

Procedures and services requiring prior authorization



Updated 9/9/2019

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	
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 as of 4/1/2017 - performed by eviCore	Prior authorization is required for members enrolled in eviCore programs for Advanced Imaging and/or Musculoskeletal Services as of 4/1/2017 . 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 Magellan RX Management at: https://specialtydrug.magellanprovider.com/MagellanProvider/do/LoadHome	
Self-Injectable Drugs	As of 1/1/2016, 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	
Therapies, Chiropractic care, Acupuncture, Massage Therapy as of 4/1/2017 - please check EBT and review website for details https://www.modahealth.com/medical/utilizationmanagement.shtml	eviCore Therapy, Chiro, Acupuncture, LMT prior auth list	As of 4/1/2017 , registration is required for members enrolled in MSK therapy program through eviCore. Initial services are registered, additional visits are reviewed for continued medical necessity
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 NOT send requests to eviCore	As of 9/8/17 - all requests for intensive outpatient therapy for treatment of ASD/neurodevelopmental conditions are reviewed by Moda Health

<p>Therapeutic Drug Monitoring (Urine Drug Testing) (G0477, G0478, G0479, G0480, G0481, G0482, G0483)</p> <p>New codes for presumptive UDT as of 1/1/17: 80305, 80306, 80307</p>	<p>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.</p>
<p>Durable Medical Equipment</p>	<p>CMS guidelines are applied for prior authorization unless otherwise stated in Moda Health criteria. DME requests \$500 or more require prior authorization or may be reviewed for medical necessity upon claim submission. 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"> 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. <p>Important change for Individual plan members Effective Jan. 1, 2019, all Exclusive Provider Organization (EPO) plans will have no out-of-network coverage. It is important that you refer these patients to a contracted DME provider that is in-network.</p> <p>A patient with recurring DME needs who is already set up with standard or automated billing with a provider can change the recurring prescription to a preferred DME provider. To do so, they must contact their current DME provider and the preferred DME provider to request the change.</p> <p>Non-DME providers may fax prior authorization requests for DME supplies to Moda Healthcare Services at 503-243-5105.</p>
<p>Unlisted or unclassified codes</p>	<p>Prior authorization is not required but will be reviewed with claim submission for medical necessity.</p>
<p>Nutritional Counseling - 97802, 97803, 97804</p>	<p>Reviewed for plan benefit availability and/or behavioral or medical necessity</p>

Description	CPT/HCPC Codes	Instructions
Mental health and chemical dependency prior authorizations		
Inpatient Mental Health		MHMNC - Inpatient Mental Health. (Contact Moda within two days of an emergency admission)
Inpatient Chemical Dependency	H0011	ASAM
Residential Mental Health	H0010, H0017, H0018, H0019	MHMNC - Residential Mental Health
Residential Chemical Dependency	H0011, H0012, H0013	ASAM
Partial Hospital Program Mental Health	H0035, H2012, S0201	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs

Description	CPT/HCPC Codes	Instructions
Partial Hospitalization Chemical Dependency	H0035, H2012, S0201	ASAM
Intensive Outpatient Treatment--Mental Health	S9480	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs
Applied Behavioral Analysis	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T	MHMNC - Applied Behavioral Analysis
Transcranial Magnetic Stimulation	90867, 90868, 90869	MHMNC – Transcranial Magnetic Stimulation
Nutritional Counseling for Eating Disorders	97802, 97803, 97804	MHMNC - Nutrition Therapy for Eating Disorders and Member Handbook Language for nutritional counseling

Medical/Surgical Services Prior Authorization List		
Abraxane	J9264	Requests for authorization of drug is provided by Magellan RX for all fully insured groups. Other groups contact Moda Health for authorization. MHMNC Abraxane
Actemra (Tocilizumab)	J3262	MCG A-0622 Tocilizumab All requests for self-injectable will be reviewed by pharmacy as 1/1/16. Intravenous infusion reviewed by Magellan RX.
ACTHAR HP	J0800	As of 1/1/2016 - Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Acthar HP
Adcetris (Brentuximab)	J9042	As of 1/1/2016 - Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Adcetris (Brentuximab)
Advanced Imaging (MRI, MRA, CT, CTA) for authorizations as of 4/1/2017.	eviCore Advanced Imaging code list	As of 4/1/2017 - requests for advanced imaging are being performed by eviCore at www.eviCore.com
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, E0656, E0657	MHMNC for High Frequency Chest Wall Oscillation Devices
Akynzeo - (fosnetupitant/palonosetron)	J1454 - new code as of 1/1/19 C9033 (Facility only)	As of 7/6/2018, request for authorization of drug is provided by MagellanRX for all fully insured individual and groups. Other groups contact Moda Health for authorization. MHMNC Akynzeo

Description	CPT/HCPC Codes	Instructions
Allergy Testing - RAST and ALCAT	82785, 86003, 86005, 86008 New code as of 1/1/18: 86008	MHMNC Allergy Testing - Blood Not covered - 86001 83516, 86849 if for ALCAT testing
Aldurazyme	J1931	As of 1/1/2017, request for authorization of drug is provided by MagellanRX for all fully insured individual and groups. Other groups contact Moda Health for authorization. MHMNC Aldurazyme (laronidase)
Alimta	J9305	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Alimta
Aliqopa (copanlisib)	J9057 - New code as of 1/1/19 New code as of 7/1/18 - facility only C9030	As of 11/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Aliqopa effective 11/1/17
Alpha 1 Proteinase Inhibitors - (Glassia [®] , Aralast NP [®] , Prolastin [®] , Prolastin - C [®] , Zemaira [®])	J0256, J0257	As of 1/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MCG A-0468 Alpha 1 Proteinase Inhibitor MHMNC Alpha-1 Proteinase Inhibitor effective 1/1/17
Artificial Disc Replacement	0092T, 0095T, 0098T, 0163T, 0164T, 0165T, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 0375T	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, 29898, 29900, 29901, 29902, 29904, 29905, 29906, 29907, 29999, G0289, 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
Arzerrz (Ofatumumab)	J9302	As of 1/1/2016 - Requests for authorization of drug are provided by Magellan RX for all fully insured groups. Other groups contact Moda Health for authorization. MHMNC Arzerrz (Ofatumumab)
Auditory Brainstem Implant (ABI)	S2230, S2235	MHMNC Cochlear Implants and Auditory Brainstem Implants

Description	CPT/HCPC Codes	Instructions
Avastin (Bevacizumab)	J9035 J7999 (Intravitreal use only) Q5107- new code as of 1/1/19	Requests for Avastin (Cancer treatment only) authorization of drug is provided by Magellan RX for all fully insured groups. Other groups contact Moda Health for authorization.
Balloon Sinuplasty	31295, 31296, 31297 New code as of 1/1/2018: 31298	Require prior authorization as of 7/1/2017. MHMNC Sinus Surgery
Bavencio (avelumab)	New code as of 1/1/2018: J9023 J9999 C9491 - Facility Only code	As of 7/1/17, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Bavencio (avelumab) - New effective 7/1/2017
Beleodaq (Belinostat)	J9032	As of 7/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Beleodaq (Belinostat) - New effective 7/1/16
Bendeka (Bendamustine)	J9034	As of 10/1/16 , equests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Bendeka (bendumustine) - New effective 10/1/2016
Benlysta (Belimumab)	Q2044, J0490	As of 1/1/2016 - Requests for authorization of drug are provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Benlysta (Belimumab)
Berinert (C-1 Esterase Inhibitor)	J0597	As of 1/1/2016 - Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Berinert (C-1 Esterase Inhibitor)
Besponsa (inotuzumab ozogamicin) - effective 11/1/2017	J9229 - New code as of 1/1/19	As of 11/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Besponsa effective 11/1/17

Description	CPT/HCPC Codes	Instructions
Blepharoplasty and Brow Lift	15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908	MHMNC Blepharoplasty and Brow Ptosis Criteria CPT codes 15820, 15821, and 18524 are considered cosmetic and not covered.
Blincyto (Blinotumomab) New	J9039	As of 7/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. Blincyto (Blinotumomab)
Bone Growth Stimulators, Ultrasound and Electric	E0747, E0748	MHMNC Bone Growth Stimulators, Ultrasonic MHMNC Bone Growth Stimulators, Electrical
Botox Injections (OnabotulinumtoxinA, AbobotulinumtoxinA, RimabotulinumtoxinB, and IncobotulinumtoxinA)	J0585, J0586, J0587, J0588	As of 1/1/2016 - Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Botox (OnabotulinumtoxinA), Dysport (AbobotulinumtoxinA), Myobloc (RimabotulinumtoxinB), or Xeomin (IncobotulinumtoxinA)
BRCA Gene Mutation Testing	81211, 81212, 81213, 81214, 81215, 81216, 81217 New codes as of 1/1/16 81162 New codes as of 1/1/19 81163, 81164, 81165, 81166, 81167	MCG A-0499 Breast and Ovarian Cancer, Hereditary BRCA 1 and BRCA 2 genes
Breast Cancer Gene Expression Assays Oncotype DX Endopredict Mammaprint	81519 - Oncotype 81599 - Endopredict 81521 - Mammaprint	MCG A-0532 Breast Cancer Gene Expression Assays
Breast Implant Removal	19328, 19330	MHMNC Breast Implant Removal
Breast Reconstruction Surgery	11920, 11921, 11970, 11971, 15777, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 20926, C1789, L8600, Q4100, Q4116, S2066, S2067, S2068	Always covered for reconstruction following mastectomy for breast cancer diagnosis. All other diagnoses are reviewed for medical necessity versus cosmetic. MHMNC Breast Reconstruction
Cardiac Rehabilitation	93797, 93798	MCG A-0358 Cardiac Rehabilitation
Cardiac Defibrillator, External/Wearable	93745, E0617, K0606, K0607, K0608, K0609	MHMNC - Cardiac Defibrillators, External criteria
Cardiac Event Monitors (Loop recorders and Mobile Outpatient Cardiac Telemetry) (Effective 7/15/2017)	93270, 93271, 93272 (Loop) 93228, 93229 (MOCT) 93264 New code as of 1/1/19 New code as of 1/1/18: 0497T, 0498T	MCG A-0121 Loop records (non-implantable) MHMNC Mobile Outpatient Cardiac Telemetry
Cardiac rhythm monitor insertion or removal	33285, 33286	Requires review by Medical Director

Description	CPT/HCPC Codes	Instructions
Cardiology service including stress tests, echocardiography, diagnostic angiograms, and pacemakers, prior authorization is required with eviCore as of 4/1/2017	eviCore Cardiology diagnostic procedure list	As of 4/1/2017 - requests for pacemakers, angiograms, nuclear studies, and echocardiograms are being performed by eviCore at www.eviCore.com
Carpel Tunnel Release	29848	MCG A-0211 Carpel Tunnel Decompression
Capsule endoscopy (Wireless)	91110, 91111, 0355T	MCG A-0134 Capsule Endoscopy
Brineura (Cerliponasa Alfa) (New code as of 1-1-19)	J0567	MHMNC Brineura
Cerezyme (Imiglucerase) - New as of 7/1/16	J1786	As of 7/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Cerezyme (Imiglucerase) - New effective 7/1/16
Chelation Therapy - Home Infusion	S9355	Prior authorization required for medical necessity of the chelation therapy - MCG
Cinqair (Reslizumab)	New code as of 1/1/17: J2786	As of 10/1/16 , requests for authorization of drug is provided by Magellan RX for OEBB, Payless Drug, PEBB and Salem Health. Other groups contact Moda Health Pharmacy team for authorization. MHMNC Cinqair (Reslizumab)
Cinryze (C-1 Esterase Inhibitor)	J0598	As of 1/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Cinryze (C-1 Esterase Inhibitor)
Cochlear Implantation/Removal	69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8628, L8629, L8692	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
Cooling Devices	E0218, E0236, E1399	MHMNC Cooling Devices Active Cooling devices (i.e. Game Ready) are not covered
Continuous Glucose Monitors	95249, 95250, K0553, K0554, A9276, A9277, A9278	MHMNC Continuous Glucose Monitoring (CGM)
Corneal Collagen X-linking for treatment of Keratoconus	0402T	MHMNC Treatment of Keratoconus (New criteria as of 7/1/2018)
CPAP/AutoPAP/Bipap - Authorization required as of 11/15/2017	E0601, E0470, E0471, E0472	MHMNC Obstructive Sleep Apnea Non-surgical Treatment
Cyramza (Ramucirumab)	C9025 (facility) J9308	As of 1/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Cyramza (Ramucirumab)

Description	CPT/HCPC Codes	Instructions
Cystic Fibrosis Genetic Carrier Testing	81220, 81221, 81222, 81223, 81224	MCG A-0597 Cystic Fibrosis - CFTR Gene and Mutation Panel Cystic Fibrosis testing is covered according to the guideline. It is not covered in the context of large multiple gene panel testing for inherited diseases beyond those recommended by ACOG and ACMG
Cystourethroscopy with mechanical dilation	New code as of 1/1/18: 0499T	Review for device: MCG S-210 Transurethral Destruction of Lesion
Crysvita - (burosumab-twza)	J0584 - new code effective 1/1/19	New drug as of 7/6/2018 - requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Crysvita (burosumab - twza)
Darzalex (daratumumab)	J9999 New code as of 1/1/17: J9145	As of 10/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Darzalex (daratumumab) - New effective 10/1/2016
Denosumab (Prolia/Xgeva)	J0897	As of 1/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Prolia/Xgeva (Denosumab)
Diabetes Online Intensive Program for Prevention	New code as of 1/1/18: 0488T	New code as of 1/1/18 - need to review for benefit coverage.
Dynasplint/JAS (or other mechanical stretching device)	E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1818, E1825, E1831	MHMNC Mechanical Stretching Devices

Description	CPT/HCPC Codes	Instructions
Echocardiography, transesophageal, transthoracic for procedure performed	93350, 93351, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317	For groups who do not utilize eviCore prior authorization is obtained via Moda Health
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	eviCore cardiology PA list	As of 4/1/2017 - requests for echocardiography and cardiac advanced imaging are being performed by eviCore at www.eviCore.com Check EBT for member enrollment
Elaprase (Idursulfase)	J1743	As of 7/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Elaprase (Idursulfase) - New effective 7/1/16
Elelyso (Taglilucerase Alfa)	J3060	As of 7/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Elaprase (Idursulfase) - New effective 7/1/16
Empliciti (elotuzumab)	J9999 New code as of 1/1/17: J9176	As of 10/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Empliciti (elotuzumab) - New effective 10/1/2016
Entyvio (Vedolizumab)	C9026 (facility) J3380	As of 1/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Entyvio (Vedolizumab)
Epidural, facet, medial branch blocks and SI joint Injections	0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 62310, 62311, 64483, 64484, 27096 New codes as of 1/1/17: 62320, 62321, 62322, 62323,	MHMNC Spinal Pain Injections

Description	CPT/HCPC Codes	Instructions
As of 4/1/2017, requests for epidural, facet, medical branch blocks, and SI joint injections will be performed by eviCore. Check EBT for member enrollement in MSK program	eviCore Interventional Pain Prior Auth list	As of 4/1/2017 - requests for pain injections, advanced imaging are being performed by eviCore at www.eviCore.com Check EBT for member enrollment **Note 64483 for SI injections is reviewed by Moda Health **
Erythropoiesis Stimulating Agents (ESAs)	J0881, J0885, J0882, J0887, J0888	Requests for authorization of codes highlighted in red are provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC ESAs (erythropoiesis stimulating agents)
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
Eylea (aflibercept)	J0178	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Orencia (abatacept)
Fabrazyme (Agalsidase Beta)	J0180	As of 7/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Fabrazyme (Agalsidase Beta) - New effective 7/1/16
Facet Neurotomy/Rhizotomy	0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64622, 64623, 64626, 64627, 64633, 64634, 64635, 64636	MCG A-0218 Facet Neurotomy
Fasenra (benralizumab)	J0517 - new code as of 1/1/19 New code effective 4/1/2018: C9466	As of 1/1/18, requests for authorization of drug is provided by Magellan RX for OEBC, City of Portland, Payless Drug, PEBB and Salem Health. Other groups contact Moda Health Pharmacy for authorization. MHMNC Fasenra (benralizumab)
Filgrastim-aafi, biosimilar (Nivestym)	Q5110	As of 10/1/18, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Colony Stimulating Factors: Nivestym (filgrastim-aafi)

Description	CPT/HCPC Codes	Instructions
Fulphila (pegfilgrastim-jmdb, biosimilar) new as of 11/1/2018	Q5108 Q5111 - new code as of 1/1/19	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Colony Stimulating Factors: Fulphila (pegfilgtastim-jmdb)
Fusilev (Levoleucovorin calcium)	J0641	As of 1/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Fusilev (levoleucovorin calcium)
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	MHMNC Obesity: Surgical Management for groups without specific language for coverage in the member handbook. Check member handbook for benefit.
Gazyva (Obinutuzumab)	J9301	As of 1/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Gazyva (obinutumumab)
Gender Reassignment	Multiple CPT codes apply with diagnosis codes for GID Female to Male procedures requiring prior authorization: 19301, 19302, 19303, 19304 Reassignment procedures: 54400-54417, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335 New codes 1/1/2016 - review for gender reassignment: 54437, 54438	MHMNC Gender Reassignment Criteria Covered for all Oregon fully insured groups and individuals. Check member handbook for ASO and Alaska benefit language.

Description	CPT/HCPC Codes	Instructions
Genetic Testing - additional codes (BRCA 1 and 2, Cystic fibrosis and Colon Cancer testing are listed separately)	<p>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, 81420, 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, 81551,</p> <p>New codes as of 1/1/19: 81345, 82642, 81333, 81596, 81518, 81326, 81237, 81233, 81320, 81305, 81443, 83722, 81306, 81171, 81172, 881204, 81173, 81174, 81177, 81178, 81183, 81179, 81180, 81181, 81182, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81234, 81239, 81284, 81285, 81286, 81271, 81274, 81312, 81329, 81332, 81336, 81337, 81343, 81344</p> <p>Unlisted codes for genetic tests: 81479, 81599, 84999</p>	<p>MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies</p>
Genioplasty	<p>21120, 21121, 21122, 21123</p>	<p>MCG SG-HNS Head and Neck Surgery May be included as part of orthognathic surgery, check member handbook. Reviewed for medical necessity versus cosmetic.</p>
GLASSIA (Alpha 1 Proteinase Inhibitor)	<p>J0256, J0257</p>	<p>As of 1/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MCG A-0468 Alpha 1 Proteinase Inhibitor MHMNC Alph 1 Proteinase Inhibitor effective 1/1/17</p>
Granulocyte Colony Stimulating Factors (GCSFs) - Leukine, Neupogen, Neulasta, Grannix	<p>J1442, J1446, J1447, J2505, J2820</p>	<p>Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC GCSFs (Granulocyte Colony Stimulating Factors)</p>
Grenz Ray and Laser Treatment of Psoriasis	<p>96900, 96920, 96921, 96922</p>	<p>MCG A-0256 Laser Therapy, Skin</p>

Description	CPT/HCPC Codes	Instructions
Halaven (Eribulin Mesylate)	C9280, J9179	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Halaven (Eribulin Mesylate)
Hearing Aids/Bone-Anchored Hearing Aids "BAHA"	69710, 69711, 69714, 69715, 69717, 69718	MCG A-0564 Hearing Aids, Bone Anchored Check member handbook. Hearing aids including BAHA may be a plan exclusion
Hearing Assistive Technology (HATS) - new as of 1/1/19	V5267, V5268, V5269, V5270, V5271, V5272, V5273, V5274, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V5288, V5289, V5290	MHMNC- Hearing Assistive Technology - New 1/1/19
Hemophilia Factors	J7180, J7181, J7182, J7183, J7186, J7187, J7189, J7190, J7191, J7192, J7199 New codes as of 1/1/17: J7170, J7175, J7179, J7202, J7207, J7209, J7210	If given by provider - reviewed per Medical MCG - A0451 Antihemophilic Factor Pharmacy reviews if drug provided by Pharmacy.
Herceptin (trastuzumab)	J9355	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Herceptin (trastuzumab)
Hernia Repair	49520, 49521, 49560, 49561, 49565, 49566, 49581, 49570, 49580, 49582, 49585	MCG S-1305 Hernia Repair (Non-hiatal) MCG S-540 Hiatal Hernia Repair, Abdominal MCG S-550 Hiatal Hernia Repair- Transthoracic
High Density Lipid Profile /cardiac disease screening	82472, 83695, 83718, 83090	MHMNC - Cardia Disease Screening Lipid Profile
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. MCG S-560 Hip Arthroplasty
Hip Replacement/Revision Surgery obtained through eviCore for members enrolled in MSK program as of 4/1/2017	eviCore MSK Joint PA list.pdf	As of 4/1/2017 - requests for hip replacements/revisions are being performed by eviCore at www.eviCore.com Check EBT for member enrollment
Home Ventilator	E0450, E0460, E0461, E0463, E0464, E0465, E0467	MCG A-0343 Oxygen Therapy, Continous and Noncontinuous: Home
Hospital Beds - Semi-electric, full electric, extra wide beds	E0260, E0261, E0265, E0266, E0270, E0294, E0295, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0328, E0329	MHMN Hospital Bed and Accessories
Hydroxyprogesterone Caproate (Makena) No Prior authorization required as of 12/15/2017	No prior authorization required as of 12/15/2017 J1726, J1729	MHMNC Hydroxyprogesterone Caproate criteria - Criteria retired - prior authorization no longer required
Hydrogen Breath Testing	91065 Effective 6/1/2019 review is required	MHMNC Hydrogen Breath Test
Hyperbaric Oxygen Therapy (HBOT)	G0277	MHMNC Hyperbaric Oxygen Therapy

Description	CPT/HCPC Codes	Instructions
Ilaris (canakinumab)	J0638	As of 3/1/2019, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Ilaris® (canakinumab)
Ilumya (tildrakizumab-asmn)	J3245 - new code as of 1/1/19	As of 7/6/2018, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Ilumya (tildrakizumab-asmn)
IMYLYGIC (Talimogene laherparepvec)	New code as of 1/1/17: J9325	New code as of 7/1/16 As of 4/1/17, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Imlygic (Talimoene laherparepvec)
Imfinzi (durvalumab) new as of 7/1/2017	J9173 - new code as of 1/1/19	As of 7/1/17, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Imfinzi (durvalumab) - New effective 7/1/2017
Inflectra (rituximab-dyyb, biosimilar) Ixifi (infliximab-qbtx, biosimilar)	Q5103 Q5109 - new code as of 1/1/19	As of 4/1/2018, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Inflectra
INR Monitor, Home Use	G0249	MCG A-0650 Prothrombin Time (INR) Home Monitoring Device
Interspinous Decompression and Interlaminar Stabilization Devices	0171T, 0172T	As of 10/1/16, this is no longer covered and considered investigational. 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. MHMNC Intraoperative Neurophysiologic Monitoring

Description	CPT/HCPC Codes	Instructions
Intravenous Immune Globulin New drug included as of 1/1/2017 Cuvitra - SCIG	C9270, J1557, J1562, J1599, 90281, 90283, 90284 MagellanRX drugs: J1459, J1556, J1559, J1561, J1566, J1568, J1569, J1572, J1575 New code effective 1/1/17 - Cuvitra J3590	Requests for authorization of codes highlighted in red are provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Intravenous Immune Globulin MHMNC SCIG
IXEMPRA (Ixabepilone)	J9207	As of 7/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC IXEMPRA (Ixabepilone) - New effective 7/1/16
Kadcyla	J9354	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Kadcyla
Kalbitor (ecallantide)	J1290	As of 1/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Kalbitor (ecallantide)
Kanuma (sebelipase alfa)	New code as of 1/1/17: J2840	As of 10/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Kanuma (sebelipase alfa) - New effective 10/1/2016
Keytruda (Pembrolizumab)	J9271 C9027 (facility)	As of 1/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Keytruda (Pembrolizumab)
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 Criteria
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.

Description	CPT/HCPC Codes	Instructions
<p>Knee surgeries including knee replacements and arthroscopies</p> <p>As of 4/1/2017, prior authorization are obtained through eviCore for groups enrolled in the program.</p>	<p>eviCore Joint Surgery prior auth list</p>	<p>As of 4/1/2017 - requests for knee replacement and arthroscopies are being performed by eviCore</p> <p>Guidelines available at: www.evicore.com</p> <p>Check EBT for member enrollment</p>
<p>Krystexxa</p>	<p>J2507</p>	<p>As of 4/1/2017, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC</p> <p>Krystexxa</p>
<p>Kymriah (tisagenlecleucel) - Effective 11/1/2017</p>	<p>New code effective 1/1/19: Q2042</p>	<p>As of 11/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. If given inpatient, authorization must be obtained prior to inpatient admission</p> <p>MHMNC Kymriah effective 11/1/17</p>
<p>Kyphoplasty/Vertebroplasty</p>	<p>22510, 22511, 22512, 22513, 22514, 22515</p>	<p>MHMNC Kyphoplasty/Vertebroplasty</p>
<p>Kyprolis</p>	<p>J9047</p>	<p>Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC</p> <p>Kadcyla</p>
<p>Lartruvo (olaratumab)</p>	<p>New code as of 1/1/2018: J9285</p> <p>J9999</p> <p>C9485 - Facility only code</p>	<p>As of 4/1/2017, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC</p> <p>Lartuvo</p>
<p>Laser Treatment - Derm/skin lesions</p>	<p>17106, 17107, 17108, 17110, 17111, 17380</p> <p>As of 1/1/2018 - no prior authorization required for: 17000, 17003, 17004</p>	<p>Reviewed for medical necessity vs cosmetic</p> <p>May be used with gender reassignment procedures</p> <p>MHMNC Treatment/Removal Benign Skin Lesions</p>
<p>Lemtrada (alemtuzumab)</p>	<p>New codes effective 1/1/16</p> <p>J0202</p>	<p>As of 7/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC</p> <p>Lemtrada (alemtuzumab)</p>
<p>Left Ventricular Assist Device (LVAD) and Total Artificial Heart Implantation</p>	<p>33979, 33980, 33981, 33982, 33983, 33990, 33991</p> <p>New codes as of 1/1/18: 33927, 33928, 33929</p>	<p>MCG - SG-CVS Cardiovascular Surgery or Procedure</p>
<p>Lift Chairs</p>	<p>E0629, E0630, E0635, E0636, E0637, E0639, E0640</p>	<p>MCG A-0350 Lift Chairs</p>

Description	CPT/HCPC Codes	Instructions
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, G0297	Groups who do not utilize eviore services refer to - MHMNC Lung Cancer Screening
Lumizyme (Alglucosidase alfa)	J0221	As of 1/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MCG A-0458 Alglucosidase alfa MHMNC Lumizyme
Lung Volume Reduction Surgery/Pneumonectomy/Lung removal	32480, 32482, 32484, 32486, 32488, 32491	MCG SG-TS Thoracic Surgery
Luxturna (voretigene neparovvec-rzyl)	J3590 New code as of 7/1/18 - facility only C9032 New code as of 1/1/19 J3398	Beginning 1/18/19 authorization is completed by Moda Health MHMNC Luxturna (voretigene neparovvec-rzyl)
Lymphedema Pump	E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676	MCG A-0340 Intermittent Pneumatic Compression with Extremity Pump
Macugen	J2503	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Macugen
Marqibo (Vincristine liposomal)	J9371	As of 1/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Marqibo (vincristine liposomal)
Mastectomy	19301, 19302, 19303, 19304, 19307, 19305, 19306	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-vjvk)	J3397- new code as of 1/1/19	As of 2/1/18, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Mepsevii (vestronidase alfa-vjvk)

Description	CPT/HCPC Codes	Instructions
Monitored Anesthesia for Routine Endoscopic Procedures	New Codes as of 1/1/18: 00731, 00811, 00812, 00813	Medical necessity review is required and can be completed pre-service or upon claim submission. MHMNC Anesthesia for Routine Endoscopic Procedures
Multiple Sleep Latency Test	95805	MHMNC Obstructive Sleep Apnea Non-surgical Treatment
Muscle Stimulator/Electrical Stimulation Devices including Functional Electrical Stimulators	64565, 64580, E0744, E0745	MHMNC Electrical Stimulation Devices
Mylotarg (gemtuzumab ozogamicin) Effective 11/1/2017	J9203	As of 11/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Mylotarg effective 11/1/17
Naglazyme	J1458	As of 1/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Naglazyme
Negative Pressure Wound Therapy	A6000, A6550, E0231, E0232, E2402, 97605, 97606, 97607, 97608	MHMNC Negative Pressure Wound Therapy
Non-invasive prenatal testing	81420, 81507, 0009M (added as of 7/1/17)	MCG A-0724 Noninvasive Prenatal Testing - Cell-Free Fetal DNA
NPLATE (Romiplastin)	J2796	As of 7/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC NPLATE (Romiplastin) - New effective 7/1/16
Nucala (mepolizumab)	J3590 New code as of 1/1/17: J2182	As of 10/1/16, requests for authorization of drug is provided by Magellan RX for OEBC, City of Portland, Payless Drug, PEBB and Salem Health. Other groups contact Moda Health Pharmacy team for authorization. MHMNC Nucala (mepolizumab) - New effective 10/1/2016
Ocrevus (ocrelizumab)	J2350	As of 4/1/17, requests for authorization of drug is provided by Magellan RX for OEBC, City of Portland, Payless Drug, PEBB and Salem Health. Other groups contact Moda Health Pharmacy team for authorization. MHMNC Ocrevus (ocrelizumab) - New effective 4/1/2017

Description	CPT/HCPC Codes	Instructions
Onivyde (Irinotecan liposome injection)	J9999 New code as of 1/1/17: J9205	As of 10/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Onivyde (Irinotecan liposome injection) - New effective 10/1/2016
Onpatro (patisiran lipid complex) IV	C9036 - new effective 11/2018	New as of 11/2018 - requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Onpatro
Opdivo (Nivolumab)	J9299, C9453- facility only	As of 1/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Opdivo (Nivolumab)
Orencia (Abatacept)	J0129	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Orencia (abatacept)
Orthognathic Services	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
Orthosis, Spinal	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, 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, L4000	MHMNC Durable Medical Equipment (DME) General Policy

Description	CPT/HCPC Codes	Instructions
Orthosis, Shoulder, wrist, hand	L3650, L3660, L3670, L3671, L3675, L3677, L3960, L3961, L3962, L3966, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3806, L3807, L3808, L3900, L3901, L3904, L3905, L3906, L3908, L3912, L3913, L3915, L3917, L3919, L3919, L3921, L3923, L3925, L3927, L3929, L3931, L3933, L3935	MHMNC Durable Medical Equipment (DME) General Policy
Orthotics	L0622, L0624, L1300, L1310, L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1820, L1830, L1831, L1832, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1850, L1860, L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, 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,	MHNMC Ankle/Foot or Knee Orthotics
Orthotics (section 2)	L3702, L3710, L3720, L3730, L3740, L3760, L3762, L3763, L3764, L3765, L3766, L3956, L3980, L3982, L3984, L3995, L3999, L4002, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4110, L4130, L4205, L4210, L4350, L4360, L4361, L4370, L4370, L4380, L4386, L4392, L4396	MHMNC Ankle/Foot or Knee Orthotics
Oxygen - portable	E1390, E0424, E0447	MCG A-0343 Oxygen Therapy, Continuous and Noncontinuous: Home
Pain Pump Insertion - Epidural / Intrathecal	62350, 62351, 62360, 62361, 62362, 96377	MCG A-0420 Intrathecal Pump Implantation
Panniculectomy	15830	MHMNC Abdominoplasty/Panniculectomy
Pediatric Wheelchairs	E1011, E1014, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E2291, E2292, E2293, E2294, K0890, K0891	MHMNC Wheelchairs Manual, Wheelchairs Power
Pegloticase	J2507	MCG A-0674 Pegloticase

Description	CPT/HCPC Codes	Instructions
Perjeta	J9306	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Perjeta
PET Scans	78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252, S8085	For groups that do not have eviCore - prior authorization are obtained through Moda Health MCG
PET Scans	eviCore Advanced Imaging code list	As of 4/1/2017 - requests for PET scans are being performed by eviCore Guidelines available at: www.evicore.com Check EBT for member enrollment
Peyronie's disease surgery/injections	54200, 54205, 54300, 54360	MCG SG-US
Portrazza (Necitumumab)	J9999 New code as of 1/1/17: J9295	As of 10/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Portrazza (Necitumumab) - effective 10/1/2016
Port Wine Stain Treatment	17106, 17107, 17108	MCG SG-MS Musculoskeletal Surgery
Poteligeo (mogamulizumab-kpkc)	C9038 - new effective 11/2018	New as of 11/2018 requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Poteligeo
Power Operated Vehicle (POV), Scooters	K0800, K0801, K0802	MHMNC Wheelchairs Power
Power and Manual Wheelchair Accessories	E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E2310, E2311, E2313, E2321, E2322, E2325, E2326, E2327, E2328, E2329, E2330, E2374, E2375, E2376, E2377, E1016, E1018, E2351, E2368, E2369, E2370, E0985, E1015, E1017, E1030, E1225, E1226, E2231, E2619, E1399, K0108, E0950, E2603, E2604, E2605, E2606, E2607, E2608, E2609, K0037, K0734, K0735, K0736, K0737, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621,	MHMNC Wheelchairs Accessories and Options
Power Wheelchair Accessories	E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E2310, E2311, E2313, E2321, E2322, E2325, E2326, E2327, E2328, E2329, E2330, E2374, E2375, E2376, E2377, E1012, E1016, E1018, E2351, E2368, E2369, E2370, K0108, E1399	MHMNC Wheelchairs Accessories and Options

Description	CPT/HCPC Codes	Instructions
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	MHMNC Wheelchairs - Power
Proleukin (aldesleukin, IL-2) (effective as of 12/1/2017)	J9015	MHMNC Proleukin (Aldesleukin, IL-2)
Prosthetic (including Maxillofacial)	D5911 - D5999, L5000 - L5999, L6000 - L6999, L7000 - L7999, L8000 - L8698 - L8702, L8901, L9000 - L9900, V2623 - V2629, V5095 New codes as of 1/1/17: L1851, L1852	MHMNC Durable Medical Equipment (DME) General Policy
Proton Beam Therapy	77520, 77522, 77523, 77525	MCG A-0389 Proton Beam Therapy
Provenge (Sipuleucel-T)	Q2043, C9273	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Provenge (Sipuleucel-T)
Radicava (edaravone) new as of 7/1/17	Q2040 New code as of 1/1/19 J1301	As of 7/1/17, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Radicava (edaravone) - New effective 7/1/2017
Rebetron (Interferon)	J9214, J9213	MCG A-0309 Interferon and Peginterferon Self-injectable authorized by pharmacy
Reclast / Zometa/Pamidronate (Zoledronic Acid)	J3489	As of 7/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization MCG A-0294 Biphosphonate, Intravenous New as of 7/1/16 - MHMNC Zometa/Reclast (zoledronic acid)
Rectal Control System	A4563	Requires review by Medical Director
Remicade Infusion (Infliximab)	J1745	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Remicade (Infliximab)

Description	CPT/HCPC Codes	Instructions
Renflexis (infliximab-abda) new as of 7/1/17	New code as of 4/1/2018: Q5104	As of 7/1/17, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Renflexis (infliximab-abda) - New effective 7/1/2017
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465	Non cosmetic Rhinoplasty requests - MCG
Rituxan (Rituximab)	J9312	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Rituxan
Rituxan Hycela (Rituximab and hyaluronidase)	J9311 New code as of 1/1/19 New Code as of 4/1/2018: C9467	As of 1/1/18, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Rituxan Hycela
Ruconest (C-1 esterase Inhibitor)	J0596	As of 7/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Ruconest (C-1 Esterase Inhibitor - recombinant)
Sandostatin	J2353	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Sandostatin
Scar revision (includes Kenalog injections)	11900, 11901, 15786, 31830	MCG SG-GS General Surgery or Procedure
Simponi Aria	J1602	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Simponi Aria
Self- Injectables	J0170, J0881, J1830, J1438, J0885, J3030, J9212, J2820	As of 1/1/16 - self- injectables are authorized by Moda Health Pharmacy - contact Pharmacy Customer Service @ 888. 361.1610
Shoulder Replacement (Arthroplasty)	23472, 23470	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	eviCore Joint Surgery prior auth list	eviCore guidelines for shoulder surgeries are located at: www.eviCore.com

Description	CPT/HCPC Codes	Instructions
Skin Substitutes - Bioengineered Tissue Grafts	Q4100, Q4101, Q4102, Q4104, Q4105, Q4106, Q4107, Q4112, Q4116, Q4122, Q4131, Q4132, Q4133, Q4145, Q4186, Q4187	MHMNC Skin Substitutes - Tissue Engineered Please see "Always Not Covered List" for additional Skin Substitute codes
Sleep Studies - Polysomnogram In lab	95807, 95808, 95810, 95811	Authorization required for all fully insured groups and individuals. Check member handbook for ASO groups MHMNC Obstructive Sleep Apnea Non-surgical Treatment
Soliris (Eculizumab)	J1300	As of 1/1/16, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Soliris (eculizumab)
Specialty Drugs	<p>J0178, J2503, J2778, J2820, J2469, J9264, J9035, J9055, J9033, J9310, J9355, J1440, J1441, J1442, J2505, J0881, J0885, J1745, J0129, J2323, Q2043, J9041, J9303, J9305, J3262, J1556, J1572, J1557, J1566, J1568, J1569, J1561, J9179, J1559, J9043, J9354, J9047, J1568, J9306, J1459, J2353, J1602, J3357, J9262, J9228, J9400</p> <p>New Drugs as of 1/1/16 J0490, J0585, J0586, J0587, J0588, J0597, J0598, J1290, J0800, J0897, J1300, J1447, J1599, J9302, J9371, J3380, J9308, J9271, J9299</p> <p>New Drugs as of 7/1/16 - J9032, J9039, J1786, J1743, J3060, J0180, J1575, J9207, J0202, J2796, J3489, J0596, J2860, J1322, J2357, Q5101</p> <p>New drugs as of 10/1/2016 J9999 or J3590 for: Bendeka, Cinqair, Darzalex, Empliciti, Kanuma, Nucala, Onivyde, Portrazza, Tecentriq</p> <p>New codes as of 1/1/17: J2182, J2786, J7320, J7322, J9034, J9145, J9176, J0256, J0221, J1458, J3385</p>	Magellan - Refer to the applicable MHMNC for each drug located at: https://www.modahealth.com/medical/medical_criteria.shtml
SPECT Scans - Non Cardiac	78205, 78206, 78320, 78607, 78647, 78710, 78803, 78807	Contact eviCore for groups with eviCore Groups without eviCore require PA through Moda Health

Description	CPT/HCPC Codes	Instructions
Spinal Surgeries	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, 63050, 63051, 63077, 63090, 22600, 0202T, 63048, 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, 63180, 63182, 63185, 63190, 22595, 22556, New codes as of 1/1/17: 22853, 22854, 22859, 62380	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
Spinal Surgery - for members with eviCore, prior authorization is obtained through eviCore beginning 4/1/2017 Check EBT for member enrollment in eviCore MSK program	eviCore Spine Surgery Prior auth list	As of 4/1/2017, authorization for members enrolled in eviCore MSK program are obtained through eviCore. Guidelines are available at: www.evicore.com
Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim)	E0749, 63650, 63655, 63685, 64565, 64575, 64580, 64581, 64590, 95972, L8680, C1823	MHMNC Spinal Cord Stimulators
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	eviCore Interventional Pain prior authorization list	As of 4/1/2017, authorization for members enrolled in eviCore MSK program are obtained through eviCore.
Spinrazza (nusinersen)	New code as of 1/1/18: J2326 J3490 C9489 - Facility code only	As of 4/1/17, requests for authorization of drug is provided by Magellan RX for OEBB, City of Portland, Payless Drug, PEBB and Salem Health. Other groups contact Moda Health Pharmacy team for authorization. MHMNC Spinrazza (nusinersen) -
Standers/Standing Frames	E0637, E0638, E0641, E0642	Requires review by Medical Director
Stelara	J3357 New code as of 1/1/18: J3358	Requests for authorization of drug is provided by Magellan RX for all fully
Stereotactic Radiosurgery / Radio- therapy	20982, 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77422, 77423, 77432, 77435, 77520, 77522, 77523, 77525, G0173, G0251, G0339, G0340, 0169T	MCG A-0423 Stereotactic Radiosurgery MCG A-0718 Radiofrequency Ablation of Tumor

Description	CPT/HCPC Codes	Instructions
Sustol	New code as of 1/1/2018: J1627 J3490 (Unclassified) C9486 - Facility only code	As of 1/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Sustol (granisetron)
Sylvant (Siltuximab) New 1/1/16	New code effective 1/1/16 J2860	As of 7/1/16 - Requests for authorization of this drug will be provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Sylvant (Siltuximab)
Synagis for RSV	90378	MCG A-0320 Palivizumab
Synribo	J9262	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Synribo
Tecentriq (atezolizumab)	New code as of 1/1/18: J9022 J9999 C9483 - Facility only code	As of 10/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Tecentriq (atezolizumab) - New effective 10/1/2016
Tissue Transfer or Rearrangement	14301, 14302	MCG
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 A-0492 - TMJ Arthroscopy
Total Joint Surgery (Elbow, shoulder, ankle, etc) For Total Knee and Total Hip Replacements check specific section Some joint surgeries require PA through eviCore for members enrolled in the MSK program, authorization are obtained through eviCore as of 4/1/2017 Please check EBT for enrollment and the provider website for listing of procedures: https://www.modahealth.com/medical/utilizationmanagement.shtml	27700, 27702, 27703, 24360, 24361, 24362, 24363, 23470, 23472, 29899	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 4/1/2017 , guidelines are available at: www.evicore.com
Transoral Incisionless Fundoplication (TIF) EsophyX	43210	MHMNC - Endoscopic Treatment of GERD

Description	CPT/HCPC Codes	Instructions
Tranplants	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, 4135, 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.
Treanda	J9033	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Synribo
Trogarzo (ibalizumab-uiyk)	J1746 - new code as of 1/1/19	As of 7/6/2018 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Trogarzo (ibalizumab-uiyk)
Tysabri (Natalizumab)	J2323	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Tysabri (natalizumab)
Udenyca	Q5111	As of 4/1/2019, requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Udenyca
Unlisted Drug Codes	J3490, J3590, J3591, J7999, J9999	MHMNC Ilaris® (canakinumab)
Urinary Incontinence	64561, 64566, 64555	MHMNC Urinary Incontinence Treatment: Not covered: E0740
Uterine Fibroid Ablation - Transcervical	0404T	MCG A-0718 Radiofrequency Ablation of Tumor
Uvulopalatopharyngo-plasty (UPPP) / Uvulectomy	42140, 42145, 42160, S2080 New code 8/1/2018: C9749 - may be used with OSA surgery	MHMNC Obstructive Sleep Apnea - Surgical Treatment
Vagus Nerve Stimulator	61885, 61886, 64553, 64568, 64569, L8680, L8682, L8683, L8685, L8686, L8687, L8788	MHMNC Vagus Nerve Stimulation E/I codes: 0312T, 0313T, 0314T, 0315T, 0316T, 0317T

Description	CPT/HCPC Codes	Instructions
Varicose Vein Procedures	36470, 36471, 36473. 36474. 36475, 36476, 36478, 36479, 37204, 37700, 37718, 37722, 37735, 37760, 37765, 37766, 37780, 37785, 37799, 75894 New codes as of 1/1/17: 36473, 36474 New codes as of 1/1/18: 36482, 36483, 36465 36466	MCG A-0170, A-0172, A-0174, A-0425
Vectibix	J9303	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Vectibix
Velaglucerase	J3385	MCG A-0654 Velaglucerase
Velcade	J9044	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Velcade
Vimizin (Eosulfase Alfa)	J1322	Moda Health Pharmacy Criteria As of 7/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Vimizin (Eosulfase Alfa) - New effective 7/1/16
Virtual Colonoscopy (CT Colonography)	74261, 74262, 74263	MHMNC Virtual Colonoscopy
Viscosupplementation (Hyaluronic Acid - Synvisc, Supartz, Hyalgan, Orthovisc, Euflexxa, Gel-One, Gel-Syn)	J7321, J7322, J7323, J7324, J7325, J7326, J7327 New code effective 1/1/16 J7328 C9471 code deleted 12/31/2018 , New codes effective 1/1/17: J7320, J7322 C9465 code deleted 12/31/2018 New code effective 1/1/2019: J7318, J7329	As of 1/1/17 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization MHMNC Hyaluronic Acid (Viscosupplementation)
Voretigene Neparvocec-rzyl (Luxturna)	J3398	MHMNC Luxturna
Vyxeos (daunorubicin and cytarabine) liposome	J9153	As of 11/1/17 -Request for authorization is provided by MagellanRX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Vyxeos liposome effective 11/1/17

Description	CPT/HCPC Codes	Instructions
Wheelchairs - Manual Bases	K0003, K0004, K0005, K0006, K0007, K0009	
Xiaflex	J0775	MCG A-0639 Collagenase Injectable
Xolair (omalizumab)	J2357	MCG A-0315 Omalizumab As of 7/1/16 -Requests for authorization will be provided by Magellan RX for OEBC, City of Portland, Payless Drug, PEBB and Salem Health. Other groups contact Moda Health Pharmacy team for authorization MHMNC - Xolair (omalizumab)
Yervoy (Ipilimumab)	C9284, J9228	
Yescarta (axicabtagene ciloleucel)	New code effective 4/1/2018: Q2041	As of 1/1/18, Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. Drug authorization is required prior to requesting inpatient admission for drug administration.
Yondelis (Trabectedin)	J9352	As of 7/1/17 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Yondelis (trabectedin)
Zaltrap (Ziv-aflibercept)	J9400	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Zaltrap
Zarxio (Filgrastim-sndz)	Q5101	As of 7/1/16 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Zarxio
Zulresso (Brexanolone)	J3490	As of 7/1/19 , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Health for authorization. MHMNC Zulresso