

## Procedures and services



Updated 5/17/2022

**Groups:** Certain Moda Health groups may not require prior authorization for listed services.

### Services requiring prior authorization

<b>Urgent/Emergent Admission</b>	All urgent/emergent admissions to an inpatient facility requires notification to Moda Health
<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>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 as of 4/1/2017 - performed by eviCore</b>	Prior authorization is required for members enrolled in eviCore programs for Advanced Imaging and/or Musculoskeletal Services <b>as of 4/1/2017</b> . 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 Magellan RX Management at:
<b>Self-Injectable Drugs</b>	As of 1/1/2016, prior authorization for self-injectable medications will be obtained through the
<b>Clinical Trials</b>	Prior authorization is required for participation in a clinical trial. The trial number, chart notes,
<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>New codes for presumptive UDT as of 1/1/17:</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>	CMS guidelines are applied for prior authorization unless otherwise stated in Moda Health
<b>Unlisted or unclassified codes</b>	Prior authorization is not required but will be reviewed with claim submission for medical
<b>Nutritional Counseling - 97802, 97803, 97804</b>	Reviewed for plan benefit availability and/or behavioral or medical necessity

### 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>As of 9/8/17</b> - all requests for intensive outpatient therapy for treatment of ASD/neurodevelopmental conditions are reviewed by Moda Health

Description	CPT/HCPC Codes	Instructions
<b>Mental health and chemical dependency prior authorizations</b>		
<b>Assertive Community Treatment (ACT)</b>	<b>Effective 1/1/2021:</b> H0039, H0040	Coordinated Specialty Programs
<b>Crisis and Transition Services (CATS)</b>	<b>Effective 1/1/2021:</b> S9485	Coordinated Specialty Programs
<b>Disease Management Program for Pain</b>	<b>Effective 1/1/2021:</b> S0315, S0317	Pain Schools
<b>Early Assessment and Support Alliance (EASA)</b>	<b>Effective 1/1/2021:</b> H2016	Coordinated Specialty Programs
<b>Intensive In-home Behavioral Health Treatment (IIBHT)</b>	<b>Effective 1/1/2021:</b> H0023	Coordinated Specialty Programs
<b>Intensive Outpatient Services &amp; Supports (IOSS)</b>	<b>Effective 1/1/2021:</b> H0037	Coordinated Specialty Programs
<b>Inpatient Mental Health</b>		MHMNC - Inpatient Mental Health. (Contact Moda within two days of an emergency admission)
<b>Inpatient Chemical Dependency</b>	H0011	ASAM

Description	CPT/HCPC Codes	Instructions
Residential Mental Health	H0010, H0017, H0018, H0019 Effective 11/18/2020: T2048	MHMNC - Psychiatric Residential Treatment-children and adults
Residential Chemical Dependency	H0011, H0012, H0013	ASAM
Partial Hospital Program Mental Health	H0035, H2012, S0201	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs
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**

Description	CPT/HCPC Codes	Instructions/Criteria Moda Health Medical Necessity Criteria (MHMNC) or MCG™ Guidelines 25th Edition (MCG)
Abraxane	J9264	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Abraxane</b>
Actemra (Tocilizumab)	J3262	All requests for self-injectable will be reviewed by <b>Pharmacy RX</b> . Requests for Intravenous infusion will be reviewed by <b>Magellan RX</b> . <b>MCG A-0622 Tocilizumab</b>
ACTHAR HP	J0800	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Acthar HP</b>
Adakveo (crizanlizumab-tmca)	<b>New effective 7/1/2020:</b> J0791 Previously used: J3590 C9053-facility	Requests for authorization of drug is provided by <b>Magellan RX</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>Magellan RX</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 as of 4/1/2017	<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	MHMNC for High Frequency Chest Wall Oscillation Devices
Akynzeo - (fosnetupitant/palonosetron)	<b>New code as of 1/1/19:</b> J1454 C9033 (Facility only)	As of 7/6/2018, request for authorization of drug is provided by <b>Magellan RX</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>MagellanRX</b> for all fully insured individual and groups. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Aldurazyme (laronidase)</b>
Alimta	J9305	Requests for authorization is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Alimta</b>
Aliqopa (copanlisib)	J9057 - New code as of 1/1/19  <b>New code as of 7/1/18 - facility only</b> <b>C9030</b>	Request for authorization is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Aliqopa</b>

Description	CPT/HCPC Codes	Instructions
<b>Alpha 1 Proteinase Inhibitors - (Glassia®, Aralast NP®, Prolastin®, Prolastin - C®, Zemaira®)</b>	J0256, J0257	Request for authorization is provided by <b>Magellan RX</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>Artificial Disc Replacement</b>	0095T, 0098T, 0163T, 0164T, 0165T, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 0375T	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, 29898, 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
<b>Arzerrz (Ofatumumab)</b>	J9302	Requests for authorization of drug are provided by <b>Magellan RX</b> for all fully insured groups. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Arzerrz (Ofatumumab)</b>
<b>Auditory Brainstem Implant (ABI)</b>	S2230, S2235	MHMNC Cochlear Implants and Auditory Brainstem Implants
<b>Avastin (Bevacizumab)</b>	J9035 J7999 (Intravitreal use only) Q5107- new code as of 1/1/19	Requests for <b>Avastin (Cancer treatment only)</b> authorization of drug is provided by Magellan RX for all fully insured groups. Other groups contact Moda Pharmacy/HCS for authorization.
<b>Balloon Sinuplasty (Sinus surgery)</b>	31295, 31296, 31297 <b>New code as of 1/1/2018: 31298</b>	MHMNC Sinus Surgery
<b>Balloon Dilatation of Eustachian Tube</b>	69705, 69706, 69799, C9745	<b>Require prior authorization as of 4/15/2021</b> MHMNC Balloon Dilatation of Eustachian Tube
<b>Bavencio (avelumab)</b>	<b>New code as of 1/1/2018: J9023</b> J9999 C9491 - Facility Only code	Requests for authorization of drug is provided by <b>Magellan RX</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>Magellan RX</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)</b>	J9036, J9304, J9033	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Bendamustine</b>
<b>Benlysta (Belimumab)</b>	Q2044, J0490	Requests for authorization of drug are provided by <b>Magellan RX</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 (brolucizumab-dbil)</b>	<b>New code as of 1/1/2020: J0179</b>	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Beovu (brolucizumab-dbil)</b>
<b>Berinert (C-1 Esterase Inhibitor)</b>	J0597	Requests for authorization of drug is provided by <b>Magellan RX</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) - effective 11/1/2017</b>	J9229 - New code as of 1/1/19	<b>As of 11/1/17</b> -Request for authorization is provided by <b>Magellan RX</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	Instructions
<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>Blincyto (Blinotumomab) New</b>	J9039	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Blincyto (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>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Botox</b> (OnabotulinumtoxinA), Dysport (AbobotulinumtoxinB), Myobloc (RimabotulinumtoxinB), or Xeomin (IncobotulinumtoxinA)
<b>BRCA Gene Mutation Testing</b>	81212, 81215, 81216, 81217 <b>New codes as of 1/1/16:</b> 81162 <b>New codes as of 1/1/19:</b> 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, 15777, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, C1789, L8600, Q4100, Q4116, S2066, S2067, S2068 <b>Effective 1/1/2021:</b> Replacement codes 15771, 15772 for deleted code 19324 <b>As of 1/1/2021</b> code deleted 19366	Always covered for reconstruction following mastectomy for breast cancer diagnosis. All other diagnoses are reviewed for medical necessity versus cosmetic. MHMNC Breast Reconstruction
<b>Brineura (Cerliponasa Alfa) ( New code as of 1-1-19)</b>	J0567	MHMNC Brineura
<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 Monitors (Loop recorders), Mobile Outpatient Cardiac Telemetry and Patchy-Type cardiac monitor</b>	93228, 93229 (MOCT) <b>New code as of 1/1/19:</b> 93264 <b>New code as of 1/1/18:</b> 0497T, 0498T	MCG A-0121 Loop records (non-implantable) MHMNC Mobile Outpatient Cardiac Telemetry MCG A-0374 Patchy-Type Cardiac Monitor
<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 as of 4/1/2017</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>Carpel Tunnel Release</b>	29848	MCG A-0211 Carpel Tunnel Decompression
<b>Capsule endoscopy (Wireless)</b>	91110, 91111 <b>Effective 1/1/2022:</b> 91113 replacement for 0355T	MCG A-0134 Capsule Endoscopy
<b>Cerezyme (Imiglucerase) - New as of 7/1/16</b>	J1786	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Cerezyme (Imiglucerase)</b>
<b>Chelation Therapy - Home Infusion</b>	S9355	Prior authorization required for medical necessity of the chelation therapy MCG A-0618
<b>Cinqair (Reslizumab)</b>	J2786	<b>As of 1/1/20</b> , 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>Magellan RX</b> . Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Cinqair (Reslizumab)</b>

Description	CPT/HCPC Codes	Instructions
Cinryze (C-1 Esterase Inhibitor)	J0598	Requests for authorization of drug is provided by <b>Magellan RX</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>
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: Filgrastim (Neupogen), Tbo-Filgrastim (Granix)	J1442, J1447	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Colony Stimulating Factors- Filgrastim: (Neupogen, Nivestym, Granix, Zarxio)</b>
Colony Stimulating Factors: Pegfilgrastim (Neulasta, Ziextenzo, Nyvepria)	J2505 Effective 7/1/2020: Q5120 New code 1/1/2021: Q5122 New code 1/1/2022: J2506	Requests for authorization of drug is provided by <b>Magellan RX</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)</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, K0553, K0554, A9276, A9277, A9278	MHMNC Continuous Glucose Monitoring (CGM)
Corneal Collagen X-linking for treatment of Keratoconus	0402T	MHMNC Treatment of Keratoconus
CPAP/AutoPAP/Bipap	E0470, E0471, E0472 Prior authorization <b>NOT required</b> effective 5/1/2022 for E0601	MHMNC Obstructive Sleep Apnea Non-surgical Treatment
Custom Compression Stockings/Garments	A4465, A6549	MHMNC Custom Compression Garments
Cyramza (Ramucirumab)	J9308; C9025 (facility)	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Cyramza (Ramucirumab)</b>
Cystourethroscopy with mechanical dilation	0499T	MCG A-0153 Cytoscopy
Crysvita - (burosumab-twza)	New code effective 1/1/19: J0584	Requests for authorization of drug is provided by <b>Magellan RX</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>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Darzalex (daratumumab)</b>
Denosumab (Prolia/Xgeva)	J0897	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Prolia/Xgeva (Denosumab)</b>
Diabetes Online Intensive Program for Prevention	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
Echocardiography, transesophageal, transthoracic for procedure performed	93350, 93351, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317 New code as of 1/1/2020: 93356	For groups who do not utilize eviCore prior authorization is obtained via Moda Health/HCS
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>	<b>As of 4/1/2017</b> - requests for echocardiography and cardiac advanced imaging are being performed by eviCore at <a href="http://www.eviCore.com">www.eviCore.com</a> Check EBT for member enrollment

Description	CPT/HCPC Codes	Instructions
Elaprase (Idursulfase)	J1743	Requests for authorization of drug is provided by <b>Magellan RX</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	MCG A-0930 Alternating Electric Field Therapy MCG A-0241 Electrical Nerve Stimulation, Transcutaneous (TENS)
Ellyso (Taglilucerase Alfa)	J3060	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Ellyso (taglilucerase alfa)</b>
Empliciti (elotuzumab)	J9176	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Empliciti (elotuzumab)</b>
Entyvio (Vedolizumab)	J3380 C9026 (facility only)	Requests for authorization of drug is provided by <b>Magellan RX</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  New codes as of 1/1/17: 62320, 62321, 62322, 62323	MHMNC Spinal Pain Injections
As of 4/1/2017, requests for epidural, facet, medial branch blocks, and SI joint injections will be performed by eviCore. Check EBT for member enrollement in MSK program	<a href="#">eviCore Interventional Pain Prior Auth list</a>	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 <b>Magellan RX</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>
Exondys, Vyondys, viltolarsen (Viltepso)	J1438 Effective 7/1/2020: J1429 Effective 11/1/2020: J3490 viltolarsen (Viltepso) Effective 1/1/2021: 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)
Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support (ECLS)	Insertion codes: 33946, 33947, 33948, 33949, 33951, 33952, 33953, 33954, 33955, 33956, 33987, 33988	MCG SG-CVS
External infusion insulin pumps	New as of 1/1/2020: E0787	Request for authorization is provided by <b>Moda Pharmacy/HCS</b> <b>MHMNC External infusion insulin pumps</b>
Eylea (afibercept)	J0178	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Orencia (abatacept)</b>
Fabrazyme (Agalsidase Beta)	J0180	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Fabrazyme (Agalsidase Beta)</b>
Facet Neurotomy/Rhizotomy	0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64633, 64634, 64635, 64636	MCG A-0218 Facet Neurotomy

Description	CPT/HCPC Codes	Instructions
Fasenra (benralizumab)	<p>J0517 - new code as of 1/1/19</p> <p>New code effective 4/1/2018: C9466</p>	<p>As of 1/1/20, requests for authorization is provided by <b>Pharmacy RX</b> for Oregon commercial fully insured, including OEGB and PEBB members. Requests for <b>select ASO groups</b> will be provided by <b>Magellan RX</b>. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization.</p> <p><b>MHMNC Fasenra (benralizumab)</b> For Group exclusions, please check <b>Moda Health Website</b></p>
Filgrastim-aafi, biosimilar (Nivestym)	Q5110	<p>As of 10/1/18, requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization.</p> <p><b>MHMNC Colony Stimulating Factors- Filgrastim: (Neupogen, Nivestym, Granix, Zarxio)</b> <b>MHMNC Colony Stimulating Factors: Nivestym (filgrastim-aafi)</b></p>
Fulphila (pegfilgrastim-jmdb,biosimilar) new as of 11/1/2018	Q5108	<p>Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization.</p> <p><b>MHMNC Colony Stimulating Factors- Pegfilgrastim: Neulasta, Fulphila, Udenyca, Ziextenzo</b></p>
Fusilev (Levoleucovorin calcium)	J0641	<p>Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization.</p> <p><b>MHMNC Fusilev (levoleucovorin calcium)</b></p>
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	<p>MHMNC Obesity: Surgical Management for groups without specific language for coverage in the member handbook. Check member handbook for benefit.</p>
Gazyva (Obinutuzumab)	J9301	<p>Request for authorization is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization.</p> <p><b>MHMNC Gazyva (obinutuzumab)</b></p>
Gender Confirming Surgery	<p>Multiple CPT codes apply with diagnosis codes for GID</p> <p>Female to Male procedures requiring prior authorization: 19301, 19302, 19303</p> <p>Male to Female procedures requiring PA: 19325</p> <p><b>1/1/2021:</b> 15771, 15772 replacement codes for deleted code 19324</p> <p><b>Confirming 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</p> <p><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</p>	<p>MHMNC Gender Confirming Surgery</p> <p>Covered for all Oregon fully insured groups and individuals. Check member handbook for ASO groups and Alaska benefit language.</p>

Description	CPT/HCPC Codes	Instructions
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	81161, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81210, 81228, 81229, 81235, 81236, 81240, 81241, 81242, 81243, 81244, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81270, 81280, 81281, 81282, 81288, 81289, 81290, 81302, 81303, 81304, 81313, 81317, 81318, 81319, 81330, 81331, 81321, 81322, 81323, 81324, 81325, 81326, 81237, 81339, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81440, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81519, 81599, 81412, 81432, 81433, 81434, 81437, 81438, 81442, 81535, 81538, 81540, 81545, 81595, 81413, 81414, 81422, 81439, 81539, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81247, 81248, 81249, 81258, 81259, 81269, 81334, 81335, 81361, 81362, 81363, 81364, 81448, 81520, 81541, 83993	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	<b>New codes as of 1/1/2019</b> 81345, 82642, 81333, 81596, 81518, 81326, 81237, 81233, 81320, 81305, 81443, 83722, 81306, 81171, 81172, 81204, 81173, 81174, 81177, 81178, 81183, 81179, 81180, 81181, 81182, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81234, 81239, 81284, 81285, 81286, 81271, 81274, 81312, 81332, 81343, 81344 0084U, 0085U, 0085U, 0086U, 0087U, 0088U, 0089U, 0090U, 0091U, 0094U, 0095U, 0101U, 0102U, 0103U, 0104U	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	<b>New codes as of 1/1/2020:</b> 81307, 81308, 81309, 81522, 81542, 81552 <b>Unlisted codes for genetic tests:</b> 81479, 81599, 84999 <b>New effective 4/1/2020</b> 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 <b>New effective 7/1/2020</b> 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, 0202U <b>New effective 10/1/2020</b> 0203U, 0204U, 0205U, 0206U, 0207U, 0208U, 0209U, 0210U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0219U, 0220U, 0222U, 0016M	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
<b>Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)</b>	<b>New codes effective 1/1/2021:</b> 81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81357, 81360, 81419, 81546, 81554, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U <b>Code deleted as of 1/1/2021:</b> 81545 <b>New codes effective 4/1/2021:</b> 0242U, 0243U, 0244U, 0245U, 0246U, 0247U <b>Effective 7/1/2021:</b> 0248U, 0249U, 0250U, 0252U, 0253U, 0254U, 0017M <b>New codes 1/1/2022:</b> 81349, 81560, 81523	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
<b>Genetic Testing</b>	As of 1/1/2022: 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	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies



Description	CPT/HCPC Codes	Instructions
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)	New code as of 7/1/2020: J0223	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Givlaari</b>
GLASSIA (Alpha 1 Proteinase Inhibitor)	J0256, J0257	Request for authorization is provided by <b>Magellan RX</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>
Granulocyte Colony Stimulating Factors (GCSFs) - Leukine	J2820	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Leukine CSF (sargramostrim)</b>
Grenz Ray and Laser Treatment of Psoriasis	96900, 96920, 96921, 96922	MCG A-0256 Laser Therapy, Skin
Halaven (Eribulin Mesylate)	C9280, J9179	Requests for authorization of drug is provided by <b>Magellan RX</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, 69717, 69718, L8625, L8690, L8691, L8692, L8693, L8694 New as of 1/1/2022: 69716, 69719, 69726, 69727	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	V5268, V5269, V5270, V5271, V5272, V5273, V5274, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V8288, V5289, V5290, E1399	MHMNC- Hearing Assistive Technology
Hemophilia Factors	J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7199  J7170, J7175, J7179, J7201, J7202, J7203, J7207, J7208, J7209, J7210 New effective 7/1/2020: J7204 New effective 1/1/2021: J7212	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 (trastuzumab)	J9355	Requests for authorization of drug is provided by <b>Magellan RX</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: <b>No PA required for Outpatient Surgery</b>	MCG S-1305 Hernia Repair (Non-hiatal) MCG S-540 Hiatal Hernia Repair, Abdominal MCG S-550 Hiatal Hernia Repair- Transthoracic
Herzuma (trastuzumab-pkrb)	Q5113	Requests for authorization of drug is provided by <b>Magellan RX</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>
High Density Lipid Profile /cardiac disease screening	82172, 83695, 83718, 83090	MHMNC - Cardiac 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. <b>MCG S-560 Hip Arthroplasty</b>

Description	CPT/HCPC Codes	Instructions
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>	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, E0270, E0294, E0295, E0300, E0301, E0302, E0303, E0304, E0328, E0329	MHMNC Hospital Bed and Accessories for Home Use
Hydroxyprogesterone Caproate (Makena)	No prior authorization required as of 12/15/2017 J1726, J1729	MHMNC Hydroxyprogesterone Caproate criteria - <b>Criteria retired - prior authorization no longer required</b>
Hydrogen Breath Testing	91065 Effective 6/1/2019 review is required	MHMNC Hydrogen Breath Testing
Hyperbaric Oxygen Therapy (HBOT)	G0277	MHMNC Hyperbaric Oxygen Therapy
Hypoglossal nerve stimulation	New as of 1/1/2022: 64582, 64583, 64584	MHMNC Obstructive Sleep Apnea - Surgical Treatment
Ilaris (canakinumab)	J0638	As of 3/1/2019, requests for authorization of drug is provided by <b>Magellan RX</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 - new code as of 1/1/19	As of 7/6/2018, requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Ilumya (tildrakizumab-asmn)</b>
IMYLYGIC (Talimogene laherparepvec)	J9325	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Imlygic (Talimoene laherparepvec)</b>
Imfinzi (durvalumab)	J9173 - new code as of 1/1/19	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Imfinzi (durvalumab)</b>
Inflectra (infliximab-dyyb, biosimilar); Ixifi (infliximab-qbtx, biosimilar); Avsola (infliximab-axxq)	Q5103 Q5109 - new code as of 1/1/19 Q5121 - new code as of 7/1/2020	As of 4/1/2018, requests for authorization of drug is provided by <b>Magellan RX</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)	New code 1/1/2020: J9199 New code 7/1/2020: J9198	Requests for authorization of drug is provided by <b>Magellan RX</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	As of 10/1/16, these are no longer covered and are 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. <b>MHMNC Intraoperative Neurophysiologic Monitoring</b>
Intravenous Immune Globulin (IVIG), Subcutaneous Immune Globulin (SCIG)	Effective 7/1/2020: J1558, J1555, J3590 New effective 1/1/2021: C9072 Effective 4/1/2021: J1554	Requests for authorization of codes listed under Magellan are provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC IVIG</b> <b>MHMNC SCIG: Hizentra®, Gammagard Liquid®, Gamunex®-C, Gammaked®, Hyqvia®, Cuvitru</b>

Description	CPT/HCPC Codes	Instructions
Injectafer, Feraheme, Monoferric	Effective 12/1/2020: Q0138, Q0139-Feraheme J1437-Monoferric J1439-Injectafer	Requests for authorization of codes listed under Magellan are provided by <b>Magellan RX</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>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC IXEMPRA (Ixabepilone)</b>
Jelmyto (Mitomycin)	New code effective 1/1/2021: J9281	Requests for authorization of drug is provided by <b>Magellan RX</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>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Kadcyla</b>
Kalbitor (ecallantide)	J1290	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Kalbitor (ecallantide)</b>
Kanjinti (trastuzumab-anns), biosimilar	Effective 10/1/2019: Q5117	Requests for authorization of drug is provided by <b>Magellan RX</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>
Kanuma (sebelipase alfa)	J2840	Requests for authorization of drug is provided by <b>Magellan RX</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 C9027 (facility)	Requests for authorization of drug is provided by <b>Magellan RX</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>	As of 4/1/2017 - requests for knee replacement and arthroscopies are being performed by eviCore Guidelines available at: www.evicore.com Check EBT for member enrollment
Krystexxa	J2507	As of 4/1/2017, requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Krystexxa</b>
Kymriah (tisagenlecleucel) - Effective 11/1/2017	New code effective 1/1/19: Q2042	Request for authorization is provided by <b>MagellanRX</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

Description	CPT/HCPC Codes	Instructions
Kyprolis	J9047	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Kadcyła</b>
Lartruvo (olaratumab)	<b>New code as of 1/1/2018: J9285 - As from 12/1/2019 - drug removed from market - policy retired</b>  C9485 - Facility only code	<b>As of 4/1/2017</b> , requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Pharmacy /HCS for authorization. <b>MHMNC Lartruvo - Policy retired</b>
Laser Treatment - Derm/skin lesions	17106, 17107, 17108, 17110, 17111, 17380 As of <b>11/1/2019</b> Prior authorization required for: <b>11200, 11201</b> As of <b>1/1/2018 - no prior authorization required for: 17000, 17003, 17004</b>	Reviewed for medical necessity vs cosmetic May be used with gender reassignment procedures <b>MHMNC Treatment/Removal Benign Skin Lesions</b>
Lemtrada (alemtuzumab)	J0202	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Lemtrada (alemtuzumab)</b>
Left Ventricular Assist Device (LVAD) and Total Artificial Heart Implantation	33979, 33980, 33981, 33982, 33983, 33990, 33991 <b>New codes as of 1/1/18: 33927, 33928, 33929</b> <b>New code as of 1/1/21: 33995</b>	MCG-SG-CVS Cardiovascular Surgery or Procedure
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 <b>Effective 1/1/2021: 71271</b> As of 12/31/2020 deleted code G0297	Groups who do not utilize eviore services refer to - MHMNC Lung Cancer Screening MCG A-0028 Chest CT Scan
Lumizyme (Alglucosidase alfa)	J0221	<b>As of 1/1/17</b> -Request for authorization is provided by <b>MagellanRX</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</b>
Lung Volume Reduction Surgery/Pneumonectomy/Lung removal	32480, 32482, 32484, 32486, 32488, 32491	MCG SG-TS Thoracic Surgery
Luxturna (voretigene neparovec-rzyl)	New code as of 7/1/18 - facility only C9032 <b>New code as of 1/1/19 - J3398</b>	<b>As of 1/18/19 authorization is provided by Moda Pharmacy/HCS</b> MHMNC Luxturna (voretigene neparovec-rzyl)
Lymphedema Pump	E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676	<b>MCG A-0340 Intermittent Pneumatic Compression with Extremity Pump</b>
Macugen	J2503	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Macugen</b>
Magnetic Resonance Imaging (MRI)	74712 <b>New as of 1/1/2019: 77046, 77047, 77048, 77049, 76497, 76498</b> <b>Effective 7/1/2021: 0648T, 0649T</b>	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	<b>Effective 7/1/2021: J9353</b>	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Margenza (margetuximab-cmkb)</b>

Description	CPT/HCPC Codes	Instructions
Marqibo (Vincristine liposomal)	J9371	Requests for authorization of drug is provided by <b>Magellan RX</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, 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 <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Mepsevii (vestronidase alfa-vjvk)</b>
Monitored Anesthesia for Routine Endoscopic Procedures	New Codes as of 1/1/18: 00731, 00811, 00812, 00813	<b>MHMNC Anesthesia for Routine Endoscopic Procedures</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	<b>MHMNC Electrical Stimulation Devices</b>
Mylotarg (gemtuzumab ozogamicin) Effective 11/1/2017	J9203	Request for authorization is provided by <b>Magellan RX</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, 97607, 97608	<b>MHMNC Negative Pressure Wound Therapy</b>
NPLATE (Romiplastin)	J2796	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC NPLATE (Romiplastin)</b>
Nucala (mepolizumab)	New code as of 1/1/17: J2182	As of 1/1/20, requests for authorization is provided by <b>Pharmacy RX</b> for Oregon commercial fully insured, including OEGB and PEBB members. Requests for <b>select ASO groups</b> will be provided by <b>Magellan RX</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>
Nyvepria	Q5122	As of 4/1/2019, requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Colony Stimulating Factors (Neulasta, Fulphila, Udenyca, Ziextenzo, Nyvepria)</b>
Ocrevus (ocrelizumab)	J2350	As of 1/1/20, requests for authorization is provided by <b>Pharmacy RX</b> for Oregon commercial fully insured, including OEGB and PEBB members. Requests for <b>select ASO groups</b> will be provided by <b>Magellan RX</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>
Ogivri (trastuzumab-dkst)	Q5114	Requests for authorization of drug is provided by <b>Magellan RX</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>
Onivyde (Irinotecan liposome injection)	J9205	Requests for authorization of drug is provided by <b>Magellan RX</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>

Description	CPT/HCPC Codes	Instructions
<b>Onpatro (patirsiran lipid complex) IV</b>	C9036 - new effective 11/2018	New as of 11/2018 - requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Onpatro</b>
<b>Ontruzant (trastuzumab-dttb)</b>	Q5112	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Trastuzumab IV:</b> Herceptin, Ogivri, Kanjinti, Trazimera, Herzuma, Ontruzant
<b>Opdivo (Nivolumab)</b>	J9299, C9453- facility only	Requests for authorization of drug is provided by <b>Magellan RX</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>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Orencia (abatacept)</b>
<b>Orthognathic Services</b>	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21244, 21245, 21246, 21247, 21248, 21249, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7953, D7955, D7960	Check member handbook as may be a benefit exclusion. MCG A-0247 Mandibular Osteotomy MCG A-0248 Maxillomandibular Osteotomy and Advancement
<b>Orthosis, Spinal</b>	L0450, L0452, L0454, L0456, L0458, L0460, L0462, L0464, L0466, L0468, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0648, L0650, L0651, L0710, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L0970, L0972, L0974, L0976, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L0999, L1499 <b>Prior Authorization required if item is over \$1500</b>	MHMNC Durable Medical Equipment (DME) General Policy MCG A-0880 Lumbar, Lumbosacral and Thoralumbosacral Orthoses
<b>Orthosis, Shoulder, wrist, hand</b>	L3671, L3677, L3702, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3961, L3966, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3806, L3808, L3900, L3901, L3904, L3905, L3906, L3913, L3919, L3921, L3933, L3935, L3999	MHMNC Durable Medical Equipment (DME) General Policy MHMNC Upper Extremities Orthoses
<b>Orthotics</b>	L0622, L0624, L1300, L1310, L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1844, L1845, L1846, L1860, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2650, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820, L2930, L2999	MHMNC Ankle/Foot or Knee Orthotics MCG A-0879 Knee Braces, Custom MCG A-0332 Knee Braces
<b>Orthotics (section 2)</b>	L4030, L4040, L4045, L4050, L4055, L4370, L4380	MHMNC Ankle/Foot or Knee Orthotics
<b>Orthotics</b>	L1900, L1904, L1907, L1920, L1940, L1945, L1950, L1960, L1970, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2040, L2050, L2060, L2070, L2080, L2090, L2126, L2128	MHMNC Ankle-foot/Knee-ankle-foot/Hip-Knee-ankle-foot orthotics
<b>Oxygen - portable</b>	E1390, E0424, E0447	MCG A-0343 Oxygen Therapy, Continous and Noncontinuous: Home

Description	CPT/HCPC Codes	Instructions
Pain Infusion Pump Insertion - Epidural / Intrathecal	62324, 62325, 62325, 62327, 62350, 62351, 62360, 62361, 62362, 96377	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	MHMNC Wheelchairs Manual, Wheelchairs Power
Pegloticase	J2507	MCG A-0674 Pegloticase
Pepaxto (melphalan flufenamide)	effective 7/1/2021: C9080	Requests for authorization of drug is provided by <b>Magellan RX</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>Magellan RX</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	<b>New codes effective 1/1/2022:</b> 53451, 53452, 53453, 53454 replacement for 0548T, 0549T, 0550T, 0551T	MCG A-0567: Ovarian and Internal Iliac Vein Embolization
PET Scans	78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252 <b>New codes as of 1/1/2020:</b> 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>	As of 4/1/2017 - requests for PET scans are being performed by eviCore Guidelines available at: <a href="http://www.evicore.com">www.evicore.com</a> Check EBT for Member enrollment
Peyronie's disease surgery/injections	54200, 54205, 54300, 54360	MCG SG-US
Phesgo	<b>New code effective 1/1/2021:</b> J9316	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. <b>MHMNC Phesgo (pertuzumab, trastuzumab and hyaluronidase-zzxf)</b>
Portrazza (Necitumumab)	<b>New code as of 1/1/17:</b> J9295	Requests for authorization of drug is provided by <b>Magellan RX</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 effective 11/2018	New as of 11/2018 requests for authorization of drug is provided by <b>Magellan RX</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)

Description	CPT/HCPC Codes	Instructions
Prosthetic (including Maxillofacial)	D5911 - D5999, L5000 - L5999, L6000 - L6999, L7000 - L7999, 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>Magellan RX</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)	<b>New code as of 1/1/19:</b> J1301 Q2040 code deleted 12/31/2018	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Radicava (edaravone)</b>
Rebetron (Interferon)	J9214, J9213	MCG A-0309 Interferon and Peginterferon Self-injectable authorized by <b>Pharmacy RX</b>
Reblozyl (luspatercept)	<b>Effective 7/1/2020:</b> J0896	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Reblozyl (luspatercept)</b>
Reclast / Zometa/Pamidronate (Zoledronic Acid)	J3489	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization <b>MCG A-0294 Biphosphonate, Intravenous</b> <b>MHMNC Zoledronic Acid (Zometa/Reclast)</b>
Rectal Control System	A4563	Requires review by Medical Director
Remicade Infusion (Infliximab)	J1745	Requests for authorization of drug is provided by <b>Magellan RX</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>
Renflexis (infliximab-abda)	New code as of 4/1/2018: Q5104	As of 7/1/17, requests for authorization of drug is provided by <b>Magellan RX</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>Magellan RX</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)	<b>New code as of 1/1/19:</b> J9311	As of 1/1/18, requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Rituxan Hycela</b>
Ruconest (C-1 esterase Inhibitor)	J0596	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Ruconest (C-1 Esterase Inhibitor - recombinant)</b>
Ruxience (rituximab-pwr, biosimilar)	Q5119	Requests for authorization of drug is provided by <b>Magellan RX</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>



Description	CPT/HCPC Codes	Instructions
Sandostatin	J2353	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Sandostatin</b>
Sarclisa	J9227	Requests for authorization of drug is provided by <b>Magellan RX</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)	11900, 11901, 15786, 31830	MCG SG-GS General Surgery or Procedure
Simponi Aria	J1602	Requests for authorization of drug is provided by <b>Magellan RX</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 Magellan RX 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: www.eviCore.com
Skin Substitutes - Bioengineered Tissue Grafts	Q4100, Q4101, Q4102, Q4104, Q4105, Q4106, Q4107, Q4112, Q4116, Q4122, Q4128, Q4130, Q4131, Q4132, Q4133, Q4145, Q4186, Q4187 <b>New as of 1/1/2022: Q4199</b>	MHMNC Skin and Tissue Substitutes - 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 <b>MHMNC Obstructive Sleep Apnea Non-surgical Treatment</b>
Soliris (Eculizumab)	J1300	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Soliris (eculizumab)</b>
Specialty Drugs	J0178, J2503, J2778, J2820, J2469, 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, J1459, J2353, J1602, J3357, J9033, J9035, J9055, J9262, J9264, J9228, J9306, J9310, J9355, J9400 J0490, J0585, J0586, J0587, J0588, J0597, J0598, J1290, J0800, J0897, J1300, J1447, J1599, J9302, J9371, J3380, J9308, J9271, J9299, J9032, J9039, J1786, J1743, J3060, J0180, J1575, J9207, J0202, J2796, J3489, J0596, J2860, J1322, J2357  <b>New codes as of 1/1/17:</b> J2182, J2786, J7320, J7322, J9034, J9145, J9176, J0256, J0221, J1458, J3385 <b>As of 10/15/2019:</b> No Prior Authorization requirement for Q5101 <b>New code as of 1/1/2020:</b> J9309 <b>New code as of 7/1/2020:</b> J1558, J9177, J9358 <b>New code 1/1/2021:</b> J9144 <b>Effective 4/1/2021:</b> J9037, J9349, Q2053 <b>Effective 1/1/2022:</b> J9021, Q2055 <b>Effective 1/1/2022:</b> C9085, C9086 (Facility Only)	Magellan - 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>

Description	CPT/HCPC Codes	Instructions
SPECT Scans - Non Cardiac	78803 New codes as of 1/1/2020: 78830, 78831, 78832 Deleted codes as of 12/31/2019: 78607, 78647	Contact eviCore for groups with eviCore. Groups without eviCore require PA through Moda Health
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, 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  New codes as of 1/1/17: 22853, 22854, 22859, 62380 As of 1/1/2021 code deleted 63180, 63182	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	<a href="#">eviCore Spine Surgery Prior auth list</a>	As of 4/1/2017, authorization for members enrolled in eviCore MSK program are obtained through eviCore. Guidelines are available at: <a href="http://www.evicore.com">www.evicore.com</a>
Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim)	E0749, 63650, 63655, 63685, 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	<a href="#">eviCore Interventional Pain prior authorization list</a>	As of 4/1/2017, authorization for members enrolled in eviCore MSK program are obtained through eviCore.
Spinraza (nusinersen)	New code as of 1/1/18: J2326  C9489 - Facility code only	As of 6/1/2020, Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. <b>MHMNC Spinraza (nusinersen)</b> For Group exclusions, please check Moda Health Website
Spravato (esketamine - nasal spray)	G2082, G2083 New code effective 1/1/2021: S0013	Referred to Pharmacy or Behavioral Health for review
Standers/Standing Frames	E0637, E0638, E0641, E0642	MHMNC Standers/Standing frames
Stelara	J3357 New code as of 1/1/18: J3358	Requests for authorization of drug is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. <b>MHMNC Stelara</b>
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	New code as of 1/1/2018: J1627  C9486 - Facility only code	As of 1/1/17 -Request for authorization is provided by Magellan RX for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. <b>MHMNC Sustol (granisetron)</b>

Description	CPT/HCPC Codes	Instructions
Sylvant (Siltuximab) New 1/1/16	J2860	Requests for authorization of this drug will be provided by <b>Magellan RX</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>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Synribo</b>
Tecentriq (atezolizumab)	New code as of 1/1/18: J9022  C9483 - Facility only code	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Tecentriq (atezolizumab)</b>
Tepezza (teprotumumab-trbw)	New code as of 7/1/2020: C9061 Effective 10/1/2020: J3241	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Tepezza® (teprotumumab-trbw)</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
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: <a href="https://www.modahealth.com/medical/utilizationmanagement.shtml">https://www.modahealth.com/medical/utilizationmanagement.shtml</a>	27700, 27702, 27703, 24360, 24361, 24362, 24363, 23470, 23472, 29899	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: <a href="http://www.evicore.com">www.evicore.com</a>
Transoral Incisionless Fundoplication (TIF) EsophyX	43210	MHMNC - Endoscopic Treatment of GERD
Transplants	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.
Trazimera (trastuzumab-qyyp)	Effective 10/1/2019: Q5116	Requests for authorization of drug is provided by <b>Magellan RX</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>
Trodrelvy (sacituzumab govitecan-hziy)	Effective 1/1/2021: J9317 J9999/C9066	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Trodrelvy</b>

Description	CPT/HCPC Codes	Instructions
Trogarzo (ibalizumab-uiyk)	J1746 - new code as of 1/1/19	As of 7/6/2018, requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Trogarzo (ibalizumab-uiyk)</b>
Truxima (rituximab-abbs), biosimilar	Q5115	Requests for authorization of drug is provided by <b>Magellan RX</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>
Tysabri (Natalizumab)	J2323	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Tysabri (natalizumab)</b>
Udenyca	Q5111	As of 4/1/2019, requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Colony Stimulating Factors (Neulasta, Fulphila, Udenyca, Ziextenzo, Nyvepria)</b>
Unlisted Drug Codes	J3490, J3590, J3591, J7999, J9999	MHMNC specific for drug
Uplizna	Effective 1/1/2021: J1823	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Uplizna™ (inebilizumab-cdon)</b>
Urinary Incontinence	64561, 64566, 64555	MHMNC Urinary Incontinence Treatment <b>Not covered:</b> 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 New codes 1/1/2022: 64582, 64583, 64584	MHMNC Vagus Nerve Stimulation <b>Experimental/Investigational codes:</b> 0312T, 0313T, 0314T, 0315T, 0316T, 0317T
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 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 <b>Magellan RX</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>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Velcade</b>
Vimizin (Eosulfase Alfa)	J1322	Moda Health Pharmacy Criteria Requests for authorization of drug is provided by <b>Magellan RX</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

Description	CPT/HCPC Codes	Instructions
Viscosupplementation (Hyaluronic Acid Derivatives)	J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7331, J7332  New code effective 1/1/2019: J7318, J7329 New code effective 7/1/2020: J7333	Requests for authorization of drug is provided by <b>Magellan RX</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 (Luxtorna)	J3398	Request for authorization is provided by <b>Moda Pharmacy/HCS</b> <b>MHMNC Luxtorna</b>
Vyepti (eptinezumab-jjmr)	New code effective 7/1/2020: C9063 Effective 10/1/2020: J3032	Requests for authorization of drug is provided by <b>Magellan RX</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>MagellanRX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Vyxeos liposome</b>
Wheelchairs - Manual Bases	K0003, K0004, K0005, K0006, K0007, K0009	MCG A-0354 Wheelchairs, Manual
Xiaflex	J0775	MCG A-0639 Collagenase Injectable
Xolair (omalizumab)	J2357	<b>As of 1/1/20</b> , 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>Magellan RX</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>
Yervoy (Ipilimumab)	J9228	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Yervoy (Ipilimumab)</b>
Yescarta (axicabtagene ciloleuce)	New code effective 4/1/2018: Q2041	Requests for authorization of drug is provided by <b>Magellan RX</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.
Yondelis (Trabectedin)	J9352	Requests for authorization of drug is provided by <b>Magellan RX</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>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Zaltrap</b>
Zepzelca™ (lurbinectedin)	Effective 1/1/2021: J9223	Requests for authorization of drug is provided by <b>Magellan RX</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 acetone)	J3304	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization <b>MHMNC Zilretta</b>

Description	CPT/HCPC Codes	Instructions
Zirabev (bevacizumab-bvcr), biosimilar	Effective 10/1/2019: Q5118	Requests for authorization of drug is provided by <b>Magellan RX</b> for all fully insured groups and individuals. Other groups contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Zirabev (bevacizumab-bvcr)</b>
Zolgensma (onasemnogene abeparvovec-xioi)	Effective 7/1/2020: J3399	<b>As of 7/24/2019</b> , Request for authorization is provided by <b>Moda Pharmacy/HCS</b> <b>MHMNC Zolgensma (onasemnogene abeparvovec-xioi)</b>
Zulresso (Brexanolone)	Effective 7/1/2020: C9055 Effective 10/1/2020: J1632	<b>As of 7/1/19</b> , contact <b>Moda Pharmacy/HCS</b> for authorization. <b>MHMNC Zulresso</b>