Neighborhood Health Plan OF RHODE ISLAND™

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 1/24/20

Service	CMP on Wesbite	Authorization Requirement Integrity	Indicates Specific Authorization Form Available on Website (otherwise use General Authorization Form)	ICD-9 Diagnosis Codes	Related ICD-10 Diagnosis Codes	ICD-9 Procedure Codes	Related ICD-10 Procedure Codes	CPT/HCPC Codes That Require Auth
Adult Day Health-Enhanced Services	**CMP**	Required	Adult Day Health					S5100, S5101, S5102, S5105 and modifier U1
Allergen IgE Each Allergen	**CMP**	**See CMP or contact Provider Services for auth requirement**	Specific IgE Testing Form					86003
Allergen IgE Testing	**CMP**	Required	Specific IgE 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					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	**CMP**	Required	Assisted Living					T2030, T2031
Assisted Living - Enhanced	**CMP**	Required	Assisted Living					T2030, T2031 and U1, U3
Bariatric Surgery - Outpatient	**InterQual**	Required	Gastric Bypass	278.00, 278.01	E66.01 - E66.1, E66.8, E66.9			43770 to 43775, 43842 to 43843 and 43999

Bariatric Surgery - Inpatient	**InterQual**	Required	Gastric Bypass	278.00, 278.01	E66.01 - E66.1, E66.8, E66.9	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
Breast Reduction Outpatient - Male (Gynecomastia Surgery)	**InterQual**	Required	Outpatient Surgery Request/ Checklist	611.1	N62			19300
Capsule Endoscopy	**InterQual**	Required	General Auth Form					91110 , 91111
Category III Codes	**CMP**	Required						0100T, 0249T, 0275T, C1821
Chiropractic Care	**CMP**	Required	General Auth Form					98940 to 98942
CNDC-Hasbro		Required-for greateer than 23 yrs.	General Auth Form					
Combined Personal Care/Homemaker Services		Required	Home Heath Aide Block Hours and Minimun Data Set (MDS) Form					S5125
DME - DMEnsion	**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, 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 , E108", 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
Drugs - Prior Auth Required		Required						Please contact Neighborhood Member Services for authorization criteria
Environmental Modifications (Home Accessibility Adaptations)	**CMP**	Required	Form Obtained through DMEnsions					S5165, T2039

Genetic Testing	**CMP**	Required	Genetic Testing	**Genetic testing does not require auth if billed with the following 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 billed with the following 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 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, 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 81521, 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 0040U, 0009M, S3800 to S3862, S3870
High Acuity for Personal Care/Homemaker Services		Required	Home Heath Aide Block Hours and Minimun Data Set (MDS) Form					S5125 and U9
Home Care Services-NonSkilled		Required	Home Care Services					99509, G0156, S5120, S5121, S5126, S5130, S5131, S9122, T1021
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 S9377, S9379, S9490 to S9504, S9529, S9537 to S9810
Homemaker		Required	Home Heath Aide Block Hours					S5120, S5121, S5130, S5131

Implants	**InterQual**	Required	Outtpatient 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	Outtpatient 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, S3655, S4011, S4013, S4014, S4015, 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 Condition of Pregnancy	**CMP**	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	611.1	N62			19300
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	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, 10J07ZZ, 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, 0UPD0HZ, 0UPD0JZ, 0UPD0KZ, 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, 0UQGXZZ, 0UQM0ZZ, 0UQMXZZ, 0Q820ZZ, 0Q823ZZ, 0Q824ZZ, 0Q830ZZ,	59409, 59412 to 59414, 59612 to 59614

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	0Q833ZZ, 0Q834ZZ, 0UQ90ZZ, 0UQ93ZZ, 0UQ94ZZ, 0UQ97ZZ, 0UQ98ZZ, 0UQC0ZZ, 0UQC3ZZ, 0UQC4ZZ, 0UQC7ZZ, 0UQC8ZZ, 0TQB0ZZ, 0TQB3ZZ, 0TQB4ZZ, 0TQB7ZZ, 0TQB8ZZ, 0TQD0ZZ, 0TQD3ZZ, 0TQD4ZZ, 0TQD7ZZ, 0TQD8ZZ, 0TQDXZZ, 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, 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	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 to36.73X9, 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
Ophthalmoligical Services (Special)	**InterQual for highlighted codes only**	Required	Outpatient Surgery Request/ Checklist					64612, **65765**, 66710, 66761, 66762, 92018 to 92287, 92352 to 92358, 92371, **C1840**, S0625, S0812, S3000, J0585, V2623 to V2629, V2630 to V2632, V2785

Oral Surgery (Row 1)	**InterQual**	Required when services are being provided by specialty type Oral & Maxillofacial Surgery	Outpatient Surgery Request/ Checklist			22.71, 23.5, 25.1, 25.92, 26.0, 26.42, 26.49, 26.30 to 26.32, 27.0, 27.21, 27.22, 27.24, 27.31, 27.32, 27.41, 31.1, 76.5, 76.75 to 76.79, 76.93 to 76.97, 81.91	09QQ0ZZ, 09QQ3ZZ, 09QQ4ZZ, 0C520ZZ, 0C523ZZ, 0C52XZZ, 0C570 ZZ, 0C573ZZ, 0C57XZZ, 0C9000Z, 0C900ZZ, 0C9030Z, 0C903ZZ, 0C90X0Z, 0C90XZZ, 0C9100Z, 0C910ZZ, 0C9130Z, 0C913ZZ, 0C91X0Z, 0C91XZZ, 0C920ZX, 0C923ZX, 0C92XZX, 0C930ZX, 0C933ZX, 0C93XZX, 0C9400Z, 0C940ZX, 0C940ZZ, 0C9430Z, 0C943ZX0C943ZZ, 0C94X0Z, 0C94XZX, 0C94XZZ, 0C9800Z, 0C980ZZ, 0C9830Z, 0C983ZZ, 0C9900Z, 0C990ZZ, 0C9930Z, 0C993ZZ, 0C9B00Z, 0C9B0ZZ, 0C9B30Z, 0C9B3ZZ, 0C9C00Z, 0C9C0ZZ, 0C9C30Z, 0C9C3ZZ, 0C9D00Z, 0C9D0ZZ, 0C9D30Z, 0C9D3ZZ, 0C9F00Z, 0C9F0ZZ, 0C9F30Z, 0C9F3ZZ, 0C9G00Z, 0C9G0ZZ, 0C9G30Z, 0C9G3ZZ0C9H00Z, 0C9H0ZZ, 0C9H30Z, 0C9H3ZZ, 0C9J00Z, 0C9J0ZZ, 0C9J30Z, 0C9J3ZZ, 0CB20ZX, 0CB20ZZ, 0CB23ZX, 0CB23ZZ, 0CB2XZX, 0CB2XZZ, 0CB30ZX, 0CB33ZX, 0CB3XZX, 0CB40ZX, 0CB43ZX, 0CB4XZX, 0CB70ZX, 0CB70ZZ, 0CB73ZX, 0CB73ZZ, 0CB7XZX, 0CB7XZZ, 0CB80ZZ, 0CB83ZZ, 0CB90ZZ, 0CB93ZZ, 0CBB0ZZ, 0CBB3ZZ0CBC0ZZ, 0CBC3ZZ, 0CBD0ZZ, 0CBD3ZZ, 0CBF0ZZ, 0CBF3ZZ, 0CBG0ZZ, 0CBG3ZZ, 0CBH0ZZ, 0CBH3ZZ, 0CBJ0ZZ, 0CBJ3ZZ, 0CBN0ZX, 0CBN3ZX, 0CBNXZX, 0CC80ZZ, 0CC83ZZ, 0CC90ZZ, 0CC93ZZ, 0CCB0ZZ, 0CCB3ZZ, 0CCC0ZZ, 0CCC3ZZ, 0CCD0ZZ, 0CCD3ZZ, 0CCF0ZZ, 0CCF3ZZ, 0CCG0ZZ, 0CCG3ZZ, 0CCH0ZZ, 0CCH3ZZ, 0CCJ0ZZ, 0CCJ3ZZ, 0CFB0ZZ, 0CFB3ZZ, 0CFB7ZZ, 0CFC0ZZ, 0CFC3ZZ, 0CFC7ZZ, 0CMW0Z0, 0CMW0Z1, 0CMW0Z2, 0CMWXZ0, 0CMWXZ1, 0CMWXZ2, 0CMX0Z0, 0CMX0Z1, 0CMX0Z2, 0CMXXZ0, 0CMXXZ1, 0CMXXZ2, 0CN00ZZ, 0CN03ZZ, 0CN10ZZ, 0CN13ZZ, 0CN70ZZ, 0CN73ZZ, 0CN7XZZ, 0CN80ZZ, 0CN83ZZ, 0CN90ZZ, 0CN93ZZ, 0CNB0ZZ, 0CNB3ZZ, 0CNC0ZZ, 0CNC3ZZ, 0CND0ZZ, 0CND3ZZ,	10060, 10061, 10160, 11100, 11101, 11440 to 11446, 11640 to 11642, 12001, 12011,12013, 12020, 12021, 12035, 12051 to 12057, 13131 to 13133, 13150 to 13160, 14040 to 14300, 15120, 15121, 15240 to 15261, 20000, 20005, 20200 to 20220, 20240 to 20520, 20525, 20605, 20650, 20670, 20680, 20900 to 20910, 21010, 21015, 21029 to 21045, 21050, 21060, 21073, 21120 to 21160, 21180 to 21198, 21206 to 21215, 21199, 21240 to 21243, 21255, 21261 to 21275, 21299, 21310 to 21320, 21330 to 21340, 21344 to 21366, 21387, 21421 to 21454, 21461 to 21485, 21490, 21499, 29800, 29804, 29999, 30580, 30600, 31020 to 31032, 31603, 31605, 38300, 38305, 38500, 38505, 40490, 40510, 40520, 40650 to 40761, 40800 to 40818, 40830, 40831, 41000 to 41018, 41100 to 41114, 41116, 41250 to 41252, 41520, 41800 to 41806, 41822 to 41830, 42000 to 42104, 42145, 42180, 42182, 42200 to 42260, 42300, 42320, 42330, 42335, 42340, 42409, 42410, 42440 to 42505, 42600, 42660, 42700 to 42725, 42800, 42809, 42900, D5934, D5935, D7260, D7261, D7270, D7285, D7286 to D7288, D7295, D7410, D7411, D7412, D7413, D7414, D7415, D7440 to D7461, D7465, D7471, D7472, D7473, D7485, D7490, D7510, D7511,D7520, D7521, D7530 to D7770, D7771,D7780 to D7870 to D7950 to D7953, D7955, D7960, D7963, D7970, D7980 to D7990, D7996, D7997, D7998, D7999, D9220, D9221, D9222, D9223, D9239,D9230, D9241, D9242, D9243 and place of service 11, 21, 22, 24 and specialty Oral & Maxillofacial Surgery

Oral Surgery (Row 2)	**InterQual**	Required when services are being provided by specialty type Oral & Maxillofacial Surgery	Outtpatient Surgery Request/ Checklist			22.71, 23.5, 25.1, 25.92, 26.0, 26.42, 26.49, 26.30 to 26.32, 27.0, 27.21, 27.22, 27.24, 27.31, 27.32, 27.41, 31.1, 76.5, 76.75 to 76.79, 76.93 to 76.97, 81.91	0CNF0ZZ, 0CNF3ZZ, 0CNG0ZZ, 0CNG3ZZ, 0CNH0ZZ, 0CNH3ZZ, 0CNJ0ZZ, 0CNJ3ZZ, 0CPA00Z, 0CPA0CZ, 0CPA30Z, 0CPA3CZ, 0CQ40ZZ, 0CQ43ZZ, 0CQ4XZZ, 0CQ50ZZ, 0CQ53ZZ, 0CQ5XZZ, 0CQ80ZZ, 0CQ83ZZ, 0CQ90ZZ, 0CQ93ZZ, 0CQB0ZZ, 0CQB3ZZ, 0CQC0ZZ, 0CQC3ZZ, 0CQD0ZZ, 0CQD3ZZ, 0CQF0ZZ, 0CQF3ZZ, 0CQG0ZZ, 0CQG3ZZ, 0CQH0ZZ, 0CQH3ZZ, 0CQJ0ZZ, 0CQJ3ZZ, 0CRB07Z, 0CRB0JZ, 0CRB0KZ, 0CRB37Z, 0CRB3JZ, 0CRB3KZ, 0CRC07Z, 0CRC0JZ, 0CRC0KZ, 0CRC37Z, 0CRC3JZ, 0CRC3KZ, 0CSB0ZZ, 0CSB3ZZ, 0CSC0ZZ, 0CSC3ZZ, 0CT20ZZ, 0CT2XZZ, 0CT80ZZ, 0CT90ZZ, 0CTB0ZZ, 0CTC0ZZ, 0CTD0ZZ, 0CTF0ZZ, 0CTG0ZZ, 0CTH0ZZ, 0CTJ0ZZ, 0CVB7DZ, 0CVB7ZZ, 0CVB8DZ, 0CVB8ZZ, 0CVC7DZ, 0CVC7ZZ, 0CVC8DZ, 0CVC8ZZ, 0CWA00Z, 0CWA0CZ, 0CWA30Z, 0CWA3CZ, 0J9100Z, 0J910ZZ, 0J9130Z, 0NBR0ZZ, 0NBR3ZZ, 0NBR4ZZ, 0NBS0ZZ, 0NBS3ZZ, 0NBS4ZZ, 0NPW04Z, 0NPW34Z, 0NPW44Z, 0NPWX4Z, 0NSC04Z, 0NSC0ZZ, 0NSC34Z, 0NSC3ZZ, 0NSC44Z, 0NSC4ZZ, 0NSCXZZ, 0NSD04Z, 0NSD0ZZ, 0NSD34Z, 0NSD3ZZ, 0NSD44Z, 0NSD4ZZ, 0NSDXZZ, 0NSF04Z, 0NSF0ZZ, 0NSF34Z, 0NSF3ZZ, 0NSF44Z, 0NSF4ZZ, 0NSFXZZ, 0NSG04Z, 0NSG0ZZ, 0NSG34Z, 0NSG3ZZ, 0NSG44Z, 0NSG4ZZ, 0NSGXZZ, 0NSH04Z, 0NSH0ZZ, 0NSH34Z, 0NSH3ZZ, 0NSH44Z, 0NSH4ZZ, 0NSHXZZ, 0NSJ04Z, 0NSJ0ZZ, 0NSJ34Z, 0NSJ3ZZ, 0NSJ44Z, 0NSJ4ZZ, 0NSJXZZ, 0NSK04Z, 0NSK0ZZ,	10060, 10061, 10160, 11100, 11101, 11440 to 11446, 11640 to 11642, 12001, 12011,12013, 12020, 12021, 12035, 12051 to 12057, 13131 to 13133, 13150 to 13160, 14040 to 14300, 15120, 15121, 15240 to 15261, 20000, 20005, 20200 to 20220, 20240 to 20520, 20525, 20605, 20650, 20670, 20680, 20900 to 20910, 21010, 21015, 21029 to 21045, 21050, 21060, 21073, 21120 to 21160, 21180 to 21198, 21206 to 21215, 21199, 21240 to 21243, 21255, 21261 to 21275, 21299, 21310 to 21320, 21330 to 21340, 21344 to 21366, 21387, 21421 to 21454, 21461 to 21485, 21490, 21499, 29800, 29804, 29999, 30580, 30600, 31020 to 31032, 31603, 31605, 38300, 38305, 38500, 38505, 40490, 40510, 40520, 40650 to 40761, 40800 to 40818, 40830, 40831, 41000 to 41018, 41100 to 41114, 41116, 41250 to 41252, 41520, 41800 to 41806, 41822 to 41830, 42000 to 42104, 42145, 42180, 42182, 42200 to 42260, 42300, 42320, 42330, 42335, 42340, 42409, 42410, 42440 to 42505, 42600, 42660, 42700 to 42725, 42800, 42809, 42900, D5934, D5935, D7260, D7261, D7270, D7285, D7286 to D7288, D7295, D7410, D7411, D7412, D7413, D7414, D7415, D7440 to D7461, D7465, D7471, D7472, D7473, D7485, D7490, D7510, D7511,D7520, D7521, D7530 to D7770, D7771,D7780 to D7870 to D7950 to D7953, D7955, D7960, D7963, D7970, D7980 to D7990, D7996, D7997, D7998, D7999, D9220, D9221, D9222, D9223, D9239,D9230, D9241, D9242, D9243 and place of service 11, 21, 22, 24 and specialty Oral & Maxillofacial Surgery

Oral Surgery (Row 3)	**InterQual**	Required when services are being provided by specialty type Oral & Maxillofacial Surgery	Outpatient Surgery Request/ Checklist			22.71, 23.5, 25.1, 25.92, 26.0, 26.42, 26.49, 26.30 to 26.32, 27.0, 27.21, 27.22, 27.24, 27.31, 27.32, 27.41, 31.1, 76.5, 76.75 to 76.79, 76.93 to 76.97, 81.91	0NSK34Z, 0NSK3ZZ, 0NSK44Z, 0NSK4ZZ, 0NSKXZZ, 0NSL04Z, 0NSL0ZZ, 0NSL34Z, 0NSL3ZZ, 0NSL44X, 0NSL4ZZ, 0NSLXZZ, 0NSP04Z, 0NSP0ZZ, 0NSP34Z, 0NSP3ZZ, 0NSP44Z, 0NSP4ZZ, 0NSPXZZ, 0NSQ04Z, 0NSQ0ZZ, 0nSQ34Z, 0NSQ3ZZ, 0NSQ44Z, 0NSQ4ZZ, 0NSQXZZ, 0NST04Z, 0NST05Z, 0NST0ZZ, 0NST34Z, 0NST35Z, 0NST3ZZ, 0NST44Z, 0NST45Z, 0NST4ZZ, 0NSTXZZ, 0NSV04Z, 0NSV05Z, 0NSV0ZZ, 0NSV34Z, 0NSV35Z, 0NSV3ZZ, 0NSV44Z, 0NSV45Z, 0NSV4ZZ, 0NSVXZZ, 0NSX04Z, 0NSX0ZZ, 0NSX34Z, 0NSX3ZZ, 0NSX44Z, 0NSX4ZZ, 0NSXXZZ, 0RNCXZZ, 0RNDXZZ, 0RPC04Z, 0RPC34Z, 0RPC44Z, 0RPCX4Z, 0RPD04Z, 0RPD34Z, 0RPD44Z, 0RPDX4Z, 0RQC0ZZ, 0RQC3ZZ, 0RQC4ZZ, 0RQCXZZ, 0RQD0ZZ, 0RQD3ZZ, 0RQD4ZZ, 0RQDXZZ, 0RRC07Z, 0RRC0JZ, 0RRC0KZ, 0RRD07Z, 0RRD0JZ, 0RRD0KZ, 0RSC04Z, 0RSC0ZZ, 0RSC34Z, 0RSC3ZZ, 0RSC44Z, 0RSC4ZZ, 0RSCX4Z, 0RSCXZZ, 0RSD04Z, 0RSD0ZZ, 0RSD34Z, 0RSD3ZZ, 0RSD44Z, 0RSD4ZZ, 0RSDX4Z, 0RSDXZZ, 0RUC07Z, 0RUC0JZ, 0RUC0KZ, 0RUC37Z, 0RUC3JZ, 0RUC3KZ, 0RUC47Z, 0RUC4JZ, 0RUC4KZ, 0RUD07Z, 0RUD0JZ, 0RUD0KZ, 0RUD37Z, 0RUD3JZ, 0RUD3KZ, 0RUD47Z, 0RUD4JZ, 0RUD4KZ, 0W9200Z, 0W920ZZ, 0W9230Z, 0W923ZZ, 0W9240Z, 0W924ZZ, 0W9300Z, 0W930ZX, 0W930ZZ, 0W9330Z, 0W933ZX, 0W933ZZ, 0W9340Z, 0W934ZX, 0W934ZZ, 0W9400Z, 0W940ZX, 0W940ZZ, 0W9430Z, 0W943ZX, 0W943ZZ, 0W9440Z, 0W944ZX, 0W944ZZ, 0W9500Z, 0W950ZX, 0W950ZZ, 0W9530Z, 0W953ZX, 0W953ZZ, 0W9540Z, 0W954ZX, 0W954ZZ, 3E0U33Z, 3E0U36Z, 3E0U37Z, 3E0U3GC, 3E0U3SF	10060, 10061, 10160, 11100, 11101, 11440 to 11446, 11640 to 11642, 12001, 12013, 12020, 12021, 12051 to 12057, 13131 to 13133, 13150 to 13160, 14040 to 14300, 15120, 15121, 15240 to 15261, 20000, 20005, 20200 to 20220, 20240 to 20520, 20605, 20650, 20670, 20680, 20900 to 20910, 21015, 21029 to 21045, 21050, 21060, 21089, 21120 to 21160, 21180 to 21198, 21206 to 21215, 21240 to 21243, 21255, 21261 to 21275, 21299, 21310 to 21320, 21330 to 21340, 21344 to 21366, 21387, 21421 to 21454, 21462 to 21485, 21499, 29800, 29804, 29999, 30580, 31020 to 31032, 31603, 31605, 38300, 38305, 38500, 38505, 40490, 40510, 40520, 40650 to 40761, 40800 to 40819, 40830, 40831, 41000 to 41018, 41100 to 41114, 41116, 41250 to 41252, 41520, 41800 to 41806, 41823 to 41830, 42000 to 42104, 42145, 42180,42182, 42200 to 42260, 42300, 42320, 42330, 42340, 42409, 42440 to 42505, 42600, 42660, 42700 to 42725, 42800, 42809, 42900, D5934, D5935, D7260, D7261, D7270, D7285 to D7288, D7295, D7410 to D7415, D7440 to D7461, D7465, D7471 to D7473, D7485, D7490, D7510, D7511, D7520, D7521, D7530 to D7770, D7771, D7780 to D7953, D7955, D7960, D7963, D7970, D7972, D7980 to D7991, D7995 to D7999, D9220, D9221, D9222, D9223, D9230, D9239, D9241, D9242, D9243

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, 92537, 92538, 92540 to 92548, 92550 to 92557, 92558, 92560 to 92588, 92607 to 92609, 92611 to 92633, 93000 to 93237, 93278, 93303 to 93352, 93600 to 93624, 93660, 93662, 93701, 93770 to 93790, 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 95938, 96000 to 96004, 99170, 0240T, 0241T, 0295T to 0298T, 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, 95250to 95811, 95829 to 95834, 95950 to 95999, 96020 to 96904, 97140, 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, 11980, 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, 63650 to 63688, 64479 to 64595, 64611, 64615, 95782, 95783, 95950-95953, 95956, 95957, 95965-95967, 96567, 96573, 96574, 96910 to 96913, 0191T, 0226T, 0227T, 0318T, 0440T, 0441T, 0442T, 0443T, 0449T, 0474T C9735, C9739, C9740, G0451, G0166, S2112, S2120, S2340, S2341, S8037
Outpatient Thearapies-OT Eval	**CMP**	Required after 1 evaluation per 365 days	Outpatient Rehab Adult/Pedi					97003, 97165 to 97167 **Not required if receiving these services while in custodial care nursing facility or skilled nursing facility**
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 to 97535, 97537, G0515 **Not required if receiving these services while in custodial care nursing facility or skilled nursing facility**
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 **Not required if receiving these services while in custodial care nursing facility or skilled nursing facility**

Outpatient Therapies - PT	**CMP**	Required after 8 visits per 365 days	Outpatient Rehab Adult/Pedi					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 **Not required if receiving these services while in custodial care nursing facility or skilled nursing facility**
Outpatient Therapies - ST	**CMP**	Required	Outpatient Rehab Adult/Pedi					92506 to 92508, 92521 to 92524, 92526, 92607, 92608, 92610, S9152 **Not required if receiving these services while in custodial care nursing facility or skilled nursing facility**
Pain Management	**InterQual**	Required	Pain Management Request Form					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
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
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, 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	**InterQual**	Required	Sleep Study Prior Authorization Form					95782, 95783, 95805, 95807, 95808, 95810, 95811
SNF- Custodial	**CMP**	Required						Please contact Neighborhood Member Services for authorization criteria

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
Special Medical Equipment (Minor Assistive Devices)	**CMP**	Required	Form Obtained through DMEnsions					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)	**InterQual**	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, 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, 0UQGXZZ, 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, 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)			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 02YA0Z2, 079T00Z to 079T40Z, 079T0ZZ, 079T3ZZ, 079T4ZZ, 07DQ0ZZ, 07DQ3ZZ, 07DR0ZZ, 07DR3ZZ, 07DS0ZZ, 07DS3ZZ, 0BYC0Z0 to 0BYM0Z2, 0DY80Z0 to 0DYE0Z2, 0FSG0ZZ, 0FSG4ZZ, 0FY00Z0 to 0FYG0Z2, 0TS00ZZ, 0TS10ZZ, 0TT20ZZ, 0TT24ZZ, 0TY00Z0 to 0TY10Z2, 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 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 - 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 **Lenses Routine**	**CMP**	Required	Vision Request Form					S0580, V2100 to V2221, V2300 to V2321, V2715, V2784, V2797, V2799
Vision - Polycarb lenses for adults **Lenses Routine**	**CMP**	Required	Vision Request Form					S0580, V2784
Vision - Special lenses (Progressive, Polychromic, High Index) **Lenses Medically Necessary**	**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