

FOR INTERNAL USE ONLY – NOT FOR EXTERNAL DISTRIBUTION

This week Provider Communications distributed the following notifications:

- [Home Health Care Prior Authorization Requirement to be Removed](#)
- [Vision, Medical Prior Authorization Requirements to be Removed](#)

Below we've compiled a list of FAQs.

Q: What is the purpose of these notifications?

A: Effective **June 1, 2024**, Neighborhood will no longer require prior authorizations for nursing assessments/evaluations, as well as select vision and medical services.

Q: Which services and associated codes will no longer require prior authorization?

A:

Service	Code List
Nursing assessment/evaluation	T1001
Closure of the lacrimal punctum; by plug, each	68761
Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar.	22633
Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace.	22634

Q: Which lines of business will be impacted?

A: These updates apply to all lines of business.

Q: What resources are available for providers?

A: Providers should use the [Prior Authorization Search Tool](#) found on the [Policies and Guidelines page](#) to determine which services require prior authorization. Additional information can also be found under [Neighborhood's Billing Guidelines and Payment Policies](#).