

## Procedures and services



Updated 12/20/2024

**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		
<b>Urgent/Emergent Admission</b>	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"	
<b>Inpatient Elective Admissions</b>	Prior authorization is required for all inpatient elective admissions to an acute care facility	
<b>Skilled Nursing</b>	Prior authorization is required prior to patient admission. <b>As of 1/1/2025 No PA requirement for PeaceHealth, Zoomcare</b>	
<b>Inpatient Rehabilitation Facility</b>	Prior authorization is required prior to patient admission	
<b>Long Term Acute Care</b>	Prior authorization is required prior to patient admission	
<b>Transplants</b>	Prior authorization is required for the transplant evaluation and the transplant event	
<b>Advanced Imaging/Echocardiography and Musculoskeletal service are performed by eviCore</b>	Prior authorization is required for members enrolled in eviCore programs for Advanced Imaging and/or Musculoskeletal Services. Authorization is obtained through <a href="http://www.evicore.com">www.evicore.com</a> . Lists of all the programs and procedure codes requiring prior authorization are located at: <a href="https://www.modahealth.com/medical/utilizationmanagement.shtml">https://www.modahealth.com/medical/utilizationmanagement.shtml</a>	
<b>Specialty Drugs</b>	Prior authorization is required for select specialty drugs through Prime Therapeutics Management at: <a href="https://gatewaypa.com/">https://gatewaypa.com/</a>	
<b>Self-Injectable Drugs</b>	Prior authorization for self-injectable medications will be obtained through the Moda Health Pharmacy Benefit - contact Pharmacy Customer Service at: 1/888.361.1610.	
<b>Clinical Trials</b>	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	
<b>Therapeutic Drug Monitoring (Urine Drug Testing) (G0480, G0481)</b>	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.	
<b>Presumptive UDT codes:</b> 80305, 80306, 80307 <b>Not Covered:</b> G0482, G0483, 0082U <b>Not covered effective 1/1/2021:</b> 0227U		
<b>Durable Medical Equipment</b>	<p>CMS guidelines are applied for prior authorization unless otherwise stated in Moda Health criteria. Specific codes listed below require prior authorization.</p> <p>You can help your patients save money with the voluntary option of ordering supplies through a preferred DME provider.</p> <p>Our preferred providers have agreed to the best contracted rates and may help new and recurring DME users save money on their orders.</p> <p>Just follow these easy steps to help your patients find a preferred DME provider:</p> <ol style="list-style-type: none"> <li>1. Simply call Moda Medical Customer Service at 877-605-3229.</li> <li>2. Or you can go to <a href="http://modahealth.com">modahealth.com</a> and choose Find Care.</li> <li>3. Search as a guest and select the "Durable Medical Equipment" option under the Specialty drop-down menu.</li> <li>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.</li> <li>5. Your patient can contact a preferred DME provider to discuss their DME needs.</li> </ol>	
<b>Unlisted or unclassified codes</b>	Prior authorization is not required but will be reviewed with claim submission for medical necessity.	
<b>Nutritional Therapy- 97802, 97803, 97804</b>	Reviewed per member handbook language for nutritional therapy plan benefit availability and/or MHMNC -Medical Nutrition Therapy	
Therapies and Alternative Care		
<b>Oregon and Alaska members</b>	<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 authorization. <a href="https://www.modahealth.com/EBTWeb">https://www.modahealth.com/EBTWeb</a>
<b>Texas members</b>	<a href="http://www.ashlink.com">www.ashlink.com</a>	May apply to members with plans sold in and residing in the state of Texas. <a href="http://www.ashlink.com">www.ashlink.com</a> allows you to conveniently verify member eligibility/benefits, submit claims, and access the most current ASH materials.
<b>Therapies: For authorizations regarding intensive outpatient rehabilitation for the treatment of autism spectrum disorder or neurodevelopmental conditions, please contact Moda Health for authorization.</b>	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, H0240, H0241	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 27th 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	82785, 86003, 86005, 86008, 83516	MHMNC Allergy Testing - Blood
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 (Iaronidase)</b>

Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>Aliqopa (copanlisib)</b>	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>
<b>Alpha 1 Proteinase Inhibitors - (Glassia®, Aralast NP®, Prolastin®, Prolastin - C®, Zemaïra®)</b>	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>
<b>Amvuttra</b>	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>
<b>Anti-amyloid-Beta monoclonal antibodies (Aduhelm, Leqembi)</b>	J0174, J0175 J0172-Aduhelm-drug removed from market 04/22/2024	Reviewed By Moda Pharmacy/HCS
<b>Artificial Disc Replacement</b>	0095T, 0098T, 0163T, 0164T, 0165T, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 0375T effective 1/1/2023: 22860	MHMNC Intervertebral Disc Prosthesis
<b>Arthroscopy (other than knee)</b>	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 Arthroscopy 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
<b>Arzerrz (Ofatumab)</b>	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 (Ofatumab)</b>
<b>Auditory Brainstem Implant (ABI)</b>	S2230, S2235	MHMNC Cochlear Implants and Auditory Brainstem Implants
<b>Balloon Sinuplasty (Sinus surgery)</b>	31295, 31296, 31297, 31298	MHMNC Sinus Surgery
<b>Balloon Dilatation of Eustachian Tube</b>	69705, 69706, 69799, C9745	MHMNC Balloon Dilatation of Eustachian Tube
<b>Bavencio (avelumab)</b>	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>
<b>Beleodaq (Belinostat)</b>	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>
<b>Bendamustine hcl (Belrapzo, Bendeka, Treanda, Vivimusta)</b>	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>
<b>Benlysta (Belimumab)</b>	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>
<b>Beovu (brolocizumab-dbl)</b>	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 (brolocizumab-dbl)</b>
<b>Berinert (C-1 Esterase Inhibitor)</b>	J0597	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)</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>

Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>Bevacizumab- Oncology (Avastin, Mvasi, Zirabev, Alymsys, Vegzelma)</b>	J9035, Q5107, Q5118 Effective 1/1/2023: Q5126 Effective 4/1/2023: Q5129	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> (IncobotulinumtoxinA)
<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-xiyy)</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 www.eviCore.com
<b>Carpal Tunnel Release</b>	29848	MCG A-0211 Carpal Tunnel Decompression
<b>Carvykti</b>	C9098, 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>
<b>Capsule endoscopy (Wireless)</b>	91110, 91111, 91113	MCG A-0134 Capsule Endoscopy
<b>Cerezyme (Imiglucerase)</b>	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>

Description	CPT/HCPC Codes	Medical Necessity Criteria
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
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, 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)</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	0402T	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
Cyramza (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 Cyramza (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>
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)	C9160 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>

Description	CPT/HCPC Codes	Medical Necessity Criteria
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	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 <a href="http://www.eviCore.com">www.eviCore.com</a> Check EBT for member enrollment
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 (Tagliicerase 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 (tagliicerase alfa)</b>
Elrexio	C9165 <i>effective 4/1/2024:</i> 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
Requests for epidural, facet, medical branch blocks, and SI joint injections will be performed by eviCore. Check EBT for member enrollment 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)	<b>J0881, J0885</b> , J0882, J0887, J0888	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>
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 <b>Pharmacy criteria</b>
External Counterpulsation (Enhanced External Counterpulsation - EECp)	G0166, 92971	MCG A-0175 - Enhanced External Counterpulsation (EECP)

Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support (ECLS)</b>	Insertion codes: 33946, 33947, 33948, 33949, 33951, 33952, 33953, 33954, 33955, 33956, 33987, 33988	MCG SG-CVS
<b>External infusion insulin pumps</b>	E0784, E0787, A9274	Request for authorization is provided by <b>Moda Pharmacy/HCS</b> <b>MHMNC External infusion insulin pumps</b>
<b>Eylea, Eylea HD (afibercept)</b>	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 Afibercept (Eylea, Eylea HD)</b>
<b>Fabrazyme (Agalsidase Beta)</b>	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>
<b>Facet Neurotomy/Rhizotomy</b>	0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64633, 64634, 64635, 64636	MCG A-0218 Facet Neurotomy
<b>Fasenra (benralizumab)</b>	J0517 C9466	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>
<b>Fusilev (Levoleucovorin calcium); khapzory (Levoleucovorin)</b>	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>
<b>Gastric Bypass/Gastric Restrictive procedure/Office Visits for Obesity Management</b>	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.
<b>Gazyva (Obinutuzumab)</b>	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>
<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.

Description	CPT/HCPC Codes	Medical Necessity Criteria
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	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
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	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
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	81307, 81308, 81309, 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
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	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
Genetic Testing-additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	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
Genioplasty	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.
Givlaari (givosiran)	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>



Description	CPT/HCPC Codes	Medical Necessity Criteria
Grafts, autogenous, autologous	15769, 15771, 15772, 15773, 15774	Wound and Skin Management GRG. Reviewed for authorization by HCS
Granulocyte Colony Stimulating Factors (GCSFs) - Leukine	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>
Grenz Ray and Laser Treatment of Psoriasis	96900, 96920, 96921, 96922	MCG A-0255 Phototherapy, Skin; MCG A-0256 Laser Therapy; MHMNC Treatment or Removal of Benign Skin Lesions
Halaven (Eribulin Mesylate)	C9280, 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>
Hearing Aids/Bone-Anchored Hearing Aids "BAHA"	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
Hearing Assistive Technology (HATS)	V5268, V5269, V5270, V5271, V5272, V5273, V5274, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V8288, V5289, V5290, E1399	MHMNC- Hearing Assistive Technology
Hemgenix (etranacogene dezaparovec-drlb)	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 dezaparovec-drlb)</b>
Hemophilia Factors	J7170, J7175, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7199, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7213, J7214	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>
Herceptin, Ogivri, Kanjinti, Trazimera, Herzuma, ontruzant, Hercessi	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>
Hernia Repair	49520, 49521, 49560, 49561, 49565, 49566, 49581, 49570, 49580, 49582, 49585 Effective 10/1/2020: No PA required for Outpatient Surgery	MCG S-1305 Hernia Repair (Non-hiatal) MCG S-540 Hiatal Hernia Repair, Abdominal MCG S-550 Hiatal Hernia Repair- Transthoracic
Hicon	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>
High Density Lipid Profile /cardiac disease screening	82172, 83718	MHMNC - Cardiac Disease Screening Lipid Profile
High Intensity-focused Ultrasound, ablation of malignant prostate issue, transrectal	55880	MCG A-0271 High Intensity Focused Ultrasound (HIFU), Prostate
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

Description	CPT/HCPC Codes	Medical Necessity Criteria
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, C9072	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 Immune Globulins (Intravenous) IVIG</b> <b>MHMNC SCIG (immune globulin SQ)</b>
Injectafer, Feraheme, Monoferric	Q0138, Q0139-Feraheme J1437-Monoferric 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 Monoferric, MHMNC Feraheme, MHMNC Injectafer</b>
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>

Description	CPT/HCPC Codes	Medical Necessity Criteria
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. <b>MHMNC Lartruvo - Policy retired</b>
Laser Treatment - Derm/skin lesions	11200, 11201, 17106, 17107, 17108, 17110, 17111, 17380  <b>Effective 1/1/2023:</b> No prior authorization required for codes 17106, 17107, 17108, 17110, 17111 if requested with Dx codes D48.5, L57.0, L82.0 <b>Effective 2/1/2020:</b> No prior authorization 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>
Lemtrada (alemtuzumab), Briumvi	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>
Left Ventricular Assist Device (LVAD) and Total Artificial Heart Implantation	33979, 33980, 33981, 33982, 33983, 33990, 33991, 33927, 33928, 33929, 33995	MCG-SG-CVS Cardiovascular Surgery or Procedure

Description	CPT/HCPC Codes	Medical Necessity Criteria
Leqvio	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>
Lift Chairs/Patient Lift/Transfer Devices	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
Lipectomy	15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15878, 15879	Reviewed for medical necessity versus cosmetic
Low Air Loss Products (i.e. air mattresses)	E0181, E0182, E0184, E0185, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0199, E0277, E0372	MCG A-0348 Mattress and Mattress Overlay, Active (Dynamic)
Low Dose CT scan for Lung Cancer Screening	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>
Lumizyme (Alglucosidase alfa), Nexviazyme (avalglucosidase alfa-nga)	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>
Lung Volume Reduction Surgery/Pneumonectomy/Lung removal	32480, 32482, 32484, 32486, 32488, 32491	MCG SG-TS Thoracic Surgery
Luxturna (voretigene neparvovec-rzyl)	C9032 - facility only J3398	Requests for prior authorization is provided by Moda Pharmacy/HCS <b>MHMNC Luxturna (voretigene neparvovec-rzyl)</b>
Lymphedema Pump	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>
Magnetic Resonance Imaging (MRI)	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>
Margenza	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>
Marqibo (Vincristine liposomal)	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>
Mastectomy	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
Mepsevii (vestronidase alfa-vjkb)	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-vjkb)</b>
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	<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, E0744, E0745, E0764, E0770 Effective 4/1/2023: A4560	<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>

Description	CPT/HCPC Codes	Medical Necessity Criteria
<b>NPLATE (Romiplastin)</b>	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>
<b>Nucala (mepolizumab)</b>	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>
<b>Obizur(recombinant antihemophilic factor)</b>	J7188	Requests for prior authorization is provided by <b>Moda Pharmacy/HCS</b> . <b>MHMNC recombinant antihemophilic factor (Obizur)</b>
<b>Ocrevus (ocrelizumab)</b>	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>
<b>Onivyde (Irinotecan liposome injection)</b>	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>
<b>Onpattro (patisiran lipid complex) IV</b>	C9036, 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>
<b>Opdivo (Nivolumab)</b>	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>
<b>Orencia (Abatacept)</b>	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>
<b>Orthodontic Treatment for Cranofacial Anomalies ( Effective 6/8/2024)</b>	Effective 6/8/2024: 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
<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 Thorolumbosacral 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

Description	CPT/HCPC Codes	Medical Necessity Criteria
Orthotics	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
Orthotics (section 2)	L4030, L4040, L4045, L4050, L4055, L4370, L4380	MHMNC Ankle/Foot or Knee Orthotics
Orthotics	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
Oxygen - portable	E1390, E0424, E0447	MCG A-0343 Oxygen Therapy, Continuous and Noncontinuous: Home
Paclitaxel Albumin-Bound (Abraxane, Paclitaxel Albumin-bound)	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>
Pain Infusion Pump Insertion - Epidural / Intrathecal	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362	Moda Health Intrathecal Opioid Therapy for Management of Chronic Pain
Panniculectomy	15830	MHMNC Panniculectomy (Abdominal skin/fat surgery)
Pediatric Wheelchairs	E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0890, K0891	MCA-0352 Wheelchairs Manual, MCG A-0353 Wheelchairs Power
Pedmark	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>
Pegloticase	J2507	MCG A-0674 Pegloticase
Pemetrexed: Alimta®; Pemfexy™; Pemrydi RTU Pemetrexed™ (Intravenous)	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>
Pepaxto (melphalan flufenamide) <i>Withdrawn from market as of 10/22/2021</i>	C9080, J9247 <i>Withdrawn from market as of 10/22/2021</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 Pepaxto</b>
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>
Periurethral transperineal adjustable balloon continence device; insertion, removal, adjustment	53451, 53452, 53453, 53454	MCG A-0567: Ovarian and Internal Iliac Vein Embolization
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: <a href="http://www.evicore.com">www.evicore.com</a> 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>

Description	CPT/HCPC Codes	Medical Necessity Criteria
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	MHMNC Proleukin (Aldesleukin, IL-2)
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>
Rectal Control System	A4563	Requires review by Medical Director
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>
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 (Rituxan, Truxima, Ruxience)</b>
Rituxan Hycela (Rituximab and hyaluronidase)	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>
Rolvedon™ (eflapegrastim-xnst)	J1449	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 Rolvedon™ (eflapegrastim-xnst)</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>

Description	CPT/HCPC Codes	Medical Necessity Criteria
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>
Soliris (Eculizumab)	J1300	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 Soliris (eculizumab)</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, J1556, J1572, J1557, J1566, J1568, J1569, J1561, J9179, J1559, J9043, J9354, J9047, J1568, J1459, 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, J1575, J9207, J0202, J2796, J0596, J9118, J3111, J9119, J9204, J9273, J9359, J2182, J2786, J9034, J9145, J9176, J1458, J9309, J9313, J1303, J1932, J1558, J9177, J9358, J9144, J9037, J9349, Q2053, J9029, J9350, J9259, J9272, J9021, Q2055, J9272, J9061, J9298, J9196, J1930, J9345, J9064, J9051, J0801, J0802, J9210 <b>Effective 1/1/2024:</b> J2508, J3401, J9333, J9334, J9321, J9324, J1412, J1413, J9286, J9258, J1304 <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> C9169, C9170, C9172, J9329, Q5135, Q5136	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>	<b>Effective 4/1/2023:</b> 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</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 <b>Effective 1/1/2024:</b> 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 <b>Effective 1/1/2024:</b> 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.
<b>Spinraza (nusinersen)</b>	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>

Description	CPT/HCPC Codes	Medical Necessity Criteria
Spravato (esketamine - nasal spray)	G2082, G2083 S0013	Referred to Moda Pharmacy/HCS for review
Standers/Standing Frames	E0637, E0638, E0641, E0642	MHMNC Standers/Standing frames
Stereotactic Radiosurgery / Radiotherapy	20982, 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77422, 77423, 77432, 77435, 77520, 77522, 77523, 77525, G0339, G0340	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
<p><b>Total Joint Surgery (Elbow, shoulder, ankle, etc) For Total Knee and Total Hip Replacements check specific section</b></p> <p>Some joint surgeries require PA through eviCore for members enrolled in the MSK program, authorization are obtained through eviCore Please check EBT for enrollment and the provider website for listing of procedures: <a href="https://www.modahealth.com/medical/utilizationmanagement.shtml">https://www.modahealth.com/medical/utilizationmanagement.shtml</a></p>	27700, 27702, 27703, 24360, 24361, 24362, 24363, 23470, 23472, 29899	<p>MCG S-420 Elbow Arthroplasty MCG S-634 Shoulder Arthroplasty MCG SG-MS Musculoskeletal Surgery for other joint replacements not listed.</p> <p>For members enrolled in eviCore, as of 4/1/2017, guidelines are available at: <a href="http://www.evicore.com">www.evicore.com</a></p>
<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>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-mzww)</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-mzww)</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 Effective 1/1/2024: 0816T, 0817T, 0818T, 0819T Not covered: 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 <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Ustekinumab: Stelara, Wezlana</b>
<b>Uterine Fibroid Ablation - Transcervical</b>	effective 1/1/2024: 58580 Deleted 12/31/2023: 0404T	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
<b>Vabysmo</b>	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>

Description	CPT/HCPC Codes	Medical Necessity Criteria
Vagus Nerve Stimulator	61885, 61886, 64553, 64568, 64569, L8680, L8682, L8683, L8685, L8686, L8687, L8788, 64582, 64583, 64584 <i>effective 1/1/2024: 61889, 61891, 61892, 64596, 64597, 64598</i>	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	J3385	MCG A-0654 Velaglucerase
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>
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)	<b>J3032</b> , 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 OEBC 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>
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>

Description	CPT/HCPC Codes	Medical Necessity Criteria
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 abeparvovec-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>