Z, 0UWD73Z, 0UWD77Z, 0UWD7DZ, 0UWD7HZ, 0UWD7JZ, 0UWD7KZ, 0UWD80Z, 0UWD81Z, 0UWD83Z, 0UWD87Z, 0UWD8DZ, 0UWD8HZ, 0UWD8JZ, 0UWD8KZ, 0WQNXZZ, 0JCB0ZZ, 0JCB3ZZ, 10H003Z, 10H00YZ, 10P003Z, 10P00YZ, 10P073Z, 10P07YZ</p>	59409, 59412 to 59414, 59612 to 59614
Maternity - C-Section	InterQual	Required		<p>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 O36.73X9, 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</p>	10D00Z0, 10D00Z1, 10D00Z2, 10A00ZZ, 10A03ZZ, 10A04ZZ	59514 to 59525, 59620 to 59622
Medical Oncology		<p>In Network providers need to obtain auth through New Century Health Out of Network Providers obtain auth through NHPRI</p>				Please contact Neighborhood Member Services for authorization criteria



Out of Network Office/Clinic Visits.	CMP	Required	Out of Network Authorization Request Form			99060, 99070, 99090, 99091, 99201 to 99215, 99354, 99355, 99358, 99359, 99367 to 99368, 99401 to 99412, 99415, 99416, 99497, 99498, G0248, G0250, G0442 to G0449, G0450, S0260, S0630
Out of Network Diagnostic Procedures	InterQual	Required	Out of Network Authorization Request Form			91013, 91117, 91200, 92502, 92504, 92511 to 92520, 92531 to 92534, 92540 to 92558, 92609, 92611 to 92633, 93000 to 93237, 93278, 93303 to 93352, 93356, 93600 to 93624, 93660, 93662, 93701, 93770 to 93790, 93792, 93793, 93875 to 93979, 93982, 94010 to 94013, 94060 to 94450, 94610 to 94779, 95812 to 95824, 95827, 95851 to 95905, 95907 to 95913, 95921 to 95937, 96000 to 96004, 99170, 0240T, 0241T C8925, C8926, C8927, G0403 to G0405, G0453, S9015
Out of Network Surgery, outpatient procedures	InterQual	Required	Out of Network Authorization Request Form			10021 to 11646, 11730 to 17315, 17360 to 70015, 70170, 70332 to 70335, 70390 to 70449, 70556 to 70559, 71023, 70134, 72240 to 72295, 73040, 73085, 73115, 74186 to 74190, 74260, 74270 to 74485, 74712 to 74742, 75566 to 75570, 76001, 76080, 76100 to 76120, 76140, 76391 to 76499, 76930 to 77022, 77052, 77057, 77060 to 77063, 77080 to 77083, 77085 to 78264, 78267 to 78450, 78455 to 78458, 78500 to 78607, 78610 to 78810, 78817 to 79999, 90281 to 90935, 91000 to 91010, 91020 to 91133, 91299, 92018 to 92499, 92507, 92508, 92521 to 92526, 92559, 92590 to 92595, 92601 to 92606, 92610, 92640, 92700, 92920 to 92944, 92950 to 92998, 93260, 93261, 93268 to 93272, 93279 to 93299, 93451 to 93583, 93631 to 93657, 93668, 93702 to 93750, 93797 to 93799, 93981, 93990 to 94005, 94014 to 94016, 94452, 94453, 95004 to 95199, 95250 to 95811, 95829 to 95834, 95950 to 95999, 96020 to 96904, C9742, G0237 to G0239, G0302 to G0305, G0424, G6018, G6020, G6021, G6023, G6025, G6028, S9473

Outpatient Surgery and Procedures	InterQual	Required	Outpatient Surgery Request/ Checklist			11200 to 11201, 11300 to 11446, 11920 to 11954, 11970 to 11971, 15787, 15820 to 15823, 15830, 15840, 17360, 20974 to 20975, 21010, 21076 to 21084, 21086 to 21089, 22513 to 22515, 22523 to 22525, 22527, 22633, 22634, 26527, 30400 to 30429, 30431 to 30545, 43206, 43252, 43283, 43327, 43328, 43338, 52287, 54125 to 54135, 54400, 54401, 54405, 58720, 62350, 62351, 62360 to 62362, 62366, 62380, 64611, 95700, 95705 to 95726, 95782, 95783, 95950-95953, 95956, 95957, 95965-95967, 96567, 96573, 96574, 96910 to 96913, 99474, 0191T, 0226T, 0227T, 0318T, 0440T, 0441T, 0442T, 0443T, 0449T, 0474T, C9735, C9739, C9740, G0451, G0166, S2112, S2120, S2340, S2341, S8037
Pain Management	InterQual	Required	Pain Management Request Form			27096, 62310, 62311, 62318 to 62327, 64451, 64454, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64620, 64624, 64625, 64630, 64632, 64633, 64634, 64635, 64636, 64640, 64999, 0228T, 0229T, 0230T, 0231T, G0260
Paramedic Intercept	CMP	Required	Ambulance Request Form			A0432
Phototherapeutic Keratectomy	CMP	Required	Outpatient Surgery Request/ Checklist			65400
Plastic Surgery - outpatient	CMP	Required	Outpatient Surgery Request/ Checklist			11920 to 11922, 15828, 15829, 15830
Plastic Surgery - Inpatient	CMP	Required				Please contact Neighborhood Member Services for authorization criteria
Posterior Tibial Nerve Stimulation		Required		N32.81, N39.41, N39.46, N39.498, R32, R35.0, R39.15		64566

Prenatal Care		Required	Prenatal Request Form			Please contact Neighborhood Member Services for authorization criteria
Radioation Oncology		<b>In Network providers</b> need to obtain auth through New Century Health <b>Out of Network Providers</b> obtain auth through NHPRI				Please contact Neighborhood Member Services for authorization criteria
Radiology		Required for certain services	Form Obtained Through Evicore			70336, 70450 to 70555, 71250 to 71555, 72125 to 72159, 72191 to 72198, 73200 to 73225, 73700 to 73725, 74150 to 74185, 74261, 74262, 74263, 75557 to 75565, 75571, 75572 to 75574, 75635, 76376 to 76391, 77046 to 77049, 77058 to 77059, 77078 to 77079, 77084, 78265, 78266, 78429 to 78434, 78451 to 78454, 78459 to 78499, 78608 to 78609, 78811 to 78816, 93355, C9744, G0297
Secondary & Tertiary Opinions		Not Required Unless Out of Network				Please contact Neighborhood Member Services for authorization criteria
Sleep Study	<b>InterQual</b>	Required	Sleep Study Prior Authorization Form			95782, 95783, 95805, 95807, 95808, 95810, 95811

SNF- Custodial	<b>CMP</b>	Required				Please contact Neighborhood Member Services for authorization criteria
SNF- Level I	<b>CMP</b>	Required				Please contact Neighborhood Member Services for authorization criteria
SNF - Level II	<b>CMP</b>	Required				Please contact Neighborhood Member Services for authorization criteria
SNF - Level III	<b>CMP</b>	Required				Please contact Neighborhood Member Services for authorization criteria
SNF - Level IV	<b>CMP</b>	Required				Please contact Neighborhood Member Services for authorization criteria
Special Medical Equipment (Minor Assistive Devices)	<b>CMP</b>	Required	Form Obtained through DMEnions			A9279, A9280, A9281, E0160, E0161, E0162, E0163, E0165, E0167, E0168, E0170, E0171, E0172, E0175, E0190, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248, E0249, E0274, E0315, E0621, E0625, E0627, E0628, E0629, E0630, E0635, E0636, E0637, E0638, E0639, E0640, E0641, E0642, E0700, E0705, E0910, E0911, E0912, E0940, E0968, E1031, E1035, E1036, T1999, T2028, T2029, T2035, T5001
Surgical Services (Ophthalmological Auth Req)	<b>InterQual</b>	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		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, 0H0U0JZ, 0H0U0ZZ, 0H0V0JZ, 0H0V0ZZ, 0H8T0ZZ, 0HBU0ZZ, 0HBV0ZZ, 0HQTOZZ, 0HQU0ZZ, 0HQV0ZZ, 0HRT07Z, 0HRT0JZ, 0HRU07Z, 0HRU0JZ, 0HRV07Z, 0HRV0JZ, 0HRW07Z, 0HRWX7Z, 0HRX07Z, 0HRXX7Z, 0HST0ZZ, 0HSU0ZZ, 0HSV0ZZ, 0HSWXZZ, 0HSXXZZ, 0HHT0ZZ, 0HTU0ZZ, 0HTV0ZZ, 0HUTOJZ, 0HUU0JZ, 0HUV0JZ, 0TQD0ZZ, 0TUD07Z, 0U7G0ZZ, 0UB04ZZ, 0UB14ZZ, 0UB24ZZ, 0UB54ZZ, 0UB64ZZ, 0UB74ZZ, 0UB80ZZ, 0UBG7ZZ, 0UBJ0ZZ, 0UBJXZZ, 0UBMXZZ, 0UQF7ZZ, 0UQG0ZZ, 0UQG7ZZ, 0UQGXXZ, 0UT00ZZ, 0UTO4ZZ, 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, 0WQN0ZZ	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	Outpatient Surgery Request/ Checklist	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
Termination of Pregnancy	InterQual	Required	Termination of Pregnancy (preservation of Mother's life) or Termination of Pregnancy (Rape or Incest)		10A00ZZ to 10A08ZZ, 10A07ZW, 10A07ZZ	59840 to 59857, 59866, 50199, 52260 to 52267
Transplant - Recipient Inpatient or Outpatient	InterQual	Required	Transplant Checklist		02YA0Z0 to 02YA0ZZ, 079T00Z to 079T40Z, 079T0ZZ, 079T3ZZ, 079T4ZZ, 07DQ0ZZ, 07DQ3ZZ, 07DR0ZZ, 07DR3ZZ, 07DS0ZZ, 07DS3ZZ, 0BYC0Z0 to 0BYM0ZZ, 0DY80Z0 to 0DYE0ZZ, 0F5G0ZZ, 0F5G4ZZ, 0FY00Z0 to 0FYG0ZZ, 0T500ZZ, 0T510ZZ, 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	Outpatient Surgery Request/ Checklist			36465, 36466, 36470 to 36479, 36482, 36483, 37700 to 37785, (37799 and diagnosis ICD 10-I83.009, I83.019, I83.029, I83.10, I83.209, I83.899, I83.90)
Video EEG Monitoring Inpatient	InterQual	Required			4A1034Z, 4A10X4Z, 4A1134Z, 4A11X4Z	Please contact Neighborhood Member Services for authorization criteria
Vision - Surgical Procedures	CMP	Required	Outpatient Surgery Request/ Checklist			See Ophthalmological Surgery for codes.
Vision - Contact Lenses	CMP	Required	Vision Request Form			V2500 to V2523, 92311 to 92317
Vision - Replacement Lenses for adults <b>Lenses Routine</b>	CMP	Required	Vision Request Form			S0580, V2100 to V2221, V2300 to V2321, V2715, V2784, V2797, V2799
Vision - Polycarb lenses for adults <b>Lenses Routine</b>	CMP	Required	Vision Request Form			S0580, V2784
Vision - Special lenses (Progressive, Polychromic, High Index) Lenses <b>Medically Necessary</b>	CMP	Required	Vision Request Form			V2299, V2399, V2410 to V2499, V2700, V2744 to V2755, V2781 to V2783
Wound Care Center		Required-When done in an outpatient hospital setting	Wound/ Hyperbaric Authorization Form			97597 to 97606, 97610, 0183T, G0168, G0281, G0329, G0456, G0457