



Neighborhood Policies and Guidelines

Neighborhood News – April 2023

[Neighborhood's "Policies and Guidelines" webpage](#) is critical resource to assist providers in doing business with Neighborhood.

Durable Medical Equipment (DME) Guide for Frequency, Quantity Limits, and Prior Authorization Requirements (Updated 2.09.2023)

Prior Authorization Information – New Neighborhood PA Search Tool!

Clinical Medical Policies

The Medical Review staff of the Medical Management Department utilize clinical medical policies (CMPs) to guide decisions regarding Neighborhood's Conditional Benefits.

Through collaboration with Neighborhood's Associate Medical Director, and our specialty consultants, the policies are developed and/or revised following thorough review of current medical literature and standards of practice. To the extent possible, Neighborhood's CMPs are developed according to evidence-based outcomes.

Visit the [Clinical Medical Policies](#) to view all current CMPs for Neighborhood's medical services, pharmacy medical benefits, oncology/hematology pharmacy benefit policies, and INTEGRITY-only CMPs.

Billing Guidelines and Payment Policies

Neighborhood's guidelines and policies for provider payment are updated regularly and are subject to change as State, Federal, CMS, AMA, Neighborhood and other industry standards change.

All current payment policies are listed on the [Billing Guidelines and Payment Policies](#) webpage in alphabetical order. Previous versions of all temporary and permanent payment policies, as well as, other documents formerly listed on this webpage, are listed on [Billing Guidelines and Payment Policies Archive](#) webpage.

Payment policies are not intended to certify coverage availability. While some member's services or technology may be determined by Neighborhood to be medically necessary, it may not be part of a member's benefit plan.