

Procedures and services

Updated 04/03/2025



**Groups:** Certain Moda Health groups may not require prior authorization for listed services.  
Please verify prior authorization or medical necessity review requirements by contacting customer service.

Services requiring prior authorization	
Urgent/Emergent Admission	All urgent/emergent admissions to an inpatient facility requires notification to Moda Health within 48 hours of admission and must meet the definition of an "emergency medical condition"
Inpatient Elective Admissions	Prior authorization is required for all inpatient elective admissions to an acute care facility
Skilled Nursing	Prior authorization is required prior to patient admission. <b>As of 1/1/2025 No PA requirement for PeaceHealth, Zoomcare</b>
Inpatient Rehabilitation Facility	Prior authorization is required prior to patient admission
Long Term Acute Care	Prior authorization is required prior to patient admission
Transplants	Prior authorization is required for the transplant evaluation and the transplant event
Advanced Imaging/Echocardiography and Musculoskeletal service are performed by eviCore	Prior authorization is required for members enrolled in eviCore programs for Advanced Imaging and/or Musculoskeletal Services. Authorization is obtained through www.evicore.com. Lists of all the programs and procedure codes requiring prior authorization are located at: https://www.modahealth.com/medical/utilizationmanagement.shtml
Specialty Drugs	Prior authorization is required for select specialty drugs through Prime Therapeutics Management at: https://gatewaypa.com/
Self-Injectable Drugs	Prior authorization for self-injectable medications will be obtained through the Moda Health Pharmacy Benefit - contact Pharmacy Customer Service at: 1/888.361.1610.
Clinical Trials	Prior authorization is required for participation in a clinical trial. The trial number, chart notes, protocol and signed consent should be sent for review by the Medical Director
Therapeutic Drug Monitoring (Urine Drug Testing) (G0480, G0481)  Presumptive UDT codes: 80305, 80306, 80307 Not Covered: G0482, G0483, 0082U Not covered effective 1/1/2021: 0227U	Prior authorization is NOT required but will be reviewed with claim submission for medical necessity and appropriate codes. Limits of 12 presumptive and 12 definitive apply as of 6/1/16. Please refer to Moda Health Medical Necessity Criteria for Therapeutic Drug Monitoring.
Durable Medical Equipment	CMS guidelines are applied for prior authorization unless otherwise stated in Moda Health criteria. Specific codes listed below require prior authorization.  You can help your patients save money with the voluntary option of ordering supplies through a preferred DME provider.  Our preferred providers have agreed to the best contracted rates and may help new and recurring DME users save money on their orders.  Just follow these easy steps to help your patients find a preferred DME provider: 1. Simply call Moda Medical Customer Service at 877-605-3229. 2. Or you can go to modahealth.com and choose Find Care. 3. Search as a guest and select the “Durable Medical Equipment” option under the Specialty drop-down menu. 4. Enter the patient’s ZIP code and Search. This will bring up the list of DME providers. Preferred providers will have a DME badge icon next to the networks where they are available. 5. Your patient can contact a preferred DME provider to discuss their DME needs.
Unlisted or unclassified codes	Prior authorization is not required but will be reviewed with claim submission for medical necessity.
Nutritional Therapy- 97802, 97803, 97804	Reviewed per member handbook language for nutritional therapy plan benefit availability and/or MHMNC -Medical Nutrition Therapy

Therapies and Alternative Care		
Oregon and Alaska members	<a href="#">eviCore Therapy, Chiro, Acupuncture, LMT prior auth list</a>	May apply to members with plans sold in Oregon and Alaska. Log in to Benefit Tracker or call our customer service team toll-free at 800-592-8283 to see if your patients require prior authorizatoin. https://www.modahealth.com/EBTWeb
Texas members	<a href="#">www.ashlink.com</a>	May apply to members with plans sold in and residing in the state of Texas. www.ashlink.com allows you to conveniently verify member eligibility/benefits, submit claims, and access the most current ASH materials.
Therapies: For authorizations regarding intensive outpatient rehabilitation for the treatment of autism spectrum disorder or neurodevelopmental conditions, please contact Moda Health for authorization.	Reviewed for medical necessity by Moda Health - do <b>NOT</b> send requests to eviCore	<b>All</b> requests for intensive outpatient therapy for treatment of ASD/neurodevelopmental conditions are reviewed by Moda Health

Mental Health and Substance Use prior authorizations		
Description	CPT/HCPC Codes	Medical Necessity Criteria

Description	CPT/HCPC Codes	Medical Necessity Criteria
Assertive Community Treatment (ACT)	H0039, H0040	MHMNC - Coordinated Specialty Programs
Disease Management Program for Pain	S0315, S0317	MHMNC - Disease Management for Pain (Pain Schools)
Early Assessment and Support Alliance (EASA)	H2016, H2040, H2041	MHMNC - Coordinated Specialty Programs
Intensive In-home Behavioral Health Treatment (IIBHT)	H0023	MHMNC - Coordinated Specialty Programs
Intensive Outpatient Services & Supports (IOSS)	H0037	MHMNC - Coordinated Specialty Programs
Inpatient Mental Health		LOCUS/CALOCUS for Oregon based plans. MHMNC - Inpatient Mental Health. (Contact Moda within two days of an emergency admission)
Inpatient Substance Use Disorder	H0011	ASAM
Residential Mental Health	H0010, H0017, H0018, H0019 T2048	LOCUS/CALOCUS for Oregon based plans. MHMNC - Psychiatric Residential Treatment-children and adults
Residential Substance Use Disorder	H0011, H0012, H0013	ASAM
Partial Hospitalization Mental Health	H0035, S0201	LOCUS/CALOCUS for Oregon based plans. MHMNC - Mental Health Partial Hospitalization and Intensive Outpatient Treatment
Partial Hospitalization Substance Use Disorder	S0201	ASAM
Intensive Outpatient Treatment--Mental Health	S9480	LOCUS/CALOCUS for Oregon based plans. MHMNC - Mental Health Partial Hospitalization and Intensive Outpatient Treatment
Applied Behavior Analysis	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T	MHMNC - Applied Behavior Analysis
Transcranial Magnetic Stimulation	90867, 90868, 90869	MHMNC – Transcranial Magnetic Stimulation
Nutritional Therapy for Eating Disorders	97802, 97803, 97804	Review per Member Handbook Language for nutritional counseling plan benefit availability and/or MHMNC-Medical Nutrition Therapy
Intensive Outpatient Treatment--Substance Use Disorder, (Out of Network {OON} - Alaska Individual Members plans only)	H0015	ASAM
Medical/Surgical Services Prior Authorization List		
Description	CPT/HCPC Codes	Instructions/Criteria Moda Health Medical Necessity Criteria (MHMNC) or MCG™ Guidelines 28th Edition (MCG)
Achalasia Treatment-Surgical (POEM)	Effective 7/1/2024: 43497	MHMNC Surgical Treatment of Achalasia
Adakveo (crizanlizumab-tmca)	J0791 C9053-facility	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Adakveo (crizanlizumab-tmca)</b>
Adcetris (Brentuximab)	J9042	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Adcetris (Brentuximab)</b>
Advanced Imaging (MRI, MRA, CT, CTA) for authorizations	<a href="#">eviCore Advanced Imaging code list</a>	Requests for advanced imaging are being performed by eviCore at <a href="http://www.eviCore.com">www.eviCore.com</a>
Air Transport - Non-emergent	A0430, A0431, A0435, A0436	Requires review by Medical Director
Airway Clearance Devices / Chest Percussors / Vest / Intrapulmonary Percussive Ventilation	A7025, A7026, E0480, E0481, E0482, E0483, E0484 Effective 10/1/2024: E0469 effective 8/1/2023: K1027	MHMNC for High Frequency Chest Wall Oscillation Devices
Akynzeo - (fosnetupitant/palonosetron)	J1454	Request for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured individual and groups. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Akynzeo</b>
Allergy Testing - Blood	83516 <b>No PA</b> required as of 2/1/2025: 82785, 86003, 86005, 86008	MHMNC Allergy Testing - Blood

Description	CPT/HCPC Codes	Medical Necessity Criteria
Aldurazyme	J1931	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured individual and groups. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Aldurazyme (laronidase)</b>
Aliqopa (copanlisib)	J9057  C9030-Facility only	Request for authorization is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Aliqopa</b>
Alpha 1 Proteinase Inhibitors - (Glassia ®, Aralast NP®, Prolastin®, Prolastin - C®, Zemaira®)	J0256, J0257	Request for authorization is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MCG A-0468 Alpha 1 Proteinase Inhibitor</b> <b>MHMNC Alpha-1 Proteinase Inhibitor</b>
Amondys 45	J1426	Reviewed By <b>Moda Pharmacy/HCS</b> . Considered <b>Experimental or Investigational</b>
Amvuttra	J0225	Request for authorization is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Amvuttra</b>
Anti-amyloid-Beta monoclonal antibodies (Aduhelm, Leqembi)	J0174, J0175 J0172-Aduhelm-drug removed from market 04/22/2024	Reviewed By Moda Pharmacy/HCS. Considered Experimental or Investigational
Artificial Disc Replacement	0095T, 0098T, 0163T, 0164T, 0165T, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 0375T effective 1/1/2023: 22860	MHMNC Intervertebral Disc Prosthesis
Arthroscopy (other than knee)	29805, 29806, 29807, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29870, 29874, 29875, 29876, 29877, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29892, 29893, 29894, 29895, 29897, 29899, 29900, 29901, 29902, 29904, 29905, 29906, 29907, 29999, S2112	MCG S-72 Ankle Arthrosocopy MCG S-421 Elbow Arthroscopy MCG S-1220 Wrist Arthroscopy MCG A-0492 TMJ Arthroscopy MCG SG-MS Musculoskeletal Surgery or specific surgery MCG S-1045 Acromioplasty and Rotator Cuff Repair MCG A-0524 SLAP repair MCG A-0525 Bankart Lesion Repair MCG A-0526 Adhesive Capsulitis release MCG S-705 Knee Arthroscopy
Arzerrz (Ofatumumab)	J9302	Requests for authorization of drug are provided by <b>Prime Therapeutics Management</b> for all fully insured groups. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Arzerrz (Ofatumumab)</b>
Auditory Brainstem Implant (ABI)	S2230, S2235	MHMNC Cochlear Implants and Auditory Brainstem Implants
Balloon Sinuplasty (Sinus surgery)	31295, 31296, 31297, 31298	MHMNC Sinus Surgery
Balloon Dilation of Eustachian Tube	69705, 69706, 69799, C9745	MHMNC Balloon Dilation of Eustachian Tube
Bavencio (avelumab)	J9023  C9491 - Facility Only code	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> authorization. <b>MHMNC Bavencio (avelumab)</b>
Beleodaq (Belinostat)	J9032	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Beleodaq (Belinostat)</b>
Bendamustine hcl (Belrapzo, Bendeka, Treanda, Vivimusta)	J9036, J9034, J9033, J9058, J9059, J9056	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Bendamustine: Treanda®; Bendeka®; Belrapzo®; Vivimusta™ (Intravenous)</b>
Benlysta (Belimumab)	Q2044, J0490	Requests for authorization of drug are provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Benlysta (Belimumab)</b>
Beovu (brolucizumab-dbll)	J0179	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Beovu (brolucizumab-dbll)</b>

Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>Berinert C-1 Esterase Inhibitor; Cinryze</b>	J0597, J0598	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Berinert (C-1 Esterase Inhibitor): MHMNC Cinryze (C-1 esterase inhibitor)</b>
<b>Besponsa (inotuzumab ozogamicin)</b>	J9229	Request for authorization is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Besponsa</b>
<b>Bevacizumab- Oncology (Avastin, Mvasi, Zirabev, AlymSYS, Vegzelma)</b>	J9035, Q5107, Q5118 Effective 1/1/2023: Q5126 Effective 4/1/2023: Q5129 J9999 - Avzivi	Requests for <b>Bevacizumab (Cancer treatment only)</b> authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Bevacizumab (Oncology)</b>
<b>Bevacizumab - Intravitreal (Avastin, Mvasi, Zirabev, AlymSYS)</b>	J9035, Q5107, Q5118, J7999	Requests for Bevacizumab ( <b>Eye treatment only</b> ) authorization of drug is provided by Moda Pharmacy/HCS. <b>MHMNC Bevacizumab (Intravitreal)</b>
<b>Blepharoplasty and Brow Lift</b>	15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908	MHMNC Blepharoplasty and Brow Ptosis CPT codes 15820, 15821, and 18524 are considered cosmetic and not covered.
<b>Blinicyto (Blinotumomab) New</b>	J9039	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Blinicyto (Blinotumomab)</b>
<b>Bone Growth Stimulators, Ultrasound and Electric</b>	E0747, E0748, E0760, 20979	MCG A-0414 Bone Growth Stimulators, Ultrasonic MHMNC Bone Growth Stimulators, Electrical
<b>Botox Injections (OnabotulinumtoxinA, AbobotulinumtoxinA, RimabotulinumtoxinB, and IncobotulinumtoxinA)</b>	J0585, J0586, J0587, J0588	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Botox</b> (OnabotulinumtoxinA), <b>MHMNC Dysport</b> (AbobotulinumtoxinA), <b>MHMNC Myobloc</b> (RimabotulinumtoxinB), or <b>MHMNC Xeomin</b> (IncobotulinimtoxinA)
<b>BRCA Gene Mutation Testing</b>	81212, 81215, 81216, 81217 81162, 81163, 81164, 81165, 81166, 81167, 81479	MCG A-0499 Breast and Ovarian Cancer, Hereditary BRCA 1 and BRCA 2 genes; MCG A-0162 prostate Cancer- BRCA 1 and BRCA 2 Genes MHMNC Genetic Testing
<b>Breast Cancer Gene Expression Assays</b> Oncotype DX, Endopredict, Mammaprint	81519 - Oncotype 81522 - Endopredict 81521 - Mammaprint	MCG A-0532 Breast Cancer Gene Expression Assays
<b>Breast Implant Removal</b>	19328, 19330	MHMNC Breast Implant Removal
<b>Breast Reconstruction Surgery</b>	11920, 11921, 11970, 11971, 15771, 15772, 15777, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, L8600, Q4100, Q4116, S2066, S2067, S2068 <i>Effective 6/4/2024 : 11922</i>	Always covered for reconstruction following mastectomy for breast cancer diagnosis. All other diagnoses are reviewed for medical necessity versus cosmetic. <b>MHMNC Breast Reconstruction</b>
<b>Brineura (Cerliponasa Alfa)</b>	J0567	MHMNC Brineura
<b>Briumvi (ublituximab-xiiy)</b>	J2329	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Briumvi</b>
<b>Cardiac Rehabilitation</b>	93797, 93798	MCG A-0358 Cardiac Rehabilitation
<b>Cardiac Defibrillator, External/Wearable</b>	93745, E0617, K0606, K0607, K0608, K0609	MHMNC - Cardiac Defibrillators, External criteria
<b>Cardiac Event Monitoring- Mobile Outpatient Cardiac Telemetry (MOCT)</b>	93228, 93229	MHMNC Mobile Outpatient Cardiac Telemetry
<b>Cardiac rhythm monitor insertion or removal</b>	33285, 33286	Requires review by Medical Director
<b>Cardiology service including stress tests, echocardiography, diagnostic angiograms, and pacemakers, prior authorization is required with eviCore</b>	<a href="#">eviCore Cardiology diagnostic procedure list</a>	As of 4/1/2017 - requests for pacemakers, angiograms, nuclear studies, and echocardiograms are being performed by eviCore at <a href="http://www.eviCore.com">www.eviCore.com</a>
<b>Carpal Tunnel Release</b>	29848	MCG A-0211 Carpal Tunnel Decompression

Description	CPT/HCPC Codes	Medical Necessity Criteria
Carvykti	Q2056, J9999,	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Carvykti</b>
Capsule endoscopy (Wireless)	91110, 91111, 91113	MCG A-0134 Capsule Endoscopy
Cerezyme (Imiglucerase)	J1786	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Cerezyme (Imiglucerase)</b>
Chelation Therapy - Home Infusion	S9355	Prior authorization required for medical necessity of the chelation therapy <b>MCG A-0618 Infusion Pump</b>
Cinqair (Reslizumab)	J2786	Requests for authorization is provided by <b>Pharmacy RX</b> for Oregon commercial fully insured, including OEBB and PEBB members. Requests for <b>select ASO groups</b> will be provided by <b>Prime Therapeutics Management</b> . Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Cinqair (Reslizumab)</b>
Cinryze (C-1 Esterase Inhibitor)	J0598	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Cinryze (C-1 Esterase Inhibitor)</b>
Cimzia	J0717	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Cimzia (Certolizumab pegol)</b>
Cochlear Implantation/Removal	69930, L8614, L8619, L8694	MHMNC Cochlear Implants and Auditory Brainstem Implants
Colon Cancer Genetic Testing	81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301	MCG A-0533 Lynch Syndrome
Colorectal Cancer-KRAS and NRAS genes	81275, 81276, 81311, 0111U	MCG A-0773 Colorectal Cancer - KRAS and NRAS genes
Colony Stimulating Factors (Subcutaneous/Intravenous)	J1442, J1447, Q5110, Q5125, C9095	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Colony Stimulating Factors- (Neupogen, Nivestym, Releuko, Granix, Zarxio)</b>
Colony Stimulating Factors- Pegfilgrastim (Subcutaneous)	J2505, J2506, J1449, J9361, Q5108, Q5111, Q5120, Q5122, Q5127, Q5130	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Colony Stimulating Factors- Pegfilgrastim: Neulasta, Fulphila, Udenyca, Ziextenzo, Nyvepria, Fynetra, Stimufend, Ryzneuta)</b>
Cooling Devices	E0218, E0236, E1399	MHMNC Cooling Devices Active Cooling devices (i.e. Game Ready) are <b>not covered</b>
Continuous Glucose Monitors	95249, 95250, A9276, A9277, A9278, A4238, E2102, G0308, G0309 Effective 1/1/2023: A4239, E2103	MHMNC Continuous Glucose Monitoring (CGM)
Corneal Collagen X-linking for treatment of Keratoconus	O402T	MHMNC Treatment of Keratoconus
CPAP/AutoPAP/BiPAP	E0470, E0471, E0472 effective 8/1/2023: K1027 effective 5/1/2022: Prior authorization <b>NOT required</b> for E0601	MHMNC Obstructive Sleep Apnea Non-surgical Treatment
Custom Compression Stockings/Garments	A4465, A6549	MHMNC Custom Compression Garments
Cyamza (Ramucirumab)	J9308	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Cyamza (Ramucirumab)</b>
Crysvita - (burosumab-twza)	J0584	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Crysvita (burosumab - twza)</b>
Cytourethrosopy	O499T effective 1/1/2025: 0935T	MCG A-0153



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Darzalex (daratumumab)	J9145	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Darzalex (daratumumab)</b>
Daxxify (daxibotulinumtoxinA)	effective 4/1/2024: J0589	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Daxxify (daxibotulinumtoxinA)</b>
Denosumab (Prolia/Xgeva)	J0897	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Prolia/Xgeva (Denosumab)</b>
Dental procedure(s) requiring Monitored Anesthesia Care (MAC)	41899 <i>Effective 4/4/2024:</i> Prior authorization required for HCPC code <b>G0330</b> <i>Effective 11/1/2023:</i> No Prior Authorization required for 00170	HCS reviews for authorization
Dynasplint/JAS (or other mechanical stretching device)	E1800, E1801, E1802, E1805, E1806, E1810, E1811,E1812, E1818, E1825, E1831 <i>New effective 1/1/2025:</i> E1803, E1804, E1807, E1808, E1813, E1814, E1822, E1823, E1826, E1827, E1828, E1829	MHMNC Mechanical Stretching Devices
Echocardiography, transesophageal, transthoracic for procedure performed as of 4/1/2017, eviCore will perform prior authorization requests for groups enrolled in eviCore advanced imaging/cardiology	<a href="#">eviCore cardiology PA list</a>	Requests for echocardiography and cardiac advanced imaging are performed by eviCore at www.eviCore.com Check EBT for member enrollment
Eculizumab	J1300, Q5139, J3590-Epysqli only	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Eculizumab (Soliris, BkemV, Epysqli)</b>
Elahere	J9063	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Elahere</b>
Elaprase (Idursulfase)	J1743	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Elaprase (Idursulfase)</b>
Electrical stimulation device for cancer treatment	E0766 <i>effective 10/1/2024 :</i> E0766	MCG A-0930 Alternating Electric Field Therapy MCG A-0241 Electrical Nerve Stimulation, Transcutaneous (TENS)
Elelyso (Taglilucerase Alfa)	J3060	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Elelyso (taliglucerase alfa)</b>
Elrexio	effective 4/1/2024: J1323	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Elrexio</b>
Empliciti (elotuzumab)	J9176	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Empliciti (elotuzumab)</b>
Enjaymo IV	J1302	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Enjaymo</b>
Entyvio (Vedolizumab)	J3380	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Entyvio (Vedolizumab)</b>
Epidural, facet, medial branch blocks and SI joint Injections	64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 27096 62320, 62321, 62322, 62323	MHMNC Spinal Pain Injections

Description	CPT/HCPC Codes	Medical Necessity Criteria
Requests for epidural, facet, medical branch blocks, and SI joint injections will be performed by eviCore. Check EBT for member enrollement in MSK program	<a href="#">eviCore Interventional Pain Prior Auth list</a>	Requests for pain injections, advanced imaging are being performed by eviCore at <a href="http://www.eviCore.com">www.eviCore.com</a> Check EBT for member enrollment
Erythropoiesis Stimulating Agents (ESAs)	J0881, J0885, J0882, J0887, J0888, Q5106	Requests for authorization of codes highlighted in red are provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC ESAs (erythropoiesis stimulating agents)</b> ; MHMNC Arasnep (darbepoetin alfa) (SC/IV); MHMNC Epoetin alfa: Epogen, Procrit, Retacrit
Evkeeza	J1305	Requests for authorization of codes highlighted in red are provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Evkeeza</b>
Exondys 51, Vyondys 53, viltolarsen (Viltepso)	J1428, J1429 J3490 viltolarsen (Viltepso) C9071 (Facility Only)	Authorization is required and requests are reviewed by Moda Pharmacy/HCS. Considered Experimental/Investigational <b>Pharmacy criteria</b>
External Counterpulsation (Enhanced External Counterpulsation - EECp)	G0166, 92971	MCG A-0175 - Enhanced External Counterpulsation (EECP)
Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support (ECLS)	Insertion codes: 33946, 33947, 33948, 33949, 33951, 33952, 33953, 33954, 33955, 33956, 33987, 33988	MCG SG-CVS
External infusion insulin pumps	E0784, E0787, A9274	Request for authorization is provided by <b>Moda Pharmacy/HCS</b> <b>MHMNC External infusion insulin pumps</b>
Eylea, Eylea HD (aflibercept)	J0178 - Eylea only <i>effective 4/1/2024: J0177- Eylea HD only Discontinued 4/1/2024:C9161</i>	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Aflibercept (Eylea, Eylea HD)</b>
Fabrazyme (Agalsidase Beta)	J0180	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Fabrazyme (Agalsidase Beta)</b>
Facet Neurotomy/Rhizotomy	0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64633, 64634, 64635, 64636	MCG A-0218 Facet Neurotomy
Fasenra (benralizumab)	J0517	Requests for authorization is provided by <b>Prime Therapeutics Management</b> for Oregon commercial fully insured, including OEGB and PEBB members. Requests for <b>select ASO groups</b> will be provided by <b>Prime Therapeutics Management</b> . Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Fasenra (benralizumab)</b> <b>For Group exclusions, please check Moda Health Website</b>
Fusilev (Levoleucovorin calcium); khapzory (Levoleucovorin)	J0641, J0642	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Levoleucovorin: Fusilev, Khapzory</b>
Gastric Bypass/Gastric Restrictive procedure/Office Visits for Obesity Management	43644, 43645, 43659, 43842, 43843, 43845, 43846, 43847, 43848, 43999, 43770, 43771, 43772, 43773, 43774, 43775, 43886, 43887, 43888 effective 7/1/2023: C9784, C9785 effective 1/1/2024: 0813T	<b>MHMNC Obesity: Surgical Management</b> for groups without specific language for coverage in the member handbook. Check member handbook for benefit.
Gazyva (Obinutuzumab)	J9301	Request for authorization is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Gazyva (obinutuzumab)</b>

Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>Gender Affirming Surgery</b>	Multiple CPT codes apply with diagnosis codes for GID Female to Male procedures requiring prior authorization: 19301, 19302, 19303 Male to Female procedures requiring PA: 19325 15771, 15772  <b>Affirming surgery procedures:</b> 54400, 54401, 54405, 54408, 54410, 54411, 54415, 54416, 54417, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 54437, 54438 <b>Facial Procedures:</b> 14020, 14021, 14301, 14302, 14060, 14061, 15825, 15828, 15829, 20912, 21025, 21120, 21121, 21122, 21123, 21137, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21188, 21193, 21194, 21195, 21196, 21208, 21270, 21299, 30400, 30410, 30420, 30430, 30460, 30465, 67900	MCG Gender Affirming Surgery or Procedure GRG Covered for all Oregon fully insured groups and individuals. Check member handbook for ASO groups and Alaska benefit language.
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	81161, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81210, 81228, 81229, 81235, 81236, 81240, 81241, 81242, 81243, 81244, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81270, 81280, 81281, 81282, 81288, 81289, 81290, 81302, 81303, 81304, 81313, 81317, 81318, 81319, 81330, 81331, 81321, 81322, 81323, 81324, 81325, 81326, 81237, 81339, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81440, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81519, 81599, 81412, 81432, 81433, 81434, 81437, 81438, 81442, 81535, 81538, 81540, 81545, 81595, 81413, 81414, 81422, 81439, 81539, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81247, 81248, 81249, 81258, 81259, 81269, 81334, 81335, 81361, 81362, 81363, 81364, 81448, 81520, 81541	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	81345, 81333, 81596, 81518, 81326, 81237, 81233, 81320, 81305, 81443, 83722, 81306, 81171, 81172, 81204, 81173, 81174, 81177, 81178, 81183, 81179, 81180, 81181, 81182, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81234, 81239, 81284, 81285, 81286, 81271, 81274, 81312, 81332, 81343, 81344 0084U, 0085U, 0085U, 0086U, 0087U, 0088U, 0089U, 0090U, 0091U, 0094U, 0095U, 0101U, 0102U, 0103U, 0104U	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	81307, 81308, 81309, 81311, 81315, 81316, 81522, 81542, 81552 0003U, 0009U, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0027U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0040U, 0045U, 0047U, 0048U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0168U, 0169U, 0170U, 0171U, 0172U, 0173U, 0174U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0203U, 0204U, 0205U, 0206U, 0207U, 0208U, 0209U, 0210U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0219U, 0220U, 0222U, 0016M <b>Unlisted codes for genetic tests:</b> 81479, 81599, 84999	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81357, 81360, 81419, 81523, 81546, 81554, 81560, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 0248U, 0249U, 0250U, 0252U, 0253U, 0254U, 0017M	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies



Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>Genetic Testing-additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0295U, 0296U, 0297U, 0299U, 0300U, 0301U, 0302U, 0306U, 0307U, 0313U, 0314U, 0315U, 0318U, 0319U, 0320U, 0321U, 0326U, 0329U, 0340U <b>Effective 1/1/2023:</b> 81441, 81449, 81451, 81456, 84433, 0388U, 0389U, 0391U, 0393U, 0395U, 0396U, 0397U, 0399U, 0400U <b>Effective 1/1/2024:</b> 81457, 81458, 81459, 81462, 81463, 81464, 0426U <b>Effective 7/1/2024:</b> 0456U, 0470U, 0471U <b>Effective 10/1/2024 :</b> 0478U, 0480U, 0481U, 0498U, 0499U	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
<b>Genioplasty</b>	81479, 81599, 84999	MCG SG-HNS Head and Neck Surgery May be included as part of orthognathic surgery, check member handbook. Reviewed for medical necessity versus cosmetic.
<b>Givlaari (givosiran)</b>	J0223	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Givlaari</b>
<b>Grafts, autogenous, autologous</b>	15769, 15771, 15772, 15773, 15774	Wound and Skin Management GRG. Reviewed for authorization by HCS
<b>Granulocyte Colony Stimulating Factors (GCSFs) - Leukine</b>	J2820	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Leukine CSF (sargramostim)</b>
<b>Grenz Ray and Laser Treatment of Psoriasis</b>	96900, 96920, 96921, 96922	MCG A-0255 Phototherapy, Skin; MCG A-0256 Laser Therapy; MHMNC Treatment or Removal of Benign Skin Lesions
<b>Halaven (Eribulin Mesylate)</b>	J9179	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Halaven (Eribulin Mesylate)</b>
<b>Hearing Aids/Bone-Anchored Hearing Aids "BAHA"</b>	69710, 69711, 69714, 69715, 69716, 69717, 69718, 69719, 69726, 69727, 69728, 69729, 69730, L8625, L8690, L8691, L8692, L8693, L8694	MCG A-0564 Hearing Aids, Bone Anchored Check member handbook. Hearing aids including BAHA may be a plan exclusion
<b>Hearing Assistive Technology (HATS)</b>	V5268, V5269, V5270, V5271, V5272, V5273, V5274, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V8288, V5289, V5290, E1399	MHMNC- Hearing Assistive Technology
<b>Hemgenix (etranacogene dezaparvovec-drlb)</b>	effective 4/1/2023: J1411	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Hemgenix (etranacogene dezaparvovec-drlb)</b>
<b>Hemophilia Factors</b>	J7170, J7175, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7199, J7193 J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7213, J7214 Effective 1/1/2025: J7198	If given by provider - reviewed per Moda Pharmacy/HCS  Pharmacy RX reviews if drug provided by Pharmacy <b>MCG - A0451 Antihemophilic Factor</b> <b>MHMNC Extended half-life VIII products</b> <b>MHMNC Extended half-life factor IX products</b> <b>MHMNC Standard half-life factor VIII products</b> <b>MHMNC Standard half-life factor IX products</b> <b>MHMNC Bypassing Agents</b>
<b>Herceptin, Ogivri, Kanjinti, Trazimera, Herzuma, ontruzant, Hercessi</b>	J9355, J9356, Q5114, Q5112, Q5113, Q5116, Q5117	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Trastuzumab IV: Herceptin, Ogivri, Kanjinti, Trazimera, Herzuma, Ontruzant</b>
<b>Hernia Repair</b>	49520, 49521, 49560, 49561, 49565, 49566, 49581, 49570, 49580, 49582, 49585 <b>Effective 10/1/2020: No PA required for Outpatient Surgery</b>	MCG S-1305 Hernia Repair (Non-hiatal) MCG S-540 Hiatal Hernia Repair, Abdominal MCG S-550 Hiatal Hernia Repair- Transthoracic
<b>Hicon</b>	A9517	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Hicon</b>
<b>High Density Lipid Profile /cardiac disease screening</b>	82172, 83718	MHMNC - Cardiac Disease Screening Lipid Profile
<b>High Intensity-focused Ultrasound, ablation of malignant prostate issue, transrectal</b>	55880	MCG A-0271 High Intensity Focused Ultrasound (HIFU), Prostate

Description	CPT/HCPC Codes	Medical Necessity Criteria
Hip Replacement/Revision Surgery	27090, 27091, 27125, 27130, 27132, 27134, 27137, 27138, S2118	Reviewed for all fully insured group and individual members. Check benefit for provider network restriction and preauthorization requirements. <b>MCG S-560 Hip Arthroplasty</b>
Hip Replacement/Revision Surgery obtained through eviCore for members enrolled in MSK program as of 4/1/2017	<a href="#">eviCore MSK Joint PA list.pdf</a>	Requests for hip replacements/revisions are performed by eviCore at <a href="http://www.eviCore.com">www.eviCore.com</a> Check EBT for member enrollment
Home Ventilator	E0450, E0460, E0461, E0463, E0464, E0465, E0467	MCG A-0343 Oxygen Therapy, Continuous and Noncontinuous: Home
Hospital Beds - Semi-electric, full electric, extra wide beds	E0260, E0261, E0270, E0294, E0295, E0300, E0301, E0302, E0303, E0304, E0328, E0329	MHMNC Hospital Bed and Accessories for Home Use
Hydroxyprogesterone Caproate (Makena)	J1726, J1729	MHMNC Hydroxyprogesterone Caproate criteria
Hyperbaric Oxygen Therapy (HBOT)	G0277	MHMNC Hyperbaric Oxygen Therapy
Hypoglossal nerve stimulation	64582, 64583, 64584	MHMNC Obstructive Sleep Apnea - Surgical Treatment
Ilaris (canakinumab)	J0638	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Ilaris® (canakinumab)</b>
Ilumya (tildrakizumab-asmn)	J3245	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Ilumya (tildrakizumab-asmn)</b>
Imjudo (tremelimumab-actl)	effective 4/1/2023: J9347	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Imjudo (tremelimumab-actl)</b>
IMYLYGIC (Talimogene laherparepvec)	J9325	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Imlygic (talimogene laherparepvec)</b>
Imfinzi (durvalumab)	J9173	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Imfinzi (durvalumab)</b>
Infliximab (Remicade, Inflectra, Avsola, Infliximab)	J1745, Q5103, Q5109, Q5121	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Infliximab (Remicade, Inflectra, Renflexis, Avsola)</b>
Infugem (gemcitabine hydrochloride)	J9198	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Infugem (gemcitabine)</b>
INR Monitor, Home Use	G0249	MCG A-0650 Prothrombin Time (INR) Home Monitoring Device
Interspinous Decompression and Interlaminar Stabilization Devices	22867, 22868, 22869, 22870, C1821	<b>As of 10/1/16, these are no longer covered and are considered investigational.</b> MHMNC Interspinous Decompression and Interlaminar Stabilization Devices
Intraoperative Neurophysiologic Monitoring	95940, 95941, G0453	Prior authorization is not required, however, medical necessity will be reviewed in claims. <b>MHMNC Intraoperative Neurophysiologic Monitoring</b>
Intravenous Immune Globulin (IVIG), Subcutaneous Immune Globulin (SCIG)	J1459, J1551, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1576, J1599 Effective 1/1/2025: J1552	Requests for authorization of codes listed under Prime Therapeutics Management are provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC IVIG (Immune Globulins-Intravenous)</b> <b>MHMNC SCIG (immune globulin SQ)</b>
Injectafer, Feraheme, Monoferic	Q0138, Q0139-Feraheme J1437-Monoferic J1439-Injectafer	Requests for authorization of codes listed under Prime Therapeutics Management are provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Monoferic, MHMNC Feraheme , MHMNC Injectafer</b>

Description	CPT/HCPC Codes	Medical Necessity Criteria
IXEMPRA (Ixabepilone)	J9207	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC IXEMPRA (Ixabepilone)</b>
Izervay	effective 4/1/2024: J2782	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Izervay</b>
Jelmyto (Mitomycin)	J9281	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Jelmyto (Mitomycin)</b>
Kadcyla	J9354	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Kadcyla</b>
Kalbitor (ecallantide)	J1290	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Kalbitor (ecallantide)</b>
Kanuma (sebelipase alfa)	J2840	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Kanuma (sebelipase alfa)</b>
Keytruda (Pembrolizumab)	J9271	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Keytruda (Pembrolizumab)</b>
Knee Arthroscopy	29868, 29870, 29871, 29873, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	MCG S-705 Knee Arthroscopy
Knee Cartilage Transplant	27412, 27415, 29866, 29867, 29868, J7330	MHMNC Knee Cartilage Transplant
Knee Replacement/Revision Surgery	27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487	MCG S-700 Knee Arthroplasty, Total Medical necessity review required for all fully insured groups and individuals. Some ASO groups do not require prior authorization. Check the member handbook.
Knee surgeries including knee replacements and arthroscopies As of 4/1/2017, prior authorization are obtained through eviCore for groups enrolled in the program.	<a href="#">eviCore Joint Surgery prior auth list</a>	Requests for knee replacement and arthroscopies are being performed by eviCore Guidelines available at: www.evicore.com Check EBT for member enrollment
Krystexxa	J2507	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Krystexxa</b>
Kymriah (tisagenlecleucel)	Q2042	Request for authorization is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. If given inpatient, authorization must be obtained prior to inpatient admission. <b>MHMNC Kymriah</b>
Kyphoplasty/Vertebroplasty	22510, 22511, 22512, 22513, 22514, 22515	MHMNC Kyphoplasty/Vertebroplasty
Kyprolis	J9047	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Kadcyla</b>
Lartruvo (olaratumab)	<b>J9285 - As from 12/1/2019 - drug removed from market - policy retired</b>  C9485 - Facility only code	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy /HCS</b> for authorization. MHMNC Lartruvo - <b>Policy retired</b>

Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>Laser Treatment - Derm/skin lesions</b>	11200, 11201, 17106, 17107, 17108, 17110, 17111, 17380  <b>Effective 1/1/2023:</b> No prior authorization required for codes 17106, 17107, 17108, 17110, 11711 if requested with Dx codes D48.5, L57.0, L82.0 <b>Effective 2/1/2020: No prior authorization</b> required for codes 17110, 17111 for Wart removal request with Dx codes B07.0-B07.9, B08.1 and A63.0 <b>NO prior authorization</b> required for: 17000, 17003, 17004	Reviewed for medical necessity vs cosmetic May be used with Gender Affirming procedures <b>MHMNC Treatment/Removal Benign Skin Lesions</b>
<b>Lemtrada (alemtuzumab), Briumvi</b>	J0202, J2329	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Lemtrada (alemtuzumab), MHMNC Briumvi</b>
<b>Left Ventricular Assist Device (LVAD) and Total Artificial Heart Implantation</b>	33979, 33980, 33981, 33982, 33983, 33990, 33991, 33927, 33928, 33929, 33995	MCG-SG-CVS Cardiovascular Surgery or Procedure
<b>Leqvio</b>	J1306	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Leqvio</b>
<b>Lift Chairs/Patient Lift/Transfer Devices</b>	E0627, E0629, E0630, E0635, E0636, E0637, E0639, E0640	MCG A-0885-AC Patient lift or Transfer Devices (Hydraulic or Mechanical) MCG A-0888 Seat Lift Mechanism
<b>Lipectomy</b>	15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15878, 15879	Reviewed for medical necessity versus cosmetic
<b>Low Air Loss Products (i.e. air mattresses)</b>	E0181, E0182, E0184, E0185, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0199, E0277, E0372	MCG A-0348 Mattress and Mattress Overlay, Active (Dynamic)
<b>Low Dose CT scan for Lung Cancer Screening</b>	71250, 71271	Groups who do not utilize eviCore services refer to - <b>MHMNC Lung Cancer Screening</b> <b>MCG A-0028 Chest CT Scan</b>
<b>Lumizyme (Alglucosidase alfa), Nexviazyme (avalglucosidase alfa- ngt)</b>	J0221, J0219 effective 4/1/2024: J1203	Request for authorization is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MCG A-0458 Alglucosidase alfa</b> <b>MHMNC Lumizyme , MHMNC Nexviazyme</b> <b>MHMNC Pombiliti</b>
<b>Lung Volume Reduction Surgery/Pneumonectomy/Lung removal</b>	32480, 32482, 32484, 32486, 32488, 32491	MCG SG-TS Thoracic Surgery
<b>Luxturna (voretigene neparvovec-rzyl)</b>	C9032 - facility only J3398	Requests for prior authorization is provided by Moda Pharmacy/HCS <b>MHMNC Luxturna (voretigene neparvovec-rzyl)</b>
<b>Lymphedema Pump</b>	E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676 <i>Effective 10/1/2024 : E0683</i>	<b>MCG A-0340 Intermittent Pneumatic Compression with Extremity Pump</b>
<b>Magnetic Resonance Imaging (MRI)</b>	74712, 77046, 77047, 77048, 77049, 76391 76497, 76498	For groups that do not have eviCore - prior authorization are obtained through <b>Moda Pharmacy/HCS</b> <b>MCG A-0055 Pelvic MRI</b> <b>MCG A-0048 Breast MRI</b>
<b>Margenza</b>	J9353	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Margenza (margetuximab-cmkb)</b>
<b>Marqibo (Vincristine liposomal)</b>	J9371	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Marqibo (vincristine liposomal)</b>
<b>Mastectomy</b>	19301, 19302, 19303, 19305, 19306, 19307	MCG S-862 Mastectomy, complete with insertion of breast prosthesis S-860 Mastectomy complete S-864 Mastectomy, complete with tissue flap S-858 Mastectomy, Partial

Description	CPT/HCPC Codes	Medical Necessity Criteria
Mepsevii (vestronidase alfa-vjbk)	J3397	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Mepsevii (vestronidase alfa-vjbk)</b>
Minimal Residual Disease testing	0171U, 0306U, 0307U, 0364U, 81315, 81316, 81479, 81599	MHMNC Minimal Residual Disease (MRD) testing
Monitored Anesthesia for Routine Endoscopic Procedures	00731, 00811, 00813 <i>Effective 12/31/2023</i> : CPT code 00812 does not require prior authorization <b>Groups NOT requiring Prior Authorization: Alaska, Sause Bros, City of Portland, PeaceHealth, Zoomcare</b>	<b>MHMNC Anesthesia for Routine Endoscopic Procedures</b>
MRgFUS treatment for essential tremors	0398T effective 1/1/2025: 61715	<b>MHMNC MRgFUS treatment for essential tremors</b>
Multiple Sleep Latency Test	95805	<b>MHMNC Obstructive Sleep Apnea Non-surgical Treatment</b>
Muscle Stimulator/Electrical Stimulation Devices including Functional Electrical Stimulators	64580, A4560, E0744, E0745, E0764, E0770	<b>MHMNC Electrical Stimulation Devices</b>
Mylotarg (gemtuzumab ozogamicin)	J9203	Request for authorization is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Mylotarg</b>
Negative Pressure Wound Therapy	E2402, 97605, 97606 Not covered: A9272, 97607, 97608	<b>MHMNC Negative Pressure Wound Therapy</b>
NPLATE (Romiplastin)	effective 1/1/2025: J2802 replacement for J2796	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC NPLATE (Romiplastin)</b>
Nucala (mepolizumab)	J2182	Requests for authorization is provided by <b>Pharmacy RX</b> for Oregon commercial fully insured, including OEBB and PEBB members. Requests for <b>select ASO groups</b> will be provided by <b>Prime Therapeutics Management</b> . Other groups contact <b>Moda Pharmacy/HCS</b> for authorization <b>MHMNC Nucala (mepolizumab)</b> <b>For Group exclusions, please check Moda Health Website</b>
Obizur(recombinant antihemophilic factor)	J7188	Requests for prior authorization is provided by <b>Moda Pharmacy/HCS</b> . <b>MHMNC recombinant antihemophilic factor (Obizur)</b>
Ocrevus (ocrelizumab)	J2350	Requests for authorization is provided by <b>Pharmacy RX</b> for Oregon commercial fully insured, including OEBB and PEBB members. Requests for <b>select ASO groups</b> will be provided by <b>Prime Therapeutics Management</b> . Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Ocrevus (ocrelizumab)</b> <b>For Group exclusions, please check Moda Health Website</b>
Onivyde (Irinotecan liposome injection)	J9205	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Onivyde (Irinotecan liposome injection)</b>
Onpattro (patisiran lipid complex) IV	J0222	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Onpattro</b>
Opdivo (Nivolumab)	J9299	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Opdivo (Nivolumab)</b>
Orencia (Abatacept)	J0129	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Orencia (abatacept)</b>
Orthodontic Treatment for Cranofacial Anomalies	<b>Effective 6/8/2024:</b> 21085, 21088, 21089, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21247, 21255, 40702, 40799	MHMNC Orthodontic Treatment for Cranofacial Anomalies



Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>Orthognathic Services</b>	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21244, 21245, 21246, 21247, 21248, 21249, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7953, D7955, D7960	Check member handbook as may be a benefit exclusion. MCG A-0247 Mandibular Osteotomy MCG A-0248 Maxillomandibular Osteotomy and Advancement
<b>Orthosis, Spinal</b>	L0450, L0452, L0454, L0456, L0458, L0460, L0462, L0464, L0466, L0468, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0648, L0650, L0651, L0710, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L0970, L0972, L0974, L0976, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L0999, L1499 <b>Prior Authorization required if item is over \$1500</b>	MHMNC Durable Medical Equipment (DME) General Policy MCG A-0880 Lumbar, Lumbosacral and Thoralumbosacral Orthoses
<b>Orthosis, Shoulder, wrist, hand</b>	L3671, L3677, L3702, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3961, L3966, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3806, L3808, L3900, L3901, L3904, L3905, L3906, L3913, L3919, L3921, L3933, L3935, L3999	MHMNC Durable Medical Equipment (DME) General Policy MHMNC Upper Extremities Orthoses
<b>Orthotics</b>	L0622, L0624, L1300, L1310, L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1844, L1845, L1846, L1860, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2650, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820, L2930, L2999	MHMNC Ankle/Foot or Knee Orthotics MCG A-0879 Knee Braces, Custom MCG A-0332 Knee Braces
<b>Orthotics (section 2)</b>	L4030, L4040, L4045, L4050, L4055, L4370, L4380	MHMNC Ankle/Foot or Knee Orthotics
<b>Orthotics</b>	L1900, L1904, L1907, L1920, L1940, L1945, L1950, L1960, L1970, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2040, L2050, L2060, L2070, L2080, L2090, L2126, L2128	MHMNC Ankle-foot/Knee-ankle-foot/Hip-Knee-ankle-foot orthotics
<b>Oxygen - portable</b>	E1390, E0424, E0447	MCG A-0343 Oxygen Therapy, Continous and Noncontinuous: Home
<b>Paclitaxel Albumin-Bound (Abraxane, Paclitaxel Albumin-bound)</b>	J9264, J9258	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Paclitaxel Albumin-Bound</b>
<b>Pain Infusion Pump Insertion - Epidural / Intrathecal</b>	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362	Moda Health Intrathecal Opioid Therapy for Management of Chronic Pain
<b>Panniculectomy</b>	15830	MHMNC Panniculectomy (Abdominal skin/fat surgery)
<b>Pediatric Wheelchairs</b>	E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0890, K0891	MCA-0352 Wheelchairs Manual, MCG A-0353 Wheelchairs Power
<b>Pedmark</b>	J0208	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Pedmark</b>
<b>Pegloticase</b>	J2507	MCG A-0674 Pegloticase
<b>Pemetrexed: Alimta®; Pemfexy™; Pemrydi RTU Pemetrexed™ (Intravenous)</b>	J9304, J9305, J9314, J9322, J9323, J9294, J9296, J9297 effective 1/1/2024: J9324	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Pemetrexed: Alimta®; Pemfexy™; Pemrydi RTU; Pemetrexed™(Intravenous)</b>
<b>Pepaxto (melphalan flufenamide)</b> <i>Withdrawn from market as of 10/22/2021</i>	J9247 <i>Withdrawn from market as of 10/22/2021</i>	<i>Withdrawn from market 10/2021</i>

Description	CPT/HCPC Codes	Medical Necessity Criteria
Perjeta	J9306	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Perjeta</b>
PET Scans	78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252, 78429, 78430, 78431, 78432, 78433, 78434	For groups that do not have eviCore - prior authorization are obtained through Moda Health/HCS <b>MCG A-0097 Myocardial Positron Emission Tomography (PET) and PET-CT</b>
PET Scans	<a href="#">eviCore Advanced Imaging code list</a>	Requests for PET scans are performed by eviCore Guidelines available at: www.evicore.com Check EBT for Member enrollment
Phesgo	J9316	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Phesgo (pertuzumab, trastuzumab and hyaluronidase-zzxf)</b>
Phrenic nerve stimulator	Effective 1/1/2024: 33276, 33277, 33287, 93150	<b>MCG A-0974: Phrenic Nerve Stimulation, Implantable</b>
Portrazza (Necitumumab)	J9295	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Portrazza (Necitumumab)</b>
Port Wine Stain Treatment	17106, 17107, 17108	MCG SG-MS Musculoskeletal Surgery
Poteligeo (mogamulizumab-kpkc)	C9038	New as of 11/2018 requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Poteligeo</b>
Power Operated Vehicle (POV), Scooters	K0800, K0801, K0802, E1230	MCG A-0352 Scooters
Power and Manual Wheelchair Accessories	E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E2329, E2330, E1018, E2351, E2368, E2369, E2370, E0985, E0986, E1030, E1225, E1226, E1399, K0108, E0950	MCG A-0353 Wheelchairs, Power MCG A-0354 Wheelchairs, Manual MHMNC Push-Rim Activated Power-Assist Device for Manual Wheelchair
Power Wheelchair Accessories	E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E2329, E2330, E2374, E2375, E2376, E2377, E1012, E2351, E2368, E2369, E2370, K0108, E1399	MCG A-0353 Wheelchairs, Power
Power Wheelchair Bases	K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0864	MCG A-0353 Wheelchairs, Power
Proleukin (aldesleukin, IL-2)	J9015	Reviewed by Moda Pharmacy/HCS <b>MHMNC Proleukin (Aldesleukin, IL-2)</b>
Prosthetics (including Maxillofacial)	D5911 - D5999, L5000 - L5999, L6000 - L6999, L7000 - L7999, L8501, L8000 - L8698 - L8702, L8901, L9000 - L9900, V2623 - V2629, V5095	MHMNC Durable Medical Equipment (DME) General Policy
Provenge (Sipuleucel-T)	Q2043, C9273	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Provenge (Sipuleucel-T)</b>
Radicava (edaravone)	J1301	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Radicava (edaravone)</b>
Ranibizumab: Lucentis®; Byooviz™; Cimerli™ (Intravitreal)	J2778, Q5124 effective 4/1/2023: Q5128	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Ranibizumab: Lucentis®; Byooviz™; Cimerli™ (Intravitreal)</b>
Rebetron (Interferon)	J9214, J9213	MCG A-0309 Interferon and Peginterferon Self-injectable authorized by <b>Pharmacy RX</b>
Reblozyl (luspatercept)	J0896	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Reblozyl (luspatercept)</b>
Renflexis (infliximab-abda)	Q5104	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Infliximab (Remicade, Inflectra, Renflexis, Avsola)</b>

Description	CPT/HCPC Codes	Medical Necessity Criteria
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465	Non cosmetic Rhinoplasty requests - MCG A-0184 Rhinoplasty
Rituxan (Rituximab)	J9312	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Rituximab</b> (Rituxan, Truxima, Ruxience)
Rituxan Hycela (Rituximab and hyluronidase)	J9311	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Rituxan Hycela</b>
Ruconest (C-1 esterase Inhibitor)	J0596	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Ruconest (C-1 Esterase Inhibitor - recombinant)</b>
Ruxience (rituximab-pwr, biosimilar), Riabni	Q5119, Q5123	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Rituximab</b> (Rituxan, Truxima, Ruxience, Riabni)
Rylaze	J9021	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Rylaze</b>
Sandostatin	J2353	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Sandostatin</b>
Saphnelo	J0491	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Saphnelo</b>
Sarclisa	J9227	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Sarclisa</b>
Scar revision (includes Kenalog injections)	15786, 31830	MCG A-0495 Scar Revision
Simponi Aria	J1602	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Simponi Aria</b>
Self- Injectables	J0881, J1830, J1438, J3030, J9212, J2820	Self- injectables are authorized by <b>Pharmacy RX (under Pharmacy benefit)</b> - contact Pharmacy Customer Service @ 888. 361.1610 OR Prime Therapeutics Management OR Moda Pharmacy/HCS
Shoulder Replacement (Arthroplasty)	23470, 23472	MCG S-634 Shoulder Arthroplasty
Shoulder Replacement (Arthroplasty) and shoulder surgeries obtained through eviCore for members enrolled in the MSK program as of 4/1/2017	<a href="#">eviCore Joint Surgery prior auth list</a>	eviCore guidelines for shoulder surgeries are located at: <a href="http://www.eviCore.com">www.eviCore.com</a>
Signifor LAR (pasireotide)	J2502	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Signifor LAR</b>
Skin Substitutes - Bioengineered Tissue Grafts	Q4100, Q4101, Q4102, Q4104, Q4105, Q4106, Q4107, Q4112, Q4116, Q4122, Q4128, Q4130, Q4132, Q4133, Q4145, Q4186, Q4187, Q4199	MHMNC Skin and Tissue Substitutes - Engineered  Please see "Always Not Covered List" for additional Skin Substitute codes
Skyrizi	J2327	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Skyrizi</b>
Sleep Studies - Polysomnogram In lab	95807, 95808, 95810, 95811	Authorization required for all fully insured groups and individuals. Check member handbook for ASO groups <b>MHMNC Obstructive Sleep Apnea Non-surgical Treatment</b>

Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>Specialty Drugs</b>	J2503, J2820, J2469, J1440, J1441, J2505, J0885, J1745, J0129, J9041, J9303, J9305, J3262, J1572, J1566, J1568, J1569, J1561, J9179, J1559, J9043, J9354, J9047, J1568, J2353, J9033, J9035, J9055, J9264, J9306, J9310, J9400, J0490, J0585, J0586, J0588, J0597, J0598, J1290, J1599, J9371, J3380, J9308, J9271, J9299, J9032, J9039, J1786, J1743, J3060, J0180, J9207, J0202, J2796, J0596, J9118, J3111, J9119, J9204, J9273, J9359, J2182, J2786, J9034, J9176, J1458, J9309, J9313, J1303, J1932, J1448, J9348, J9269 J1558, J9177, J9358, J9144, J9145, J9037, J9349, Q2053, Q2054, Q2055, J9029, J9350, J9259, J9272, J9021, J9272, J9061, J9298, J9196, J1930, J9345, J9064, J9051, J0224, J0801, J0802, J9210 <b>Effective 1/1/2024:</b> J2508, J3401, J9333, J9334, J9321, J9324, J1412, J1413, J9286, J9258, J1304, Q5132 <b>Effective 4/1/2024:</b> G0138, J1202, J1323, J2277, J2782, J3055, J7165, J9376, Q5133, Q5134 <b>Effective 7/1/2024:</b> J2267, J9361, J3393, J3394, J7171, J3247, J3263, J2468, J1748 <b>Effective 10/1/2024 :</b> J9329, Q5135, Q5136 <b>Effective 1/1/2025:</b> J3392, J9028, J9292, J1414, Q5146, J9026, C9173, J0870, Q5140, Q5141, Q5142, Q5143, Q5144, Q5145, Q5145, Q5146	Prime Therapeutics Management - Refer to the applicable MHMNC for each drug located at: <a href="https://www.modahealth.com/medical/medical_criteria.shtml">https://www.modahealth.com/medical/medical_criteria.shtml</a>
<b>Spevigo® (spesolimab)</b>	<i>Effective 4/1/2023:</i> J1747	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Spevigo® (spesolimab)</b>
<b>SPECT Scans - Non cardiac</b>	78803, 78830, 78831, 78832 0742T	Contact eviCore for groups with eviCore. Groups without eviCore require PA through Moda Health/HCS
<b>Spinal Surgeries</b>	63003, 63012, 63016, 63017, 63030, 63035, 63042, 63044, 63047, 63055, 63056, 63057, 63064, 63066, 63077, 63078, 63081, 63082, 63085, 63086, 63088, 22532, 22548, 22554, 22590, 22855, 22899, 22551. 63001, 63005, 63015, 63045, 63046, 63048, 63050, 63051, 63077, 63090, 22600, 0202T, 22851, 22224, 22533, 22830, 22852, 22558, 22610, 22630, 22633, 22634, 22800, 22802, 22804, 22818, 22819, 22612, 63087, 22810, 22100, 22110, 22112, 22114, 22116, 22207, 22208, 22210, 22212, 22216, 22220, 22222, 22226, 22532, 22534, 22548, 22552, 22808, 22812, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849. 22850, 22851, 22865, 63662, 63663, 22206, 63090, 63101, 63102, 63103, 63170, 22214, 22632, 63001, 63015, 63045, 63048, 63050, 63051, 63020, 63040, 63043, 63091, 63185, 63190, 22595, 22556 22853, 22854, 22859, 62380 <i>Effective 1/1/2024:</i> 27278 Deleted 12/31/2023: 0775T	MCG S-810 Lumbar Discectomy, Foraminotomy, or Laminotomy MCG S-830 Lumbar Laminectomy MCG S-820 Lumbar Fusion MCG S-5810 Lumbar Spine Surgery MCG S-320 Cervical fusion, Anterior MCG S-330 Cervical Fusion - Posterior MCG S-1056 Spine, Scoliosis, posterior instrumentation MCG Musculoskeletal Surgery or Procedure GRG
<b>Spinal Surgery - for members with eviCore, prior authorization is obtained through eviCore</b>  <b>Check EBT for member enrollment in eviCore MSK program</b>	<a href="#">eviCore Spine Surgery Prior auth list</a>	<b>Authorization for members enrolled in eviCore MSK program are obtained through eviCore.</b> <b>Guidelines are available at:</b> <b><a href="http://www.evicore.com">www.evicore.com</a></b>
<b>Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim)</b>	E0749, 63650, 63655, 63685, 64575, 64580, 64581, 64590, 95972, L8680, C1823 <i>Effective 1/1/2024:</i> 0784T, 0786T	MHMNC Spinal Cord Stimulators
<b>Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim) for members with eviCore MSK, prior authorization is obtained through eviCore for services as of 4/1/2017</b>	<a href="#">eviCore Interventional Pain prior authorization list</a>	<b>As of 4/1/2017</b> , authorization for members enrolled in eviCore MSK program are obtained through eviCore.

Description	CPT/HCPC Codes	Medical Necessity Criteria
Spinraza (nusinersen)	J2326  C9489 - Facility code only	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Spinraza (nusinersen)</b> <b>For Group exclusions, please check Moda Health Website</b>
Spravato (esketamine - nasal spray)	G2082, G2083, J3490 S0013	Referred to Moda Pharmacy/HCS for review
Standers/Standing Frames	E0637, E0638, E0641, E0642	MHMNC Standers/Standing frames
Stereotactic Radiosurgery / Radio-therapy	20982, 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77422, 77423, 77432, 77435, 77520, 77522, 77523, 77525, G0339, G0340 <i>effective 1/1/2025</i> : G0562, G0563	MCG A-0423 Stereotactic Radiosurgery MCG A-0718 Radiofrequency Ablation of Tumor MCG A-0694 Stereotactic Body Radiotherapy
Sustol	J1627	Request for authorization is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Sustol (granisetron)</b>
Susvimo	J2779	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Susvimo</b>
Syfovre	J2781	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Syfovre</b>
Sylvant (Siltuximab)	J2860	Requests for authorization of this drug will be provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Sylvant (Siltuximab)</b>
Synagis for RSV	90378	MCG A-0320 Palivizumab
Synribo	J9262	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Synribo</b>
Talvey	effective 4/1/2024: J3055	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Talvey</b>
Tecentriq (atezolizumab)	J9022	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Tecentriq (atezolizumab)</b>
Tecvayli (teclistamab-cqyv)	J9380	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Tecvayli (teclistamab-cqyv)</b>
Tepezza ( teprotumumab-trbw)	J3241	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Tepezza® (teprotumumab-trbw)</b>
Tezspire	J2356	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Tezspire</b>
Tissue Transfer or Rearrangement	14301, 14302	MCG PG-WS
Thoracic Sympathectomy (for diagnosis of Hyperhidrosis)	32664	MCG S-1072 Sympathectomy by Thoracoscopy or Laparoscopy
TMJ Splints	21085, 21089, 21100, 21110	MHMNC TMJ Treatment
TMJ Surgeries	29800, 21240, 21242, 21243, 29804	MCG A-0523 - TMJ Joint Arthroplasty MCG A-0492 - TMJ Arthroscopy
Tocilizumab ( Actemra, Tofidence, Tyenne)	J3262, Q5133	All requests for self-injectable will be reviewed by <b>Pharmacy RX</b> . Requests for Intravenous infusion will be reviewed by <b>Prime Therapeutics Management</b> . <b>MCG A-0622 Tocilizumab, MHMNC Tocilizumab</b>



Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>Total Joint Surgery (Elbow, shoulder, ankle, etc) For Total Knee and Total Hip Replacements check specific section</b>  <b>Some joint surgeries require PA through eviCore for members enrolled in the MSK program, authorization are obtained through eviCore</b> <b>Please check EBT for enrollment and the provider website for listing of procedures:</b> <a href="https://www.modahealth.com/medical/utilizationmanagement.shtml">https://www.modahealth.com/medical/utilizationmanagement.shtml</a>	27700, 27702, 27703, 24360, 24361, 24362, 24363, 23470, 23472, 29899 <i>effective 1/1/2025:</i> 25448	MCG S-420 Elbow Arthroplasty MCG S-634 Shoulder Arthroplasty MCG SG-MS Musculoskeletal Surgery for other joint replacements not listed.  For members enrolled in eviCore, as of <b>4/1/2017</b> , guidelines are available at: <a href="http://www.evicore.com">www.evicore.com</a>
<b>Transcatheter insertion or removal of pacemaker component</b>	Effective 7/1/2023: 0795T, 0796T, 0797T, 0798T, 0799T, 0800T	Contact <b>eviCore</b> for groups with eviCore. Groups without eviCore require PA through <b>Moda Health/HCS</b>
<b>Transoral Incisionless Fundoplication (TIF) EsophyX</b>	43210	MHMNC - Endoscopic Treatment of GERD
<b>Transplants</b>	S2053, S2054, S2055, S2060, S2065, S2150, S2152, 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38240, 38241, 38242, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33945, 38230, 38232, 38240, 38241, 44132, 44133, 44135, 44136, 47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547	Review of transplant evaluation and transplant event required.
<b>Tremfya</b>	J1628 (IV only)	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. <b>MHMNC Tremfya</b>
<b>Trodelvy (sacituzumab govitecan-hziy)</b>	J9317	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Trodelvy</b>
<b>Trogarzo (ibalizumab-uiyk)</b>	J1746	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Trogarzo (ibalizumab-uiyk)</b>
<b>Truxima (rituximab-abbs), biosimilar</b>	Q5115	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Rituximab (Rituxan, Truxima, Ruxience)</b>
<b>(Tysabri, Tyruko )Natalizumab</b>	J2323 effective 4/1/2024: Q5134	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Tysabri (natalizumab)</b>
<b>Tzield™ (teplizumab-mzwv)</b>	J9381	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Tzield™ (teplizumab-mzwv)</b>
<b>Unlisted Drug Codes</b>	J3490, J3590, J3591, J7999, J9999	MHMNC specific for drug
<b>Uplizna</b>	J1823	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Uplizna™ (inebilizumab-cdon)</b>
<b>Urinary Incontinence</b>	64561, 64566, 64555 <i>Effective 1/1/2024:</i> 0816T, 0817T, 0818T, 0819T <b>Not covered:</b> E0740	MHMNC Urinary Incontinence Treatment
<b>Ustekinumab (Stelara, Selarsdi, Wezlana, Pyzchiva)</b>	J3357, J3358, Q5137, Q5138, Effective 1/1/2025: Q9996, Q9997, Q9998	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. <b>MHMNC Ustekinumab: Stelara, Wezlana</b>
<b>Uterine Fibroid Ablation - Transcervical</b>	effective 1/1/2024: 58580 <i>Deleted 12/31/2023: 0404T</i>	MCG A-0718 Radiofrequency Ablation of Tumor
<b>Uvulopalatopharyngo-plasty (UPPP) / Uvulectomy</b>	42140, 42145, 42160, S2080 C9749 - may be used with OSA surgery	MHMNC Obstructive Sleep Apnea - Surgical Treatment

Description	CPT/HCPC Codes	Medical Necessity Criteria
Vabysmo	J2777	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Vabysmo</b>
Vagus Nerve Stimulator	61885, 61886, 64553, 64568, 64569, L8680, L8682, L8683, L8685, L8686, L8687, L8788, 64582, 64583, 64584 <i>effective 1/1/2024:</i> 61889, 61891, 61892, 64596, 64597, 64598 <i>Effective 1/1/2025 :</i> 0908T, 0909T	MHMNC Vagus Nerve Stimulation
Varicose Vein Procedures	36470, 36471, 36473. 36474. 36475, 36476, 36478, 36479, 37204, 37700, 37718, 37722, 37735, 37760, 37765, 37766, 37780, 37785, 37799, 75894, 36473, 36474, 36482, 36483, 36465 36466	MCG A-0170, A-0172, A-0174, A-0425
Vectibix	J9303	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Vectibix</b>
(Velaglucerase) VPRIV	J3385	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC VPRIV</b> <b>MCG A-0654 Velaglucerase</b>
Velcade	J9044	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Velcade</b>
Veopoz	J9376	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Veopoz</b>
Viltepso	J1427	Requests reviewed by Moda Pharmacy
Vimizin (Eosulfase Alfa)	J1322	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Vimizin (Eosulfase Alfa)</b>
Virtual Colonoscopy (CT Colonography)	74261, 74262, 74263	MHMNC Virtual Colonoscopy
Viscosupplementation (Hyaluronic Acid Derivatives)	J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332, J7333	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization <b>MHMNC Hyaluronic Acid (Viscosupplementation)</b>
Voretigene Neparvocec-rzyl (Luxturna)	J3398	Request for authorization is provided by <b>Moda Pharmacy/HCS</b> <b>MHMNC Luxturna</b>
Vyepti (eptinezumab-jjmr)	J3032, C9063	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization <b>MHMNC Vyepti® (eptinezumab-jjmr)</b>
Vyxeos (daunorubicin and cytarabine) liposome	J9153	Request for authorization is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Vyxeos liposome</b>
Vyvgart	J9332, J9334	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Vyvgart</b>
Wheelchairs - Manual Bases	K0003, K0004, K0005, K0006, K0007, K0009	MCG A-0354 Wheelchairs, Manual
Xiaflex	J0775	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Xiaflex</b>
Xolair (omalizumab)	J2357	Requests for authorization is provided by <b>Pharmacy RX</b> for Oregon commercial fully insured, including OEGB and PEBB members. Requests for <b>select ASO groups</b> will be provided by <b>Prime Therapeutics Management</b> . Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC - Xolair (omalizumab)</b> <b>For Group exclusions, please check Moda Health Website</b>
Xenpozyme (olipudase alfa)	J0218	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Xenpozyme (olipudase alfa)</b>

Description	CPT/HCPC Codes	Medical Necessity Criteria
Yervoy (Ipilimumab)	J9228	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Yervoy (Ipilimumab)</b>
Yescarta (axicabtagene ciloleucel)	Q2041	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. Drug authorization is required prior to requesting inpatient admission for drug administration. <b>MHMNC Yescarta</b>
Yondelis (Trabectedin)	J9352	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Yondelis (trabectedin)</b>
Zaltrap (Ziv-aflibercept)	J9400	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Zaltrap</b>
Zepzelca™ (lurbinectedin)	J9223	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Zepzelca™ (lurbinectedin)</b>
Zilretta (triamcinolone acetonide)	J3304	Requests for authorization of drug is provided by <b>Prime Therapeutics Management</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization <b>MHMNC Zilretta</b>
Zolgensma (onasemnogene abeparvove-xioi)	J3399	Request for authorization is provided by <b>Moda Pharmacy/HCS</b> <b>MHMNC Zolgensma (onasemnogene abeparvovec-xioi)</b>
Zulresso (Brexanolone)	J1632	Contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Zulresso</b>