



**Neighborhood TRUST / Rhode Health Partners (RHP) and Rhody Health Partners for Expansion
(EXP) Authorization Reference Guide**

The purpose of this guide is to inform you of services that require prior authorization. To obtain authorization, please fax the appropriate 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 Member 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 1/22/2021

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

Bariatric Surgery - Outpatient	InterQual	Required	Required	Gastric Bypass	E66.09, E66.1, E66.8, E66.9, E66.01		43770 to 43775, 43842 to 43843 and 43999
Bariatric Surgery - Inpatient	InterQual	Required	Required	Gastric Bypass	E66.09, E66.1, E66.8, E66.9, E66.01	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	X	Required	Required	Form Obtained through DMEnsions			Please contact Neighborhood Member Services for authorization criteria
Breast Reduction Outpatient	InterQual	Required	Required	Breast Reduction			19301 to 19499, S2066 to S2068
Capsule Endoscopy	InterQual	Required	Required	General Auth Form			91110, 91111
Chiropractor	CMP	Required	Required				989740 to 98942
CNDC-Hasbro		Required-for greateer than 23 yrs.	General Auth Form				
Dialysis		Not Required Unless Out of Network	Not Required Unless Out of Network	General Auth Form	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, J0881 to J0886, J0630, J0636, J1756, J2501, J2916, G0420, G0421, S9335, S9339, Q4081
DME - DMEnson	CMP	Required for certain services	Required for certain services	Form Obtained through DMEnsions			Please contact Neighborhood Member Services for authorization criteria
DME- (POS not 12)	CMP	Required	Required	General DME Request Form			A4335 , A4421 , A4600 , A4606 , A6261 , A6262, A6512 , A6542 , A6549 , A7047 , A9274 , A9276 to 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

							, E1170 , E1201 to E1209 , E1230 , E1250 , E1260 , 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 , 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	Required				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.

Gender Dysphoria-Inpatient	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, 0HQTOZZ, 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, 0UQGXXZ, 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
Genomic Testing		In Network providers need to obtain auth through New Century Health Out of Network Providers obtain auth through NHPRI	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
Genetic Testing	CMP	Required	Required	Genetic Testing	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 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, 0009M, 0036U, 0037U, 0040U, S3800 to S3862, S3870

Home Care - HHA Block Hours	CMP	Required	Required	Home Care Services			99509, G0156, S5120 to S5131, T1021
Home Care Skilled Nursing Services	CMP	Required	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 Care LPN Block Hours	CMP	Required	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
Home Care - PT		Required	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 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 Care - OT		Required	Required	Home Care Services			97003, 97004, 97165 to 97168, 97530, 97535, G0160, S9129
Home Care - ST		Required	Required	Home Care Services			92506, 92507, 92521, 92522, 92523, 92524 92610, 92526, 92597, G0161, S9128
Home Care - SW		Required	Required	Home Care Services			99150, S9127

Home Infusion		Required	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	Required	Home Care Services			S5120, S5121, S5130, S5131
Hospice - Facility (in a hospital)		Required	Required	Hospice			Q5003 to Q5007, Q5009, T2044, T2045, T2046
Hospice - SNF		Required	Required	Hospice			Q5003 to Q5007, Q5009, T2044, T204, T2046
Implants	InterQual	Required	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
In Lieu of	CMP	Required	Required	In Lieu of			97110, 97112, 97124, 97140 98970 to 98942 97810 to 97814
Inpatient Hospital Acute	CMP	Required	Required				Please contact Neighborhood Member Services for authorization criteria
Inpatient Rehab	CMP	Required	Required				Please contact Neighborhood Member Services for authorization criteria
Inpatient Non-Acute (for downgrade)	CMP	Required	Required				Please contact Neighborhood Member Services for authorization criteria

Inpatient DCYF Hold	CMP	Required	Required				Please contact Neighborhood Member Services for authorization criteria
Inpatient Condition of Pregnancy	CMP	Required	Required				Please contact Neighborhood Member Services for authorization criteria
Laboratory Test		Required	Required	General Auth Form			81420, 81500, 81503, 81506, 81507, 88375, 0537T to 0540T
Mastectomy for Male Gynecomastia	InterQual	Required	Required	Outpatient Surgery Request/Checklist	N62		19300
Maternity - Vaginal Delivery	CMP	Required	Required		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 09A.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, 10J07ZZ, 10A07ZZ, 10A08ZZ, 10E0XZZ, 0UB50ZZ, 0UB53ZZ,	59409, 59412 to 59414, 59612 to 59614
Maternity - C-Section	InterQual	Required	Required when services are being provided by specialty type Oral and		009.40 to 009.529, 010.011 to 016.9, 021.0 to 021.9, 023.00 to 026.93, 029.011 to 029.93, 030.91	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	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
Oral Surgery	InterQual	Required when services are being provided by specialty type Oral & Maxillofacial Surgery	Required when services are being provided by specialty type Oral & Maxillofacial Surgery			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, 0C943ZX, 0C943ZZ, 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, 0C9G3ZZ, 0C9H00Z, 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, 0CB90ZZ, 0CB83ZZ, 0CBC0ZZ, 0CBC3ZZ, 0CBD0ZZ, 0CBD3ZZ, 0CBF0ZZ, 0CBF3ZZ, 0CBG0ZZ, 0CBG3ZZ, 0CBH0ZZ, 0CBH3ZZ, 0CBJ0ZZ, 0CBJ3ZZ, 0CBN0ZX, 0CBN3ZX, 0CBNXZX, 0CC80ZZ, 0CC83ZZ, 0CC90ZZ, 0CC93ZZ, 0CC80ZZ, 0CC83ZZ	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, 40820, 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 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 and place of service 11, 21, 22, 24 and specialty Oral & Maxillofacial Surgery
Out of Network Diagnostic Procedures	InterQual	Required	Required	Out of Network Authorization Request Form			91013, 91117, 91200, 92502, 92504, 92511 to 92520, 92531 to 92534, 92537, 92538, 92540 to 92558, 92560 to 92588, 92607 to 92609, 92611 to 92633, 93000 to 93237, 93278, 93303 to 93352, 93356, 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

Out of Network Office/Clinic Visits	CMP	Required	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 Surgery, outpatient procedures	InterQual	Required	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 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, 93724 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	Required after 1 evaluation per 365 days	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, 30435 to 30545, 43206, 43252, 43283, 43327, 43328, 43338, 52287, 54125 to 54135, 58720, 62350, 62351, 62360 to 62362, 62366, 62380, 64611, 95700, 95705 to 95726, 95782, 95783, 95950 to 95953, 95956, 95957, 95965 to 95967, 96567, 96573, 96574, 96910 to 96922, 96999, 0191T 0226T, 0227T, 0318T, 0449T, 0474TC9735, C9739, C9740, G0451, G0166, S2340, S2341, S8037 * 96567 is not covered with diagnosis codes L70.0 to L70.9 and L73.0
Pain Management	InterQual	Required	Required	Pain Management Request			0228T to 0231T, 27096, 62310, 62311, 62318, 62319, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64454, 64479, 64480, 64483, 64484, 64490 to 64495, 64620, 64624, 64625, 64630, 64632 to 64636, 64640, 64999, G0260
Paramedic Intercept	CMP	Required	Required	Ambulance Request Form			A0432
Personal Care Assistant		Required	Required				T1019, T1020
Phototherapeutic Keratectomy	CMP	Required	Required	Outpatient Surgery-Request/ Checklist			65400
Plastic Surgery - Outpatient	InterQual	Required	Required	Outpatient Surgery-Request/ Checklist			Refer to Outpatient Surgery and Procedures Codes
Plastic Surgery - Inpatient	InterQual	Required	Required				
Prenatal Care		Required	Required	Prenatal Request Form			Please contact Neighborhood Member Services for authorization criteria
Radioation Oncology		In Network providers need to obtain auth through New Century Health Out of Network Providers obtain auth through NHPRI	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	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 to 74263, 74712, 74713, 75557 to 75565, 75571 to 75574, 75635, 76376 to 76391, 77011, 77014, 77046 to 77049, 77058 to 77059, 77078 to 77079, 77084, 77261, 77262, 77263, 77280, 77285, 77290, 77293, 77295, 77299, 77300, 77301, 77306, 77307, 77316, 77317, 77318, 77321, 77331, 77332, 77334, 77336, 77338, 77370, 77371, 77372, 77373, 77385, 77386, 77387, 77399, 77401, 77402, 77407, 77412, 77417, 77427, 77431, 77432, 77435, 77470, 77499, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789, 77790, 77799, 78429 to 78434, 78451 to 78454, 78459 to 78499, 78608 to 78609, 78811 to 78816, 93355, C9744, C9744, G0297, G0339, G0340, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6017, S8032
Sleep Study	InterQual	Required	Required	Sleep Study Prior Authorization Form			95782, 95783, 95805, 95807, 95808, 95810, 95811

SNF - Custodial	CMP	Required	Required				Please contact Neighborhood Member Services for authorization criteria
SNF - Level I	CMP	Required	Required				Please contact Neighborhood Member Services for authorization criteria
SNF - Level II	CMP	Required	Required				Please contact Neighborhood Member Services for authorization criteria
SNF - Level III	CMP	Required	Required				Please contact Neighborhood Member Services for authorization criteria
SNF - Level IV	CMP	Required	Required				Please contact Neighborhood Member Services for authorization criteria
Surgical Services (Ophthalmological Auth Req)	InterQual	Required	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
Surgical Services Inpatient (Transgender)	CMP	Required	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, 0HXY07Z, 0HXY0JZ, 0HXY0ZZ, 0HXY0ZZ	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	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, 0HQTOZZ, 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
Termination of Pregnancy	InterQual	Required	Termination of Pregnancy			10A00ZZ to 10A08ZZ, 10A07ZW, 10A07ZZ	59840 to 59857, 59866, S0199, S2260 to S2267
Transplant - Recipient Inpatient or Outpatient	InterQual	Required	Transplant Checklist			02YA0Z0 to 02YA0ZZ, 079T00Z to 079T40Z, 079T0ZZ, 079T3ZZ, 079T4ZZ, 07DQ0ZZ, 07DQ3ZZ, 07DR0ZZ, 07DR3ZZ, 07DS0ZZ,	32850 to 32856, 33930 to 33945, 38204 to 38215, 38230 to 38242, 44132 to 44137, 44715 to 44721, 47133 to 47147, 48550 to
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				4A1034Z, 4A10X4Z, 4A1134Z, 4A11X4Z	Please contact Neighborhood Member Services for authorization criteria
Vision - Surgical Procedures	CMP	Required	Required				See Ophthalmological Surgery for codes.
Vision - Contact Lenses	CMP	Required	Required	Vision Request Form			92311 to 92317 V2500 to V2523

Vision - Replacement Lenses for adults Lenses Routine	CMP	Required	Required	Vision Request Form			V2100 to V2221, V2300 to V2321, V2715, V2797, V2799
Vision - Polycarb lenses for adults Lenses Routine	CMP	Required	Required	Vision Request Form			S0580, V2784
Vision - Special lenses (Progressive, Polychromatic, High Index) Lenses Medically Necessary	CMP	Required	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	Required-When done in an outpatient hospital setting	Wound/ Hyperbaric Authorization Form			97597 to 97608, 97610, G0168, G0281, G0329, G0456, G0457, 0183T