

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Neccessity Criteria
<p>The following list may not be all-inclusive and is meant to provide guidance. Guidelines applied are based on the member's product, and all services are subject to the member's benefits and medical necessity guidelines. Please note - DHS Fee Schedule Fact 4 codes are considered non-covered and are subject to PA requirements to determine medical necessity (not all fact 4 codes are listed within this grid)</p>					
Acupuncture	Acupuncture Services  Authorization only required after benefit limit has been met	97810, 97811, 97813, 97814	All products Medicare Eligible	20 units/calendar year.	<b>MHCP Provider Manual:</b> Acupuncture <b>CMS:</b> NCD 30.3
Chiropractic	Contracted/In-network providers: only submit prior authorization request for units in excess of 6 per 30 days or 24 units in a calendar year.  Non-contracted providers: authorization is required for <b>ALL</b> chiropractic services.	Over threshold: 98940, 98941, 98942  For out of network: 98940, 98941, 98942, 72020, 72040, 72050, 72052, 72070, 72074, 72080, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72200, 72202, 72220, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	All products Medicare Eligible	6 units/30 days or 24 units/calendar year	<b>MHCP Provider Manual:</b> Chiropractic <b>CMS:</b> A57889
Cosmetic	Tatooning, SubQ Filling Punch Graft Dermabrasion/Chemical Peel Cervicoplasty Rhytidectomy Excision of excess SubQ Cryotherapy for acne Chemical Exfoliation Electrolysis Cosmetic breast surgery Cosmetic facial surgery/procedure Ablative laser procedures Midface/muscle flap Repair of nasal vestibular Grafting soft tissue by liposuction	11920, 11921, 11922, 11950, 11951, 11952, 11954, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 17340, 17360, 17380, 19304, 19316, 19328, 19355, 21208, 21270, G0429, 30120, 67911, 67912, 69300, 21125, 21127, 21209, 0479T, 0480T, 0491T, 0492T, 15730, 15733, C9749, 15769, 15771, 15772, 15773, 15774	All products Medicare Eligible		<b>InterQual Procedures:</b> Subset selected based on requested procedure <b>MHCP Provider Manual:</b> Physician and Professional Services > Plastic and Reconstructive Surgery <b>Medicare:</b> NCD 140.2, NCD 250.4, LCD L35001, LCD A52837 <b>Internal Policy:</b> MCP 36 (acne), 01 (general medical necessity)
Dental	TMJ Services/Surgery  Dx - M26.61-M26.63; M26.69	21073, 21079, 21080, 21081, 21085, 21110, 21480, 21485, 21497, 29800, 21010, 21025, 21026, 21050, 21060, 21240, 21242, 21243, 21255, 21490, 29804,	All products Medicare Eligible	Initial office visit/consultation for evaluation and diagnostics related do not need auth, after that auth needed.  *Effective 4/1/22 - 41899 no longer requires authorization	<b>MHCP Provider Manual:</b> Dental Services <b>IO Manual</b> 11-02, 15, 150.1 <b>InterQual Procedures:</b> Subset selected based on requested procedure

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Diagnostics	Capsule Endoscopy Breast MRI  CT Colongraphy Reflectance confocal microscopy Screening Mammography Diagnostic Mammography Colonoscopy/Colon Cancer Screening Trabecular bone score (TBS) Other diagnostic testing - see codes requiring authorization list	91110, 91111, 91113 C8903, C8905, C8906, C8908, 77046, 77047, 77048, 77049  74261, 74262, 74263 (no auth required for age 45 and up) 96931, 96932, 96933, 96934, 96935, 96936 77063, 77067 77061, 77062, 77065, 77066, G0279 G0104, G0105, G0106, G0120, G0121, G0122, G0328 77089, 77090, 77091, 77092, 82270 0035U, 0038U, 0039U, 0041U, 0042U, 0043U, 0044U, 0046U, 0051U, 0054U, 0055U, 0058U, 0059U, 0061U, 0062U, 0063U, 0067U, 0069U, 0082U, 0115U, 0116U, 0117U, 0120U, 0124U, 0125U, 0126U, 0127U, 0128U, 0129U, 0598T, 0599T, 0206U, 0207U, G0327, 0248U, 0249U, 0251U, 0641T, 0642T, 0263U, 83529, 0691T, 0693T, 0308U, 0309U, 0310U, 0312U, 0316U, 0728T, 0729T, 0731T, 0344U, A9602, A9800	All products Medicare Eligible	Breast MRI: auth always required Medicaid: Mammogram: One screening annually for women age 40+ (PA required for under age 40) Dual (Medicare): Mammogram: Medicare covers one screening/5 years for women between 35 and 39 (PA required under age 35) Colonoscopy/Colon Cancer Screenings: Ages 18-44 yrs of age require an authorization (age 45+ no auth required) Cologuard (81528): No auth required (limit 1 every 3years) Colonoscopy Limits based on risk level	Internal Policy: MCP 40 (Breast MRI), MCP 42 (Mammogram) InterQual Procedures: Colonoscopy or Capsule Endoscopy MHCP Provider Manual: CT Colongraphy
Durable Medical Equipment (DME)	All DME >\$1,500 requires prior authorization  Prosthetics/orthotics paid amount >\$3000 per claim	Any combination of codes - total per claim amount  Codes beginning with L (paid amount total of L codes on claim >\$3000 requires auth)	All products Medicare Eligible	\$1,500 in allowed cost If using a Misc. DME code the allowed amount is \$500, or an auth is required	
	Miscellaneous DME Codes  Repairs and Maintenance	E1399, A9999, A4649 (auth required if allowed amount exceeds \$500)  Repairs: K0740, K0739, L4205, L4210, L7510, L7520, K0462 (if more than one month)  RB Modifier: Replacement/Repair of DME  **Equipment that requires authorization for purchase, always requires authorization for repairs. **For equipment not in the auth list, auth needed if cost of parts and labor combined is more than \$500.	All products Medicare Eligible	Auth required if allowed amount exceeds \$500. Miscellaneous codes should not be used if there is a more specific code that is appropriate. Maintenance for equipment with no specific HCPCS code, and E1399 will be used, always requires authorization. K0462 requires an auth if more than one month rental All Wheelchair repairs for members who reside in a nursing facility require authorization regardless of \$\$ amount.	MHCP Provider Manual: Equipment and Supplies Medicare: IO Manuals 110-02, 15, 110.2 Interqual: search by code reviewing and select correct option for repair/replacement
	Customized Durable Medical Equipment	K0008 (manual w/c) K0013 (power w/c) K0900 (other DME)	All products Medicare Eligible		
	Lost or Stolen DME	Varies	All products Medicare Eligible	Replacement for lost or stolen DMEPOS, Glasses, Hearing Aids, etc need auth. Without auth the claim should be denied as Service already Provided or Duplicate Service. This does not apply to children and lost/stolen glasses. They do not require authorization for 3rd or greater pair in a 2 year period.	
	DME: Supplemental Benefits	PERS: S5161	SeniorCare Complete	Limited to \$300/calendar year	

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	<b>DME: Airway Clearance Devices</b>	High frequency chest wall ossillation vest, replacement: A7025 High frequency chest wall ossillation air-pulse generator system: E0483 Percussor: E0480 (*auth only for OOP for E0480) Cough stimulating device: E0482	All products Medicare Eligible	E0480 does not require auth in plan but will only pay with specific diagnosis	<b>MHCP Provider Manual:</b> Equipment and supplies - Airway Clearance Devices <b>Medicare:</b> L33785, L33795
	<b>DME: Ambulatory Assist Equipment</b>	Gait Trainers E8000, E8001, E8002	All products Medicare Eligible		<b>MHCP Provider Manual:</b> MHCP Provider Manual: Equipment and supplies - Ambulatory Assist Equipment <b>Medicare:</b> Not covered by Medicare
	<b>DME: Apnea Monitors</b>	Apnea Monitors: E0618, E0619	All products Medicare Eligible		<b>MHCP Provider Manual:</b> MHCP Provider Manual: Equipment and supplies - Apnea Monitors <b>Medicare:</b> no specific CMS guideline
	<b>DME: Bath and Toilet Equipment</b>	Seat Lift: E0170, E0171, E0172 Bath Lift: E0625 Whirlpool, portable: E1300 (Fact 4), K1003, Nonportable: E1310	All products Medicare Eligible		<b>MHCP Provider Manual:</b> MHCP Provider Manual: Equipment and supplies - Bath and Toilet Equipment <b>Medicare:</b> E1300 is noncovered. E1310 - use NCD 280.1
	<b>DME: Bone Growth Stimulators</b>	Bone Growth Stimulators: E0747, E0748, E0749, E0760, 20975	All products Medicare Eligible		<b>MHCP Provider Manual:</b> MHCP Provider Manual: Equipment and supplies - Bone Growth Stimulators <b>Medicare:</b> NCD 150.2, LCD L33796 <b>Interqual:</b> DME, Procedures, Medicare procedures
	<b>DME: Diabetic Equipment and Supplies</b>	Blood Glucose Monitors with special features: E2100, E2101 <b>Continuous Glucose Monitors</b> Adjunctive: E2102 (Adjunctive cgm receiver/monitor) A4238 (Adjunctive cgm Supply allowance) *These new codes replace A9276, A9277, A9278 effective 4/1/22 Therapeutic (Dexcom G6/Freestyle Libre): K0554, K0553 (*if Medicaid, they must obtain at the pharmacy) Ambulatory Insulin Infusion Pumps: E0784, E0787 Infusion sets/Pump Supplies: A4230, A4231 - no auth required unless over BL OmniPods: A9274 - Dash system <b>MUST</b> be requested through pharmacy benefit with PA (send to Perform Rx for DASH system only)	All products Medicare Eligible	<b>Insulin pump:</b> E0787 limited to 1 in 4 rolling years <b>Insulin syringes:</b> 300/month <b>OmniPods:</b> (A9274) Not a Medicare covered code - CMS covers the DASH system through part D (pharmacy) <b>Infusion sets:</b> (A4230-A4232) limited to 20 in 1 calendar month <b>Adjunctive CGM:</b> A4238 represents 1 month supply and replaces A9276 and A9277 <b>Dexcom G6/Freestyle Libre:</b> Must be filled through the pharmacy for Medicaid primary members.	<b>MHCP Provider Manual:</b> Diabetic Equipment and Supplies <b>Medicare:</b> Glucose Monitors: LCD L33822, Insulin Pumps: L33794 <b>InterQual Procedures:</b> DME
	<b>DME: Electrical Stimulation Devices</b>	Pelvic floor electrical stimulator: E0740 Neuromuscular Stim for Scoliosis: E0744 Neuromuscular stimulator: E0745, E0746, E0762, E0764, E0765 Electrical Stimulator for cancer treatment: E0766 Functional Electrical Stimulators: E0770 Cranial Electrotherapy Stimulation (CES): K1002, A4596 IFC/STS Stimulator: S8130, S8131 (Fact 4 codes) External upper limb stimulator of peripheral nerves (wrist): K1018, K1019 (supplies) Distal transcutaneous nerve stimulator (upper arm): K1023	All products Medicare Eligible	K1002, S8130, S8131 - not Medicare covered	<b>MHCP Provider Manual:</b> DME - Electrical Stimulation Devices <b>Medicare:</b> L34821 (E0762) <b>InterQual:</b> DME, Medicare DME <b>Internal Policy:</b> MCP 14, MCP 32
	<b>DME: External Defibrillators</b>	External Defibrillators (AED): E0617, K0606	All products Medicare Eligible		<b>MHCP Provider Manual:</b> DME - External Defibrillators <b>Medicare:</b> L33690

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	<b>DME: Hospital Beds and Mattresses</b>	Semi-electric: E0260, E0261, E0294, E0295 Total Electric: E0265, E0266, E0296, E0297 Bariatric, extra heavy duty, extra wide: E0301, E0302, E0303, E0304 Pediatric: E0329 Enclosed Beds: E0316, E0300, E1399 - Enclosed bed manufactured as a unit Oscillating, Circulating: E0270 Rocking Bed: E0462 <b>Mattresses</b> Pressure reducing underlay/pad: E0183 Group 2: E0193, E0277, E0371, E0372 Group 3: E0194	All products Medicare Eligible	Manual Hospital beds do not require an auth. Mattress: authorized for 6 month rentals.	<b>MHCP Provider Manual:</b> DME - Hospital Beds <b>MHCP Provider Manual:</b> DME - Pressure Reducing Support Surfaces <b>Medicare:</b> L33820 (beds), L33642 (grp 2 mattress), L33692 (grp 3 mattress) <b>InterQual Procedures:</b> DME, Medicare DME
	<b>DME: Incontinence Products</b>	Incontinence Products: Disposable Briefs or Diapers for members under 4 y/o - T4521 T4522 T4523 T4524 T4525 T4526 T4527 T4528 T4529 T4530 T4531 T4532 T4533 T4534 T4535 T4538 T4541 T4542 T4543 T4544 T4545	All products NOT Medicare Eligible	Authorization is required for the following: Briefs, diapers, protective underwear, or pull-ons for recipients under age 4. Documentation must include a medical condition or diagnosis of excessive urine or fecal output requiring more than 10 briefs or diapers per day.	<b>MHCP Provider Manual:</b> DME - Incontinence Products
	<b>DME: Lower Limb Prosthetics</b>	L5000-L5999 Replace Socket Above Knee: L5701 High Activity Knee Frame: L5930 Knee Sing Axis Fric Shin Sach: L5200 Mutliaxial Ankle W DorsiFlex: L5968 Endo Knee-Shin Fluid SWG/STA: L5828 Flex Foot System: L5980 Shank FT W Vert Load Pylon: L5987	All products Medicare Eligible	Codes beginning with L (paid amount total of L codes on claim >\$3000 requires auth)	<b>MHCP Provider Manual:</b> DME Lower Limb Prosthetics <b>Medicare:</b> L33787 <b>InterQual:</b> DME, Medicare DME

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	<b>DME: Mobility Devices</b>	<p><b>Manual Wheelchairs:</b>                      Geri Chair: E1031                      Transport Chair: E1037, E1038, E1039                      Tilt in Space: E1161                      Pediatric WC: E1231, E1233, E1234, E1235, E1237, E1238                      Ultralight weight WC: K0005                      Other manual WC base: K0009</p> <p><b>Power Operated Vehicles:</b> E1230, K0800, K0801, K0802, K0806, K0807, K0808 and K0812 (Fact 4)</p> <p><b>Power Wheelchairs:</b>                      Power WC, not classified: K0898, K0014                      Group 1: K0813, K0814, K0815, K0816                      Group 2 no power option (standard): K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831                      Group 2 single power: K0835, K0836, K0837, K0838, K0839, K0840                      Group 2 multiple power option: K0841, K0842, K0843                      Group 3 no power option: K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855                      Group 3 single power option: K0856, K0857, K0858, K0859, K0860                      Group 3 multiple power option: K0861, K0862, K0863, K0864                      Group 4 no power option: K0868, K0869, K0870, K0871                      Group 4 single power option: K0877, K0878, K0879, K0880                      Group 4 multiple power option: K0884, K0885, K0886                      Group 5: K0890, K0891, E1239</p>	All products Medicare Eligible	<p><b>Geri Chair:</b> 3 month rental  <b>Transport Chair:</b> auth required after 3rd month rental and for all purchases</p> <p><b>Complex Rehab power wheelchairs:</b> Complex rehabilitative power wheelchairs (HCPCS codes K0835-K0843 and K0848-K0864) and options/ accessories furnished for use with a complex rehabilitative power wheelchair can be either <b>rented or purchased.</b>  <a href="https://cgsmedicare.com/jb/pubs/pdf/chpt5.pdf">https://cgsmedicare.com/jb/pubs/pdf/chpt5.pdf</a></p>	<p><b>MHCP Provider Manual:</b> DME - Mobility Devices  <b>Medicare:</b> L33792(WC options/accessories), L33788 (Manual WC bases), L33789 (Power Mobility Devices)  <b>InterQual Procedures:</b> DME, Medicare DME</p>
	<b>DME: Wheelchair accessories</b>	Wheelchair accessories: E2398, E2609, E2617, E2610 Seat lift mechanism: E0985 Power Assist for Manual Chair: E0986 Seat Tilt/Recline: E1002, E1003, E1004, E1005, E1006, E1007, E1008 Center Mount Leg Rest: E1012 Recline Back: E1225, E1226, E1014 Special Height arms/back: E1227, E1228 (Fact 4 codes) Gear reduction wheels: E2227 Seat Elevation Feature: E2300 Manual or Power Standing System: E2230, E2301	All products Medicare Eligible		<p><b>MHCP Provider Manual:</b> DME - Mobility Devices, DME Supply Coverage Guide  <b>Medicare:</b> L33792(WC options/accessories), L33312 (Wheelchair seating), 33789 (Power Mobility Devices)  <b>Medicare Manual:</b> Applicable NCD, LCD, Medicare Coverage Manuals  <b>InterQual Procedures:</b> DME, Medicare DME</p>
	<b>DME: Wheelchairs for members residing in a NH/SNF</b>	Wheelchair codes for members residing in NH/SNF: K0001, K0002, K0003, K0004, K0005, K0007, E2202, E2203, E2204, E2205, E2206, E2207, E2208, E2209, E2210, E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226, E2228, E2321, E2291, E2292, E2293, E2294, E2295 (this may not be an exclusive list)	All products Medicare Eligible	<p><b>Wheelchairs in a SNF:</b> All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.</p>	<p><b>MHCP Provider Manual:</b> DME - Mobility Devices  <b>Medicare:</b> Most wheelchairs are not covered by medicare when the member resides in a SNF</p>

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	<b>DME: Nutritional Products</b>	Enteral nutrition products: B4149, B4150, B4152, B4153, B4154, B4155, B4087, B4088, B4034, B4035, B4036, B4100, B4104, B4102, B4103, B4157, B4158, B4159, B4160, B4161, B4162 (Auth only required if for oral nutrition, not tube feeding) Medical foods for non-inborn errors of metabolism: S9432 Enteral Supply Feeding kit: B4034, B4035, B4036 B4105: In-line cartridge containing digestive enzyme B4100: Food thickener Gastrostomy/Jejunostomy Tube: B4087, B4088	All products Medicare Eligible (not eligible for oral nutrition)	<b>Enteral Nutrition:</b> 1 month limit, authorization required for oral administration (BO modifier). Medicaid: Limited to 1050 units in a rolling month (auth required for greater than this amount for oral or tube feeding) <b>Enteral Supply Feeding Kits: Medicaid:</b> limited to 31 units in a rolling month individually or 51 units as a group <b>Gastrostomy Tube:</b> 2 units/month	<b>MHCP Provider Manual:</b> Nutritional Products and Supplies <b>Medicare:</b> NCD 180.2, LCD L38955 <b>InterQual Procedures:</b> DME
	<b>DME: Orthopedic and Therapeutic Footwear</b>	Therapeutic Shoes: A5500, A5501 Modifications to therapeutic shoes: A5503, A5504, A5505, A5506, A5507 Inserts for Therapeutic shoes: A5510, A5512, A5513, K0903 Orthopedic Shoes: L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3201, L3202, L3203, L3204, L3206, L3207, L3215, L3216, L3217, L3219, L3221, L3222	All products Medicare Eligible	<b>Therapeutic Shoes:</b> Dual members: first 2 units will pay under Medicare, next 2 units will pay under Medicaid. Total of 4 units can pay without auth (1 unit = 1 shoe), Medicaid: allowed 4 units per calendar year before PA (2 pair) <b>Inserts:</b> A5512-A5514, K0903 - Limited to 6 in 1 calendar year. A5503-A5510 - limited to 4 in 1 calendar year. <b>Orthopedic Inserts:</b> L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031 - no auth required but does have a benefit limit (for Medicaid) of 6 per calendar year.	<b>MHCP Provider Manual:</b> DME - Orthopedic and Therapeutic Footwear <b>Medicare:</b> L33369 (Therapeutic shoes for diabetes), L33641 (Orthopedic Footwear) <b>InterQual:</b> DME, Medicare DME
	<b>DME: Orthotics</b>	<b>Lower Limb Orthotics:</b> L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1850, L1851, L1852, 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, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136  <b>Cranial Remolding Orthotics:</b> S1040 (members under age 2)	All products Medicare Eligible	<b>Lower Limb orthotics:</b> There is a limit of 4 per calendar year. Authorization needed before the limit if the allowed amount is more than \$3,000. Starting with the third set (bilateral) requires an authorization. <b>Cranial remolding orthotic:</b> Authorization is needed for third (or more) cranial remodeling orthotic before 2 years old. . According to the American Academy or Orthotists & Prosthetists, these orthotics are contraindicated after 2 years of age.	<b>MHCP Provider Manual:</b> DME - Orthotics <b>Medicare:</b> L33318 (knee orthosis), L33686 (Ankle/Knee/Foot Orthosis), <b>InterQual Procedures:</b> DME, Medicare DME

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	<b>DME: Orthotics</b>	<b>Upper Extremity Orthotics: L3650-L3999</b> (L3650 L3651 L3652 L3653 L3654 L3655 L3656 L3657 L3658 L3659 L3660 L3661 L3662 L3663 L3664 L3665 L3666 L3667 L3668 L3669 L3670 L3671 L3672 L3673 L3674 L3675 L3676 L3677 L3678 L3679 L3680 L3681 L3682 L3683 L3684 L3685 L3686 L3687 L3688 L3689 L3690 L3691 L3692 L3693 L3694 L3695 L3696 L3697 L3698 L3699 L3700 L3701 L3702 L3703 L3704 L3705 L3706 L3707 L3708 L3709 L3710 L3711 L3712 L3713 L3714 L3715 L3716 L3717 L3718 L3719 L3720 L3721 L3722 L3723 L3724 L3725 L3726 L3727 L3728 L3729 L3730 L3731 L3732 L3733 L3734 L3735 L3736 L3737 L3738 L3739 L3740 L3741 L3742 L3743 L3744 L3745 L3746 L3747 L3748 L3749 L3750 L3751 L3752 L3753 L3754 L3755 L3756 L3757 L3758 L3759 L3760 L3761 L3762 L3763 L3764 L3765 L3766 L3767 L3768 L3769 L3770 L3771 L3772 L3773 L3774 L3775 L3776 L3777 L3778 L3779 L3780 L3781 L3782 L3783 L3784 L3785 L3786 L3787 L3788 L3789 L3790 L3791 L3792 L3793 L3794 L3795 L3796 L3797 L3798 L3799 L3800 L3801 L3802 L3803 L3804 L3805 L3806 L3807 L3808 L3809 L3810 L3811 L3812 L3813 L3814 L3815 L3816 L3817 L3818 L3819 L3820 L3821 L3822 L3823 L3824 L3825 L3826 L3827 L3828 L3829 L3830 L3831 L3832 L3833 L3834 L3835 L3836 L3837 L3838 L3839 L3840 L3841 L3842 L3843 L3844 L3845 L3846 L3847 L3848 L3849 L3850 L3851 L3852 L3853 L3854 L3855 L3856 L3857 L3858 L3859 L3860 L3861 L3862 L3863 L3864 L3865 L3866 L3867 L3868 L3869 L3870 L3871 L3872 L3873 L3874 L3875 L3876 L3877 L3878 L3879 L3880 L3881 L3882 L3883 L3884 L3885 L3886 L3887 L3888 L3889 L3890 L3891 L3892 L3893 L3894 L3895 L3896 L3897 L3898 L3899 L3900 L3901 L3902 L3903 L3904 L3905 L3906 L3907 L3908 L3909 L3910 L3911 L3912 L3913 L3914 L3915 L3916 L3917 L3918 L3919 L3920 L3921 L3922 L3923 L3924 L3925 L3926 L3927 L3928 L3929 L3930 L3931 L3932 L3933 L3934 L3935 L3936 L3937 L3938 L3939 L3940 L3941 L3942 L3943 L3944 L3945 L3946 L3947 L3948 L3949 L3950 L3951 L3952 L3953 L3954 L3955 L3956 L3957 L3958 L3959 L3960 L3961 L3962 L3963 L3964 L3965 L3966 L3967 L3968 L3969 L3970 L3971 L3972 L3973 L3974 L3975 L3976 L3977 L3978 L3979 L3980 L3981 L3982 L3983 L3984 L3985 L3986 L3987 L3988 L3989 L3990 L3991 L3992 L3993 L3994 L3995 L3996 L3997 L3998 L3999)	All products Medicare Eligible	<b>Upper Extremity Orthotics:</b> Limit of 4 per calendar year. Authorization needed before the limit if the allowed amount is more than \$3,000. Starting the third set (bilateral) requires an authorization.	<b>MHCP Provider Manual:</b> DME - Orthotics <b>InterQual Procedures:</b> DME, Medicare DME
	<b>DME: Other Prosthetic/Orthotic Devices/Supplies</b>	Artificial Cornea L8608, L8609 Prosthetic Devices: K1014, K1015, K1022 Powered upper extremity range of motion device: L8701, L8702 (both Fact 4) HKAFO Microprocessor: K1007 Gasket or seal for use with prosthetic sock: L7700 Knee ankle foot device, any material: L2006 Nipple prosthesis: L8033 Misc. Component for artificial heart: L8698	All products Medicare Eligible	<b>Gasket or seal for use with prosthetic sock (L7700):</b> This code represents a gasket or seal for use with a prosthetic socket insert of any type. The gasket or seal secures the residual limb to the prosthesis. It provides a secure attachment, locking the limb to the socket wall, and improves user comfort.	<b>Medicare:</b> LCD L33787 (lower limb prostheses), L33686 (Ankle/Foot/Knee Orthosis), L33317 (external brest prostheses) <b>InterQual Procedures:</b> DME
	<b>DME: Respiratory Equipment</b>	<b>Nebulizer, Ultrasonic:</b> E0575 <b>Oximeters and Probes:</b> E0445 (auth required for purchase or rental beyond 3 months), A4606 (auth required after limit of 10/month) & A4606 U3 (auth required for more than 1 per 6 months) <b>CPAP:</b> E0601 (after 3 month rental) <b>BIPAP:</b> E0470, E0471, E0472 (after 3 month rental) <b>Home Ventilator:</b> E0466, E0467 <b>IPPB machine:</b> E0500 <b>Sleep Apnea Device:</b> K1001, K1028, K1029, K1030	All products Medicare Eligible	<b>Disposable Oximeter Probe:</b> 5/month <b>Durable Probes:</b> 1 every 6 months  *Oxygen does <b>not</b> require authorization effective 1/1/2022	<b>SCHA Internal Policy:</b> MCP 10 <b>MHCP Provider Manual:</b> DME - Nebulizers, Oximeters, Oxygen Equipment, Positive Airway Pressure, Respiratory Equipment <b>Medicare:</b> LCD L33370 (nebulizers), NCD 240.2.1 (oxygen in clinical trials), L33797 (Oxygen/Oxygen Equipment), L33800 (respiratory assist devices) <b>InterQual Procedures:</b> DME, Medicare DME
	<b>DME: Patient Lifts and Seat Lift Mechanisms</b>	Seat Chair Mechanism: E0627, E0629 Patient Lifts: E0630, E0635, E0636, E0639, E0640	All products Medicare Eligible	<b>Seat Lift Mechanism:</b> Auth required if service line total is greater than \$500.00	<b>MHCP:</b> DME - Patient lifts and seat lift mechanisms <b>Medicare:</b> NCD 280.4 (seat lift), L33801 (seat lift mechanisms), L33799 (Patient lifts) <b>InterQual:</b> DME, Medicare DME
	<b>DME: Pneumatic Compression Devices</b>	Pneumatic Compressor Device: E0652, E0670, E0675, K1031, K1032, K1033	All products Medicare Eligible		<b>MHCP:</b> DME - Pneumatic Compression Devices <b>Medicare:</b> NCD 280.6, L33829 <b>InterQual:</b> DME, Medicare DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/Products	Benefit Limit/Threshold	Medical Necessity Criteria
	<p><b>DME: Other DME Items/Devices</b></p>	<p>Augmentative Communication (AC) Devices: E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599                      Electronic Tablets as AC Devices: E2510 U3*, E2511 U3*, E2512 U3*, E2599 U3*                      Bili Lights (after 1 month rental): E0202                      Biofeedback Machine: E0746 (Fact 4)                      Breast Pump (heavy duty): E0604 (PA required for E0603 only if over benefit limit of 1 per 3 years)                      Cochlear Device: L8614, L8619                      Male/Female Prosthetic: L7900, tension-ring replacement: L7902                      Enema, Anal Irrigation System: A4459                      Light Therapy: Ultraviolet: E0691, E0692, E0693, E0694 SAD: E0203                      Piercing Device, Skin: E0620                      TENS Units: E0720, E0730, E0731                      Uterine Monitor: S9001 (not medicare covered)                      Low Frequency Diathermy: K1004                      Continuous Passive Motion: E0935, E0936                      Foot Pressure Device: A9283 (auth required for OON)                      Position Seat: T5001 (not medicare covered)                      Standers: E0637, E0638, E0641, E0642                      Transfer Devices: E1035, E1036                      Personalized, anterior and lateral interbody cage (implantable): C1831                      Tablo, hemodialysis system: E1629</p>	<p>All products                      Medicare Eligible</p>	<p><b>Tablet AC Device:</b> Providers should use DHS-4535 Form when sending authorization request. Link to the form can be found in the Provider Manual chapter 23.                      *U3 denotes covered for Medicaid Members Only (Medicare does not cover electronic tablets)  <b>Bili Lights:</b> 1 month rental  <b>Breast Pump:</b> 3 month rental for heavy duty (E0604). For E0603 - there is a quantity limit of 1 per 3 years. PA required if over limit.  <b>Tension Ring:</b> L7902 is covered under Medicaid but will require an authorization.  <b>Enema System:</b> 2 units/year (covered for members age 2+)  <b>SAD Light:</b> Auth required if service line total greater than \$500 AND the diagnosis code is not F33.  <b>TENS Units:</b> No Auth needed unless it's for a diagnosis of low back pain (M54.5, M54.50, M54.51, M54.59). If description of service is cranial electrotherapy stimulator, it is non-covered (investigational).  <b>Foot Pressure Off-Load Device:</b> will pay for certain Dx codes; Auth required for OON providers ONLY</p>	<p><b>Electronic Tablets:</b> MCHP- Rehabilitation services - Aug Communication Devices, InterQual. CMS - LCD L33739, NCD 50.1.  <b>Internal Policy:</b> MCP 36, 38 (Light Therapy), MCP 09 (CPM)  <b>MHCP Provider Manual:</b> DME &gt; Depends on service or supply, Hearing aid services,  <b>Medicare:</b> NCD 50.3 (cochlear implant), L34824 (vacuum erection device/tension ring), L36267 (Bowel management devices), L33822 (glucose monitors), NCD 10.2, 160.27 (TENS device), L33641, L33686 (orthopedic footwear, AF/KAF Orthosis), L33799 (patient lifts)  <b>InterQual Procedures:</b> DME, Medicare DME</p>



Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
Experimental	The procedures in this section might be considered investigational or experimental in some or all cases.	<p><b>Grafting Procedures:</b> 20932, 20933, 20934, 20939, 0219T, 0220T, 0221T, 0222T, 64912, 64913</p> <p><b>Cardiac/Pulmonary Procedures:</b> 33140, 33141, 35400, 93278, G0166, 33270, 33271, 33274, 33275, 33240, 33241, 33262, 33263, 33264, 33272, 33273, 33289, 93261, 93260, 0439T, 0331T, 0332T, 0399T, 0342T, 0345T, 33418, 33419, 31647, 31648, 31649, 31651, 33274, 33275, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0483T, 0484T, 0497T, 0498T, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0521T, 0522T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0541T, 0542T, 33440</p> <p><b>Reproductive/Urological/Prostate:</b> 37788, 37790, 51715, 54660, 58345, 0487T, S2400, S2401, S2402, S2403, S2404, S2405, S2409, S2411, 58674, 0404T, 0357T, C9739, C9740, 0421T, 0443T, 55874, 53854, A4563, 0672T</p> <p><b>ENT Procedures:</b> 41530, 69714, 69717, 69930, 92512</p> <p><b>Neurostimulators:</b> 61850, 61860, 61863, 61864, 61867, 61868, 61870, 61875, 61885, 61886, 64553, 64555, 64560, 64561, 64565, 64566, 64568, 64573, 64575, 64577, 64580, 64581, 64590, L8680, L8681, L8682, L8683, L8684, L8685, L8679, L8686, L8687, L8688, L8689, L8695, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0587T, 0588T, 0589T, 0590T, K1016, K1017, K1020</p> <p><b>Ocular Procedures:</b> 65760, 65765, 65767, 65770, 65772, 65775, 67345, S0810, 0329T, 0330T, 0333T, 0402T, 0444T, 0445T, 0464T, 0465T, 0449T, 0450T, 0469T, 0472T, 0473T, 0474T, 0509T</p> <p><b>Diagnostic/Monitoring:</b> 86343, 0358T, 0398T, 0466T, 0467T, 0468T, 0475T, 0476T, 0477T, 0478T, 0493T, 0501T, 0502T, 0503T, 0504T, 0523T, 93264, 95836, 0523T, 0533T, 0534T, 0535T, 0536T, C9751, 0087U, 0088U, 0094U</p>	All products Medicare Eligible	<p><b>Chemodenervation Procedures:</b> NO AUTH required for the procedure (46505 52287 64611 64612 64615 64616 64617 64642 64643 64644 64645 64646 64647 64650 64653 67345 S2340 S2341) but if they use Botulinum Toxin as the agent, then Botulinum Toxin requires an auth (see MedPharm grid J0585-J0588).</p> <p><b>Cranial Electrotherapy Stimulator:</b> Not covered if the service being performed is Cranial Electrotherapy Stimulation as it is considered investigational</p>	<p><b>Internal Policy:</b> MCP 32 (vagus nerve Stimulator), MCP 08 (Esophageal Sphincter augmentation device)</p> <p><b>MHCP Provider Manual:</b> section will vary based on service</p> <p><b>Medicare:</b> NCD, LCD - review on CMS website or EncoderPro</p> <p><b>InterQual Procedures:</b> Procedures (varies on code)</p>
Experimental continued		<p><b>Orthopedic/Spinal Procedures:</b> 0335T, 22853, 22854, 22859, 22867, 22868, 22869, 22870, 62380, 0510T, 0511T, C9752, C9753, 0565T, 0566T, 64628, 64629</p> <p><b>Imaging:</b> 0347T, 0348T, 0348T, 0350T, 0351T, 0351T, 0353T, 0354T, 0422T, 0470T, 0471T, 0485T, 0486T, 76391, 76391,</p> <p><b>Gastroenterology Procedures:</b> S1034, S1035, S1036, S1037, 0397T, 0437T, 43284, 43285,</p> <p><b>Oncology:</b> 0394T, 0395T, 0537T, 0538T, 0539T, 0540T</p> <p><b>Other Procedures:</b> 0489T, 0490T, 0419T, 0420T, 0440T, 0441T, 0442T, 0491T, 0492T, 0505T, 0506T, 0507T, 0508T, 0509T, 0510T, 0511T, 0524T, 0533T, 0534T, 0535T, 0536T, 32994, G2000, 0559T, 0560T, 0561T, 0562T, 34717, 34718, 0338T, 0339T</p>	All products Medicare Eligible	See above	See above
Genetic Testing	Gene Analysis and Molecular Pathology	81105-81383, 81400-81479, 81490-81599, 82013, 88245, 88248-88249, 88267, 88269, 88271-88274, 88280, 88283, 88285, 88289, 88364-88369, 88373-88374, 88291, 88299, S3800-S3870, 0001U-0037U, 0040U, 0045U, 0047U-0050U, 0052U, 0053U, 0056U, 0057U, 0060U, 0070U-0081U, 0083U, 0111U-0112U, 0118U, 0130U-0139U, 0154U-0171U, 0173U, 0175U, 0180U-0201U, 0203U-0205U, 0208U-0219U, 0221U-0222U, 0229U-0239U, 0242U-0247U, 0250U, 0252U-0254U, 0258U, 0260U, 0262U, 0264U-0274U, 0276U-0278U, 0011M-0013M, 0016M-0017M, 0500T, 81349, 81523, 0285U-0300U, 0306U, 0307U, 0313U-0315U, 0317U-0322U, 0324U-0327U, 0329U, 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U	All products	<p>All genetic testing requires an auth unless otherwise noted (code list is not inclusive).</p> <p>Only exception for auth is genetic testing done during pregnancy for <b>advanced maternal age</b> - greater than or equal to 35 y/o (if code is fact 4, then PA is required)</p> <p><b>No auth needed for:</b> 81206, 81207, 81208 <b>*Effective 7/1/2022 - no auth required for 81420</b></p>	<p><b>MHCP Provider Manual:</b> Lab and Pathology Services</p> <p><b>Medicare:</b> NCD, LCD, Coverage Articles</p> <p><b>InterQual Procedures:</b> Molecular Diagnostics</p>

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/Products	Benefit Limit/Threshold	Medical Necessity Criteria
<b>Gender Confirmation Surgery</b>	Gender confirmation codes covered for Male to Female  Gender conformation codes covered for Female to Male	53430, 54125, 54520, 54690, 55866, 55970, 56800, 56805, 57291, 57292, 57295, 57296, 57335, 57426, 58999, 19324, 19325  19303, 19303, 19304, 53420, 53425, 53430, 54400, 54401, 54405, 54660, 55175, 55180, 55899, 55980, 56625, 57106, 57110, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58720	All products Medicare Not Covered	Auth is ONLY required if this is for a gender confirming surgery. All Gender Confirmation Codes require authorization and must be billed with diagnosis codes of Gender Dysphoria F64.0-F64.1, F64.8-F64.9, Z87.890. Please follow other service authorization rules for these codes for other diagnosis. See Surgery/cosmetic tab for other diagnosis (maybe on other tabs such as cosmetic for other diagnosis)	<b>MHCP Provider Manual:</b> Gender-Confirming Surgery <b>Medicare:</b> Not Covered
<b>Gender Confirmation - Not Covered</b>		15200, 15775, 15776, 15820, 15821, 15822, 15823, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 17380, 17999, 19316, 19318, 19324, 19325, 19340, 19342, 19350, 21193, 21194, 21195, 21196, 21208, 21209, 21210, 30400, 30410, 30420, 30430, 30435, 30450, 53400, 53400, 53405, 53410, 53415, 53420, 53425, 58661, 58700, 58953, 58956, 19324, 19325, S9128, G0153, 11950, 11951, 11952, 11954, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15826, 15728, 15829, 15876, 15877, 15878, 15879, 21087, 21120, 21121, 21122, 21123, 21125, 21127, 21270, 21899, 31599, 31899, 40799, 67900, 92507, 92508	All products	These codes were listed under the Gender Confirming Surgery as never covered benefit and are not a covered benefit for SCHA members. For example, brow lift, chemical peels, calf implant, unless it is absolutely medically necessary and authorization would always be required.	
<b>Hearing</b>	Hearing Aids - in glasses Assitive Listening Device, NOS Pocket talker Assisted Listening Devices: FM Systems Cochlear Device/Implant	V5070, V5080, V5150, V5190, V5230 V5274, V5090 V5100, V5110 V5281, V5282, V5283, V5284, V5285, V5286, V5287, V5288, V5289, V5290  V5273, L8614, L8619, L8627, L8628, L8629, L8690, L8691, L8692, L8693, 69710, 69711, 69930	All products Cochlear Device is Medicare Eligible	Systems other than personal hearing aids always need an auth.  Hearing Aid Repair > \$400 Hearing Aid: 1 every 5 years Ear Mold: 1 every 3 months  Cochlear Implant is also under experimental	<b>Medicare:</b> NCD 50.3 (cochlear Implants), IP Manual 100-02, 16, 100 (hearing aids) <b>MHCP Provider Manual:</b> Hearing Aid Services <b>InterQual Procedures:</b> DME or Procedures
<b>Inpatient Stays</b>	Authorization is only required if the facility is out of the 5-state area (outside of MN, IA, WI, SD, ND)	Inpatient stays (Medical and MH) do not require authorization if within MN, ND, SD, IA and WI.  Acute InPt Rehab Admission - auth required for out of state Long Term Acute Care admission - auth required for out of state Mental Health Admission - auth required for out of state	All products Medicare Eligible	*If Medicare is primary payer (outside of South Country) and part A is paying, no auth required. If Medicare denies, then auth is needed	
<b>EW Home Care</b>	Home care services provided under a member's Elderly Waiver	T1030, T1031, S9129, S9131, S9128, S5181, T1021, T1019, T1001-T1003	MSC+ and SeniorCare Complete EW Members	<b>Member's Elderly Waiver</b>	Care Coordinator must enter eligible services on the Care Plan in the CP URL (this will generate the service request)
<b>DSD/CADI Home Care</b>	Home care services provided under a member's Disability Waiver <b>Must submit Form #5841</b>	T1030, T1031, S9129, S9131, S9128, S5181, T1021, T1019, T1001-T1004, S5100	All Products, Waiver Members	Member's Waiver South Country does not authorize PCA (T1019) or Home Care Nursing (T1003) for SingleCare, SharedCare, AbilityCare, PMAP, or MNCare - these are authorized through DHS.  For PCA services (MSC+/SCC), 5841 is required along with PCA assessment AND LTCC or MNChoices Assessment (they may be loaded into TC)	<b>Must submit Form #5841</b> Waiver CM approves services, South Country UM Specialist administratively enters the auth and processes any DTRs as needed.

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/Products	Benefit Limit/Threshold	Medical Necessity Criteria
<b>Home Care (non-waiver)</b>	Skilled Nurse Visits (SNV) Personal Care Assistant (PCA) Home Care Nursing Speech Therapy Physical Therapy Occupational Therapy Respiratory Therapy Home Health Aide Adult Day Care Bath	T1030 (RN), T1031 (LPN) - PA required after 9 visits combined T1019 (South Country only processes PCA requests for SCC and MSC+) T1002, T1003 S9128 S9131 S9129 S5181 T1021 S5100	All products Medicare Eligible	<b>SNV/PT/OT/ST/HHA</b> - PA required for PMAP, MNCare, SingleCare, SharedCare after 9 visits. Home care cert/plan required. SCC, MSC+ and AbilityCare - no auth needed unless provider is out of state. <b>SeniorCare Complete and MSC+</b> : authorization only required on PCA (T1019) - use form #5207 ( <b>no authorization needed for other services</b> , unless provider is out of network) SingleCare, SharedCare, AbilityCare, PMAP and MNCare: South Country does not process authorizations for PCA (T1019) and Home Care Nursing (T1002,T1003), for other services, there is a limit of 9 services/calendar year. After threshold a request must be submitted.	<b>Medicare</b> : these are not Medicare covered services. For Medicare qualified home care, no auth is needed <b>MHCP Provider Manual</b> : Home Care Services. Home Care Certification is needed.
<b>Surgery/Procedures</b>	General/Other Surgical Procedures	<b>Circumcision</b> : 54150, 54160, 54161 <b>Chole w/transduodenal sphincter</b> : 47620 <b>Deep Brain Stim</b> : 61850, 61860, 61863, 61864, 61867, 61868, 61870, 61885, 61886 <b>Electric Stimulator (bone) Implant</b> : 20975 <b>Optical</b> : 65770, 65771, 65772, 65775, 65785, S0800, 0616T, 0617T, 0618T, 0730T <b>Nerve Stimulators</b> : 64568, 64569, 64570, 64582, 64583, 64584, 95978, 95979, 63650, 63655, 63685, C1823, 0720T <b>Dermatological</b> : 15788, 15789, 15792, 15793, 96574 <b>Weight Loss</b> : 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43846, 43847, 43845, 43886, 43887, 43888, 43848, 43850, 43855, 43860, 43865, 43647, 43648, 43881, 43882, 64590 <b>Cystourethroscopy</b> : 0499T, Blue Light Cystoscopy imaging agent: C9738 <b>Hypothermia in neonate</b> : 99184 <b>GI Transit/pressure Measurement, wireless capsule</b> : 91112 <b>Partial Exchange Transfusion, newborn</b> : 36456 <b>Angioplasty</b> : 37246, 37247, 37248, 37249, G2170, G2171 <b>Ablation of uterine fibroid, laparoscopy</b> : 58674 <b>Application of on-body injector</b> : 96377 <b>Fractional ablative laser fenestration of burn/traumatic scars</b> : 0479T, 0480T <b>Prep of tumor cavity with placement of radiation therapy applicator</b> : 19294 <b>Photodynamic therapy</b> : 96573 <b>Endoscopic submucosal dissection (ESD)</b> : C9779 <b>Osseointegrated implant</b> : 69716, 69719, 69726, 69727 <b>Histotripsy</b> : 0686T <b>Other Therapies/Procedures</b> : 0732T, 0733T, 0734T, G0308, G0309	All products Medicare Eligible	<b>Weight Loss</b> : codes 43659 and 43999 are nonspecific procedures of the stomach and only requires an authorization if used to perform weight loss surgery for morbid obesity (only requires auth if billed with Dx E66.01)	<b>MHCP Provider Manual</b> : Physician and Professional services <b>CMS</b> : Review EncoderPro/CMS for NCD or LCD <b>InterQual</b> : CP: Medicare Procedures or CP: Procedures <b>InterQual Policy</b> : MCP 32 (vagus nerve stimulation), MCP 07 (Eye Surgery), MCP 10 (OSA treatment)
	Ear/ Nose/ Throat Procedures	<b>Sleep Apnea Procedures</b> : S2080, C9727, 41512, 42145, 21685, 42140 <b>Laryngoplasty for laryngeal stenosis, with graft</b> : 31551, 31552, 31553, 31554 <b>Laryngoscopy, flexible; with ablation or destruction of lesion</b> : 31572, 31573, 31574 <b>Laryngoplasty, medialization</b> : 31591 <b>Cricotracheal resection</b> : 31592 <b>Vestibular Device Implantation</b> : 0725T, 0726T, 0727T	All products Medicare Eligible		<b>MHCP Provider Manual</b> : Physician and Professional services <b>CMS</b> : Review EncoderPro/CMS for NCD or LCD <b>InterQual</b> : CP: Medicare Procedures or CP: Procedures <b>InterQual Policy</b> : MCP 10 (OSA treatment)

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Cardiac	<b>LVAD/VAD:</b> 33975, 33976, 33979, 33981, 33982, 33983, Q0478, Q0479, Q0480, Q0481, Q0482, Q0483, Q0484, Q0488, Q0489, Q0490, Q0491, Q0495, Q0496, Q0502, Q0503, Q0504, Q0506 <b>Endovascular Repair of visceral aorta:</b> 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 <b>Transcatheter Aortic Valve Replacement:</b> 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, C9783 <b>Transcatheter Mitral Valve Repair:</b> 33418, 33419 <b>Left atrial appendage closure:</b> 33340 <b>Valvuloplasty:</b> 33390, 33391 <b>Generator, cardiac contractility modulation:</b> C1824	All products Medicare Eligible		<b>MHCP Provider Manual:</b> Physician and Professional services <b>CMS:</b> Review EncoderPro/CMS for NCD or LCD <b>InterQual:</b> CP: Medicare Procedures or CP: Procedures <b>Interal Policy:</b> MCP 01 - General Medical Necessity
	Orthopedic	<b>Disc Replacement - Artificial:</b> 0095T, 0098T, 22856, 22857, 22858, 22861, 22862, 22864, 22865 <b>Laminectomy/Hemilaminotomy:</b> 63001, 63003, 63005, 63011, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63052, 63053, C9757, 0719T <b>Spinal Fusion:</b> 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22853, 22854, 22859 <b>Arthrodesis:</b> 27279 <b>Shoulder Arthroplasty/Rotator Cuff:</b> 29827, C9781, 0717T, 0718T <b>Closed treatment of posterior pelvic ring fracture with manipulation:</b> 21798 <b>Other Joint surgery:</b> 27299, 58548, 0737T <b>Osteotomy, Humerus, with lengthening device:</b> 0594T <b>Injection, bone-substitute material into subchondral bone defect:</b> 0707T	All products Medicare Eligible	<b>Spinal Fusion:</b> 22853, 22854, 22859 can be added to auth with no additional criteria IF the fusion is approved	<b>MHCP Provider Manual:</b> Physician and Professional services <b>CMS:</b> Review EncoderPro/CMS for NCD or LCD <b>InterQual:</b> CP: Medicare Procedures or CP: Procedures <b>Interal Policy:</b> MCP 01 - General Medical Necessity

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/Products	Benefit Limit/Threshold	Medical Necessity Criteria
Surgery/Procedures	Reconstructive (not cosmetic), list is not all inclusive	<b>Abdominoplasty/Panniculectomy:</b> 15830, 15847 <b>Blepharoplasty:</b> 15820, 15821, 15822, 15823 <b>Breast Implant removal:</b> 19328, 19330 <b>Breast Reconstruction:</b> 19316, 19324, 19325, 19340, 19342, 19357, 19361, 19364, 19366, 19367, 19368, 19369 <b>Gynecomastia Surgery (male mastectomy):</b> 19300 <b>Lesion Destruction (auth only required for Rosacea Dx L71.8):</b> 17000, 17003, 17004, 17106, 17107, 17108 <b>Lipectomy (liposuction):</b> 15876, 15877, 15878, 15879 <b>Lung removal for lung volume reduction:</b> 32491 <b>Mandible, Coroniodectomy:</b> 21070 <b>Maxilla, osteotomy:</b> 21206, 21299 <b>Midface Reconstruction:</b> Lefort I: 21141, 21142, 21143, 21145, 21146, 21147, Lefort II: 21150, 21151, Other than Lefort: 21188 <b>Midface Flap:</b> 15730, 15733 <b>Orthognaathic Surgery/Mandible reconstruction:</b> 21193, 21194, 21195, 21196, 21198, 21244, 21245, 21246, 21247, 21248, 21249 <b>Penile Implant insertion:</b> 54400, 54401, 54405 <b>Ptois Repair:</b> 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909 <b>Reduction Mammoplasty (female or male):</b> 19318 <b>Rhinoplasty/Septoplasty:</b> 60400, 30410, 30420, 30430, 30435, 30450, 30520 <b>Sclerotherapy:</b> 36465, 36466, 36468, 36470, 36471 <b>Endovenous Ablation:</b> 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483,	All products Medicare Eligible	<b>Breast Reconstruction:</b> No authorization needed for history of breast cancer	<b>MHCP Provider Manual:</b> Physician and Professional services <b>CMS:</b> Review EncoderPro/CMS for NCD or LCD <b>InterQual:</b> CP: Medicare Procedures or CP: Procedures <b>Internal Policy:</b> MCP 26 (Septoplasty/Rhinoplasty), MCP 01 (general medical necessity)
Transplant	Bone Marrow Heart Heart/Lung Intestine, Intestine Liver Kidney Liver Lung Pancreas Pancreatic Islet Cells Pancreas/Kidney Autologous white blood cell, inj Donor Hysterectomy	38240, 38241, 38242, C9782 33945, 33927, 33928, 33929, NA - Artificial heart transplant not covered, 33935, 44135, 44136, S2053, 50360, 50365, 50380, 47135, 47399, 32851, 32852, 32853, 32854, 48160, 48554, 0141T, 0142T, 0143T, 0584T, 0585T, 0586T, S2065, 0481T, 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T	All products Medicare Eligible	* Approvals: send transplant information to Kim  All transplants must be done in a Medicare-certified transplant facility.  For OON requests - find out why this cannot be completed at an in-network facility. Can always check with Kim on the extended transplant network that we have through Optum.	<b>MHCP Provider Manual:</b> Physician and Professional Services <b>Medicare:</b> NCD/LCD by code <b>InterQual:</b> CP Procedures

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
Transportation	Assisted Transportation	<b>Air Ambulance:</b> A0430, A0431, A0435, A0436, A0888, <b>Non-emergent Transport (wheelchair van):</b> A0130 <b>Non-emergent Transport (ambulatory):</b> T2003 <b>Protected Transport:</b> T2003 UA modifier <b>Non-emergent Transport (stretcher van):</b> T2005	All products Medicare Eligible	*Special Transportation Requires an Authorization. All Rides must be scheduled through RideConnect (assisted and unassisted). Members on EW require an auth for all medical transportation with current LONA.  <b>Ground ambulance:</b> All MN based ambulance providers and providers in neighboring states (ND, SD, WI, IA) are considered open access. No auth is required. All emergency ambulance claims are considered open access regardless of location. <b>Air ambulance:</b> Service auth is required only if originating or final destination is an out-of-state non-contracted facility. <b>SNF:</b> Members residing in a SNF do not require PA for STS <b>Mileage (S0209 (WC), S2015(AMB), T2049 (stretcher):</b> Mileage codes do not require prior auth but are not payable if the encounter code was denied for lack of authorization	<b>MHCP Provider Manual:</b> Transportation Services
Vision	Contact Lenses  Industrial/Sport/Educational glasses Tinted/Polarized Lenses Treatment of amblyopia	V2500, V2501, V2502, V2503, V2510, V2511, V2512, V2513, V2520, V2521, V2522, V2523, V2525, V2529, V2530, V2531, V2599, S0500, S0512, S0514, 92310, 92314, 92325, 92326, S0504, S0506, S0508, S0510, S0581, V2786, V2744, V2745, V2755, V2762, V2524 S0504, S0506, S0508, S0510, S0581, V2786 V2745, V2755, V2762, 0687T, 0688T, 0704T, 0705T, 0706T	All products Medicare Eligible	<b>Vision Dispensing Fees</b> (92340, 92341, 92342, 92354): 1 in 30 rolling months. <b>Contact Lenses</b> (S0500): Limited to 60 in 1 calendar month <b>Gas Lenses</b> (V2500, V2501, V2502, V2503, V2510, V2511, V2512, V2513, V2530, V2531, V2599): limited to 2 in 1 rolling day <b>Hydrophilic contact lenses</b> (V2520, V2521, V2522, V2523): limited to 12 in 6 calendar months  *Benefit limits on contacts apply if PA is approved *Effective 1/1/2020 - no auth, no limits for V2020 *Effective 7/1/2022 - no auth required for V2744 tinted lenses	<b>MHCP Provider Manual:</b> Optical Services <b>Medicare:</b> LCD L33821

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/Products	Benefit Limit/Threshold	Medical Necessity Criteria
Wound Care	Skin Substitutes Pump/Wound Vac	<p><b>Skin Substitutes:</b> Q4100 Q4101 Q4102, Q4103 Q4104 Q4105 Q4106 Q4107 Q4108 Q4110 Q4111 Q4112 Q4113 Q4114 Q4115 Q4116 Q4117 Q4118 Q4121 Q4122 Q4123 Q4124 Q4125 Q4126 Q4127 Q4128 Q4130 Q4131 Q4132 Q4133 Q4134 Q4135 Q4136 Q4137 Q4138 Q4139 Q4140 Q4141 Q4142 Q4143 Q4145 Q4146 Q4147 Q4148 Q4149 Q4150 Q4151 Q4152 Q4153 Q4154 Q4155 Q4156 Q4157 Q4158 Q4159 Q4160 Q4161 Q4162 Q4163 Q4164 Q4165 Q4166 Q4167 Q4168 Q4169 Q4170 Q4171 Q4172 Q4173 Q4174 Q4175, Q4176 Q4177 Q4178 Q4179 Q4180 Q4181 Q4182 Q4183 Q4184 Q4185 Q4186 Q4187 Q4188 Q4189 Q4190 Q4191 Q4192 Q4193 Q4194 Q4195 Q4196 Q4197 Q4198 Q4199 Q4200 Q4201 Q4202 Q4203 Q4204 Q4205 Q4206 Q4208 Q4209 Q4210 Q4211 Q4212 Q4213 Q4214 Q4215 Q4216 Q4217 Q4218 Q4219 Q4220 Q4221 Q4222 Q4226 Q4227 Q4228 Q4229 Q4230 Q4231 Q4232 Q4233 Q4234 Q4235 Q4236 Q4237 Q4238 Q4239 Q4240 Q4241 Q4242 Q4244 Q4245 Q4246 Q4247 Q4248 Q4249 Q4250 Q4251 Q4252 Q4253 Q4254 Q4255 A2001 A2002 A2003 A2004 A2005 A2006 A2007 A2008 A2009 A2010 C1849 A2011 A2012 A2013 A2014 A2015 A2016 A2017 A2018 A4100 Q4224 Q4225 Q4256 Q4257 Q4258 Q4259 Q4260 Q4261</p> <p><b>Electric Stim for wound treatment:</b> E0769</p> <p><b>Pump or Wound Vac:</b> E2402, K0743</p> <p><b>Hyperbaric Oxygen Therapy:</b> A4575, E0446</p> <p><b>Low Frequency ultrasound:</b> 97610</p> <p><b>Extracorporeal shock wave treatment:</b> 0512T, 0513T</p>	All products Medicare Eligible		<p><b>MHCP Provider Manual:</b> DME - Specialized Wound Treatment</p> <p><b>Medicare:</b> NCD, LCD</p> <p><b>InterQual:</b> DME (K0744 is not in IQ but would use same criteria as E2402)</p>
Skilled Nursing Facility	NF Custodial Care SNF: Intensive Service Days SNF or NP Private Room Swing Bed Nursing Home Stay Exceptions	Private Room Request Requires Authorization (R0110)	All products Medicare Eligible	<p>180 day benefit for new admissions (MSHO, MSC+)</p> <p>100 day benefit for new admissions (SNBC)</p> <p><b>Notification required for SNF/NH:</b> NH Communication form and PAS referral</p> <p><b>Notification Required on Swing Bed:</b> must submit swing bed notification form with NH communication form</p>	<p><b>Review Private room request form</b> - must have doctor signature and QAAC signature</p> <p>*Nursing home stays for PMAP and MNCare: Custodial/Room &amp; Board along with Rehabilitation Services for members residing in a SNF/Swing bed facility are not Covered. Service needs to be authorized through MN DHS. Facility should contact the MN DHS Help desk at 800-366-5411, for authorization of services.</p>
Hospice	Hospice Notification Form Required #4735		All products Medicare Eligible		Include diagnosis on notification form
Out of Network	OON/OOP Chiropractic Providers  Inpatient Stays  Direct Access Specialists  COVID-19 Labs, vaccines, antibody treatment (auth is never required)  Family Planning/Free Choice - no auth needed	<p>Out of network Chiropractors: chiropractic services require an auth even if in MN (see Chiro section for codes)</p> <p>Auth is required for inpatient stays if the provider is not in MN, ND, SD, IA or WI.</p> <p>Direct access specialists in Minnesota or surrounding states (ND, SD, IA, WI) do not require authorization. If request is for elsewhere in the US, it needs authorization.</p>	All products Medicare Eligible	<p><b>**Out of network care within MN (except for chiro), does not require an auth as long as the service does not require authorization.</b></p> <p>*All services Out of Plan or Out in network, in or out of the service area require auth (except: for urgent care center, emergency room for emergencies, direct access services (to include non-abortion related services and some family planning), and Direct Access for: Influenza and Pneumococcal vaccines, dialysis services, observation admissions, specialist for pediatric members (less than 21) specialists for SNBC)</p>	<p><b>Direct Access Specialists Include (NO AUTH REQUIRED FOR THESE SPECIALISTS as long as they are located in MN, ND, SD, IA &amp; WI - other locations would require an authorization):</b></p> <p>Shortage Specialties (all members)</p> <p>SNBC (Special Needs plans Ability Care, Singlecare, SharedCare) Specialties</p> <p>Pediatric Specialties (less than 21)</p> <p><b>**See provider specialty lists on South Country website</b></p>

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
EIDBI	Early Intensive Developmental and Behavioral Intervention (EIDBI)	97153, 97154, 97155, 97156, 97157, 97158 H0032 H0046 97151	PMAP MNCare	<p><b>Authorization cannot exceed a 180 day time span</b></p> <p>Thresholds vary, see DHS Billing Grid</p> <p><b>H0032:</b> Limited to 60 units/calendar year. Auth required when limit is reached.</p> <p><b>97151:</b> One CMDE allowed annually (max 80 units)</p>	<p><b>Authorization Required:</b> Submit form #4894 along with the CMDE and ITP</p> <p><b>MHCP Provider Manual:</b> Mental Health Services: EIDBI</p>



Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Neccessity Criteria
<b>The following list may not be all-inclusive and is meant to provide guidance. Guidelines applied are based on the member's product, and all services are subject to the member's benefits</b>					
<b>Medical Pharmacy/Part B Drugs</b>	Erythropoiesis Stimulating Agents	Darbepoetin: J0881 Retacrit: Q5106	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Anti-Psychotics	Aripiprazole: J1943, J1944 Perseris (risperidone): J2798	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Monoclonal Antibodies - Oncology	Bavencio (Avelumab): J9023 Cynamza (ramucirumab): J9308 Darzalex (Daratumumab): J9145 Darzalex Faspro (daratumumab/hyaluronidase): J9144 Mylotarg (Gemtuzumab Ozogamicin): J9203 Kadcyla (ado-trastuzumab): J9354 Herceptin (trastuzumab): J9355, J9356, Q5116, Q5117 Keytruda (pembrolizumab): J9271 Opdivo (nivolumab): J9299 Perjeta (pertuzumab): J9306 Yervoy (ipilimumab): J9228 Adcetris (brentuximab vedotin): J9042 Besponsa (inotuzumab ozogamicin): J9229 Imfinzi (durvalumab): J9173 Libtayo (cemiplimab): J9119 Lumoxiti (moxetumomab pasudotoc-tdfk): J9313 Zirabev (bevacizumab-bvcr biosimilar): Q5118 Padcev (enfortumab vedotin): J9177 Ruxience (rituximabpvvr): Q5119 Phesgo (pertuzumab, trastuzumab, hyaluronidase): J9316 Trodelvy (sacituzumab govitecan-hziy): J9317 Blenrep (belantamab mafoditin): J9037 Monjuvi (tafasitamab-cxix): J9349 Danyelza (naxitamab-ggqk): J9348 Margenza (margetuximab-cmkb): J9353 Riabni (rituximab-arrx biosimilar): Q5123 Jemperli (dostarlimab-gxly): J9272	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Neccessity Criteria
	Monoclonal Antibodies - Oncology continued	Tivdak (Tisotumab): J9273 Alymsys (bevacizumab-maly, biosimilar): C9142 Opdualag (nivolumab and relatlimab-rmbw): J9298			
	Monoclonal Antibodies - Non-Oncology	Cimzia (certolizumab): J0717 Enbrel (etanercept): J1428 Entyvio (vedolizumab): J3380 Humira (adalimumab): J0135 Kineret (anakinra): J3590 Remicade (infliximab): J1745 Simponi (golimumab): J1602 Tysabri (natalizumb): J2323 Avsola (inflouximab biosimilar): Q5121 Benlysta (Belimumab): J0490 Lemtrada (alemtuzumab): J0202 Ocrevus (ocrelizumab): J2350, J3490, J3590 Soliris (eculizumab): J1300 Stelara (ustekinumab): J3357, J3358 Actemra (tocilizumab): J3262 Zinplava (Bezlotoxumab): J0565 Nucala (mepolizumab): J2182 Prolia/Xgeva (denosumab): J0897 Xolair (omalizumab): J2357 Crysvita (burosumab-twza): J0584 Trogarzo (ibalizumab-uiyk): J1746 Ilumya (tildrakizumab): J3245 Rituxan (rituximab): J9311, J9312 Tremfya (guselkumab): J1628	All	*some drugs use unclassified drug codes (PA is required for unclassified codes only when cost exceeds \$300)	Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Neccessity Criteria
	Monoclonal Antibodies - Non-Oncology (continued)	Fasenra (benralizumab): J0517 Hemlibra (emicizumab): J7170 Takhzyro (lanadelumab): J0593 Ultomiris (ravulizumab-cwvz): J1303 Ajovy (fremanezumab-vfrm): J3031 Evenity (romosozumab-aqqg): J3111 Poteligeo (mogamulizumab-kpkc): J9204 Gamifant (emapalumab): J9210 Adakveo (crizanlizumab-tmca): J0791 Vyepiti (eptinezumab-jjmr): J3032 Tepezza (teprotumumab-trbw): J3241 Uplizna (inebilizumab): J1823 Evkeeza (evinacumab-dgnb): J1305 Saphnelo (anifrolumab-fnia): J0419 (replaces C9086 4/1/22) Aduhelm (aducanumab): J0172 Cinqair (reslizumab): J2786 Enjaymo (sutimlimab-jome): C9094 (inactive 10/1/22), J1302 Tezspire (tezepelumab-ekko): J2356	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Plasma-derived serine proteinase inhibitors	Berinert, Cinryze, Ruconest: J0596, J0597, J0597, J0599	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Biophosphates	Boniva: J1740 Zometa (zoledronic acid): J3489	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Neuromuscular blocker	Botulinum (botox): J0585, J0586, J0587, J0588	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Autologous Cultured Cell	Carticel: J7330	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Immunomodulators	Extavia (interferon beta-1b): Q3027, Q3028 Interferon: J9214, J9215, J9216 Orencia (abatacept): J0129	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Anti-Fungals	Cresemba: J1833	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Neccessity Criteria
	Antibiotics	Sivextro (Inj, tedizolid phosphate): J3090 Delafloxacin: C9462 Plazomicin: J0291	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Antisense Oligonucleotide (AO)	Exondys: J1428 Viltepso (viltolarsen): J1427 Amondys 45 (casimersen): J1426	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Ophthalmics	Eylea: J0178 Jetrea: J7316 Lucentis: J2778 Ozurdex: J7312 Macugen: J2503 Dexamethasone, Lacrimal ophthalmic insert: J1096 Yutiq (fluocinolone) intravitreal implant: J7314 Phenylephrine/Ketorolac solution: J1097 Beovu (brolucizumab): J0179 Bimatoprost Intracameral Implant: J7351 Susvimo (ranibizumab) Implant: J2779 Byooviz (Ranibizumab-nuna (biosimilar)): Q5124 Vabysmo (faricimab-svoa): C9097 (inactive 10/1/22), J2777	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Hemophilia Agents	J7182, J7185, J7186, J7187, J7188, J7190, J7192, J7202, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Iron Replacement	Feraheme: Q0138, Q0139 Injectafer: J1439 Monoferric (ferric derisomaltose): J1437 Triferic (ferric pyrophosphate citrate): J1445	All	*Venofer (iron sucrose) preferred - no auth required (effective 1/1/2022)	Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Fertility Drug (not all uses are fertility)	J0725, J1950, J3355, J3490, J8499, J9217, J9218, J9219, S0122, S0126, S0128, S0132	All	If this is for treatment of infertility, these codes are not covered, this is a benefit exclusion. PA is required (an will be reviewed for medical necessity) if being used for diagnosis other than infertility	Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Neccessity Criteria
	Colony-stimulating factors	Filgrastim (Neupogen): J1442 Filgrastim-sndz (Zarxio): Q5101 Filgastrim-aafi (Nivestym): Q5110 Filgastrim-svoa (Releuko): C9096 (inactive 10/1/22), Q5125 Pegfilgrastim (Neulasta): J2506 Pegfilgrastim-jmdb (Fulphila): Q5108 Pegfilgrastim-bmex (Ziextenzo): Q5120 Pegfilgratsim-apgf (Nyvepria): Q5122	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Growth Hormones	Increlex: J2170 Protopin: J2940 Serostim: J2941	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Plasma Kallikrein Inhibitors	Kalbitor (ecallantide): J1290	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Gout Treatment	Krystexxa: J2507	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Ocreotide Agents	Octreotide: J2353	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Immunotherapy	Provence (siuleucel-T): Q2043 Aliqopa (copanlisib): J9057	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Cosmetic treatments	Sculptra: Q2028 Kybella (deoxycholic acid): J0591	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Anticonvulsants	Stiripentol: J3490	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Intra-articular Hyaluronan Injections	Supartz: J7321 Synvisc: J7325 EuflexxaL J7323 Orthovisc: J7324 Durolane: J7318 Synojoynt: J7331 Triluon: J7332	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Neccessity Criteria
	Thyriod stimulating hormone	Thyrogen: J3240	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Unclassified Drugs	J3490, J3590, J3535, J7599, J7699, J7799, J7999, J8498, J8499, J8597, J8999, J9999, Q4082, C9399	All	PA only required for unclassified drug codes if claim cost exceeds \$500	Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Other Drugs/treatments	Xiaflex: J0775 Corticotropin: J0800 Mepsevii (vestronidase alfa-vjbjk): J3397 Fibryga (fibrinogen): J7177 Brineura (cerliponase alfa): J0567 Lutathera (Lutetium LU 177 Dotatate): A9513 Luxturna (voretigene neparvovec): J3398 Levoleucovorin: J0641 Fluorescence Lypm map w/ICG: C9756 Revefenacin Inhalation: J7677 Onpattro (patisiran): J0222 Omegaven lipids: B4187 Givlaari (givosiran): J0223 Scenesse (afamelanotide implant): J7352 Oxlumo (lumasiran): J0224 Fensolvi (leuprolide acetate): J1951 Implantable/Insertable Device, not otherwise classified: C1889 Leqvio (inclisiran): J1306 Vyvgart (efgartigimod): J9332	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Gonadotropin Releasing Hormone Agonists (GnRH)	Histrelin Implant: J9226	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Opioid Antagonists	Buprenorphine Implant: J0570 Buprenorphine Injection: Q9991, Q9992	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Car T cell Therapy	Yescarta: Q2041 Kymriah (tisagenlecleucel): Q2042 Tecartus (brexucabtagene): Q2053 Abecma (idecabtagene vicleucel): Q2055 Breyanzi (lisocabtagene maraleucel): Q2054 Carvykti (Ciltacabtagene autoleucel): C9098 (inactive 10/1/22), Q2056	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Neccessity Criteria
	Oncology	Yondelis (trabectedin): J9352 Zaltrap (ziv-aflibercept): J9400 Irinotecan Liposome: J9205 Belrapzo: J9036 Asparlas (calaspargase pegol-mknl): J9118 Elzonris (tagraxofusp-erza): J9269 Infugem (gemcitabine): J9198 Evomela (melphalan): J9246 Pepaxto (melphalan flufenamide): J9247 Enhertu (fam-trastuzumab deruxtecan-nxki): J9358 Zepzelca (lurbinectedin): J9223 Istodax (Romidepsin): J9314 Zynlonta (Loncastuximab tesirine): J9359 (replaces C9084 4/1/22) Camcevi (Leuprolide): J1952 Rylaze (asparaginase recombinant): J9021 Rybrevant (amivantamab-vmjw): J9061 Sirolimus: J9331 Kimmtrak (tebentafuso-tebn): C9095 (inactive 10/1/22), J9274 Pluvicto (lutetium LU 177): A9607 Cipla (lanreotide): J1932	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Neurologics	Radicava (edaravone): J1301	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Corticosteriods	Triamcinolone acetonide Inj: J3304	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Antiemetics	Fosnetupitant/Palonosetron: J1454 Emend (aprepitant): J8501	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Antianemia Drugs	Reblozyl (luspatercept): J0896	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Genetic Disorder Agents	Vyondys (golodirsen): J1429 Zolgensma (onasemnogene abeparvovec): J3399	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Neccessity Criteria
	Kinase Inhibitor	Cosela (Trilaciclib): J1448	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Metabolic Enzymes	Nexviazyme (avalglucosidase alfa-ngpt): J0219 (replaced C9085 4/1/22)	All		Medicaid: DHS Provider Manual or Internal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines