



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 11/4/20

| 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 |

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| 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 | OD16079 to OD1607L, OD160J9 to OD160JL, OD160K9 to OD160KL, OD160Z9 to OD160ZL, OD16479 to OD1647L, OD164J9 to OD164JL, OD164K9 to OD164KL, OD164Z9 to OD164ZL, OD16879 to OD1687L, OD168J9 to OD168JL, OD168K9 to OD168KL, OD168Z9 to OD168ZL, ODP643Z, ODP64CZ, ODV64CZ, ODW04UZ, ODW643Z, ODW64CZ, 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 |

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| 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 |
| Genomic Testing | | In Network providers need to obtain auth through New Century Health Out of Network Providers obtain auth through NHPRI | | | | | | Please contact Neighborhood Member Services for authorization criteria |

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| 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, 81161, 81120, 81121, 81125, 81162 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 |
| 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, S5125, T1021 S5125 when billed with U1 or U9 is not covered. |
| 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 |

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| 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, S3953, S9357, S9359 to S9379, S9490 to S9504, S9529, S9537 to S9810 |

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| 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, |
| Implants | InterQual | Required | Outpatient Surgery- Request/ Checklist | | | | | 93260, 93261, 95980, 95981, 95982, C1722, C1767, C1785, C1786, C1820, C2619, C2620, G0448, L8614, L8619, L8627, L8628, L8685 |

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| 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 |

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| 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 | 000.1, 000.8, 000.9, 002.1, 003.0 to 003.9, 009.511 to 009.529, 010.011 to 016.9, 021.0 to 021.9, 023.00 to 026.93, 029.011 to 043.93, P03.89, 030.031 to 035.6XX9, 035.8XX0 to 036.8199, 045.001 to 075.5, 075.82 to 080, 086.11, 086.13 to 086.29, 089.01 to 089.9, 090.4 to 090.89, 098.011 to 098.53, 737.0 to 737.11 | 72.0 to 73.99, 75.4 | W8NXZZ, 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, | 59409, 59412 to 59414, 59612 to 59614 |
| Maternity - Vaginal Delivery | CMP | Required | | 641.20 to 669.61, V27.0 to V27.10 | 000.1, 000.8, 000.9, 002.1, 003.0 to 003.9, 009.511 to 009.529, 010.011 to 016.9, 021.0 to 021.9, 023.00 to 026.93, 029.011 to 043.93, P03.89, 030.031 to 035.6XX9, 035.8XX0 to 036.8199, 045.001 to 075.5, 075.82 to 080, 086.11, 086.13 to 086.29, 089.01 to 089.9, 090.4 to 090.89, 098.011 to 098.53, 737.0 to 737.11 | 72.0 to 73.99, 75.5 | 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, | 59409, 59412 to 59414, 59612 to 59615 |
| Maternity - Vaginal Delivery | CMP | Required | | 641.20 to 669.61, V27.0 to V27.11 | 000.1, 000.8, 000.9, 002.1, 003.0 to 003.9, 009.511 to 009.529, 010.011 to 016.9, 021.0 to 021.9, 023.00 to 026.93, 029.011 to 043.93, P03.89, 030.031 to 035.6XX9, 035.8XX0 to 036.8199, 045.001 to 075.5, 075.82 to 080, 086.11, 086.13 to 086.29, 089.01 to 089.9, 090.4 to 090.89, 098.011 to 098.53, 737.0 to 737.11 | 72.0 to 73.99, 75.6 | 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, | 59409, 59412 to 59414, 59612 to 59616 |

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| Maternity - Vaginal Delivery | CMP | Required | | 641.20 to 669.61, V27.0 to V27.12 | 000.1, 000.8, 000.9, 002.1, 003.0 to 003.9, 009.511 to 009.529, 010.011 to 016.9, 021.0 to 021.9, 023.00 to 026.93, 029.011 to 043.93, P03.89, 030.031 to 035.6XX9, 035.8XX0 to 036.8199, 045.001 to 075.5, 075.82 to 080, 086.11, 086.13 to 086.29, 089.01 to 089.9, 090.4 to 090.89, 098.011 to 098.53, 727.01 to 727.13 | 72.0 to 73.99, 75.7 | 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, 0Q833ZZ, 0Q834ZZ, 0UQ90ZZ, 0UQ93ZZ, 0UQ94ZZ, | 59409, 59412 to 59414, 59612 to 59617 |
| Maternity - Vaginal Delivery | CMP | Required | | 641.20 to 669.61, V27.0 to V27.13 | 000.1, 000.8, 000.9, 002.1, 003.0 to 003.9, 009.511 to 009.529, 010.011 to 016.9, 021.0 to 021.9, 023.00 to 026.93, 029.011 to 043.93, P03.89, 030.031 to 035.6XX9, 035.8XX0 to 036.8199, 045.001 to 075.5, 075.82 to 080, 086.11, 086.13 to 086.29, 089.01 to 089.9, 090.4 to 090.89, 098.011 to 098.53, 727.01 to 727.13 | 72.0 to 73.99, 75.8 | 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, | 59409, 59412 to 59414, 59612 to 59618 |
| Maternity - Vaginal Delivery | CMP | Required | | 641.20 to 669.61, V27.0 to V27.14 | 000.1, 000.8, 000.9, 002.1, 003.0 to 003.9, 009.511 to 009.529, 010.011 to 016.9, 021.0 to 021.9, 023.00 to 026.93, 029.011 to 043.93, P03.89, 030.031 to 035.6XX9, 035.8XX0 to 036.8199, 045.001 to 075.5, 075.82 to 080, 086.11, 086.13 to 086.29, 089.01 to 089.9, 090.4 to 090.89, 098.011 to 098.53, 727.01 to 727.14 | 72.0 to 73.99, 75.9 | 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 | 59409, 59412 to 59414, 59612 to 59619 |

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| Maternity - Vaginal Delivery | CMP | Required | | 641.20 to 669.61, V27.0 to V27.15 | 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 O98.53, Z37.0 to Z37.15 | 72.0 to 73.99, 75.10 | , OUWD7JZ, OUWD7KZ, OUWD80Z, OUWD81Z, OUWD83Z, OUWD87Z, OUWD8DZ, OUWD8HZ, OUWD8JZ, OUWD8KZ, OWQNXZZ, OJCB0ZZ, OJCB3ZZ, 10H003Z, 10H00YZ, 10P003Z, 10P00YZ, 10P073Z, 10P07YZ | 59409, 59412 to 59414, 59612 to 59620 |
| 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 |
| Medical Oncology | | In Network providers need to obtain auth through New Century Health Out of Network Providers obtain auth through NHPRI | | | | | | Please contact Neighborhood Member Services for authorization criteria |

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| 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 Photostreening | 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 |

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| Outpatient Surgery and Procedures | InterQual | Required | Outpatient Surgery-Request/ Checklist | | | | | 11300 to 11446, 11920 to 11922, 11950 to 11954, 11970 to 11971, 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, 64611, 92065, 95700, 95705 to 95726, 95782, 95783, 95950-95953, 95956, 95957, 95965-95967, 96567, 96573, 96574, 96910, 96912, 96913, 96920, 96921, 96922, 96999, 0191T, 0226T, 0227T, 0318T, 0440T to 0443T, 0449T, 0474T, C9735, 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, , 97129, 97130, 97165 to 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 |

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| 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, 64624, 64625, 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 |

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| Radioation Oncology | | In Network providers need to obtain auth through New Century Health Out of Network Providers obtain auth through NHPRI | | | | | | 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, 78429 to 78434, 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) | InterQual | Required | Outpatient Surgery-Request/ Checklist | | | | | 65273, 65767 to 65770, 65781 to 65782, 67900 to 67924, 67950 to 67999, 68761, 68360 to 68399, C9732, G0186, 0289T, 0290T, 0308T |

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| 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, 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 | | | 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 |

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| 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 |

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| 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 |