Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
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					
Acupuncture	Acupuncture Services Authorization only required after benefit limit has been met	97810, 97811, 97813, 97814	All products Medicare Eligible	20 units/calendar year.	**MHCP Provider Manual:** Acupuncture **CMS:** NCD 30.3
Chiropractic	Only submit prior authorization request for units in excess of 6 per 30 days or 24 units in a calendar year. Effective 7/1/2023 - no auth required for OON Chiro services within MN. All benefit limits still apply.	Over threshold: 98940, 98941, 98942	All products Medicare Eligible	6 units/30 days or 24 units/calendar year	**MHCP Provider Manual:** Chiropractic **CMS:** A57889
Cosmetic	SubQ Filling Punch Graft Dermabrasion/Chemical Peel Rhytidectomy Excision of excess SubQ Electrolysis Breast surgery Facial surgery/procedure	11950, 11951, 11952, 11954 15775, 15776 15780, 15781, 15782, 15783, 15786, 15787, 15788 15824, 15825, 15826, 15828, 15829 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839 17380 19316, 19328, 19355, 21208, 21270, 30120, 67911, 69300, 21125, 21127, 21209	All products Medicare Eligible		**InterQual Procedures**: Subset selected based on requested procedure **MHCP Provider Manual**: Physician and Professional Services > Plastic and Reconstructive Surgery **Medicare**: NCD 140.2, NCD 250.4, LCD L35001, LCD A52837
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.	**MHCP Provider Manual:** Dental Services **IO Manual** 11-02, 15, 150.1 **InterQual Procedures**: Subset selected based on requested procedure

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Diagnostics			All products Medicare Eligible	**Medicaid: Mammogram:** One screening annually for women age 40+ (PA required for under age 40). Diagnostic mammograms auth required <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) Colonscopy Limits based on risk level	**MHCP Provider Manual:** CT Colongraphy **InterQual Procedures**: Colonscopy or Capsule Endoscopy **Internal Policy:** MCP 42 (Mammogram)
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	
	Miscelaneous 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

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	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	DME/Safety/Home Modifications: A9270 with SC modifier	SeniorCare Complete & AbilityCare	Limited to $1000/calendar year	
	DME: Airway Clearance Devices	High frequency chest wall ossillation vest, replacement: A7025 High frequency chest wall ossilation 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	**MHCP Provider Manual:** Equipment and supplies - Airway Clearance Devices **Medicare:** L33785, L33795
	DME: Ambulatory Assist Equipment	Gait Trainers E8000, E8001, E8002	All products Medicare Eligible		**MHCP Provider Manual**: MHCP Provider Manual: Equipment and supplies - Ambulatory Assist Equipment **Medicare:** Not covered by Medicare

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Apnea Monitors	Apnea Monitors: E0618, E0619	All products Medicare Eligible		**MHCP Provider Manual**: MHCP Provider Manual: Equipment and supplies - Apnea Monitors **Medicare**: no specific CMS guideline
	DME: Bath and Toilet Equiment	Seat Lift: E0170, E0171, E0172 Bath Lift: E0625 Whirlpool, portable: E1300, E1301, K1003 Whirlpool, Nonportable: E1310	All products Medicare Eligible		**MHCP Provider Manual:** MHCP Provider Manual: Equipment and supplies - Bath and Toilet Equipment **Medicare**: E1300 is noncovered. E1310 - use NCD 280.1
	DME: Bone Growth Stimulators	Bone Growth Stimulators: E0747, E0748, E0749, E0760	All products Medicare Eligible		**MHCP Provider Manual:** MHCP Provider Manual: Equipment and supplies - Bone Growth Stimulators **Medicare:** NCD 150.2, LCD L33796 **Interqual:** DME, Procedures, Medicare procedures
	DME: Diabetic Equipment and Supplies	Blood Glucose Monitors with special features: E2100, E2101 Ambulatory Insulin Infusion Pumps: E0784, E0787 Infusion sets/Pump Supplies: A4230, A4231 - no auth required unless over BL OmniPods: A9274 - Dash and OmniPod 5/G6 systems **MUST** be requested through pharmacy benefit with PA (send to Perform Rx for DASH and OmniPod 5/G6 system only)	All products Medicare Eligible	**Insulin pump**: E0787 limited to 1 in 4 rolling years **Insulin syringes**: 300/month **Infusion sets:** (A4230-A4232) limited to 20 in 1 calendar month	**MHCP Provider Manual:** Diabetic Equipment and Supplies **Medicare:** Glucose Monitors: LCD L33822, Insulin Pumps: L33794 **InterQual Procedures:** DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Electrical Stimulation Devices	Sleep Apnea Stimulators/Supplies: 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, E0492, E0493, E0530 Pelvic floor electrical stimulator: E0740, S9002 Neuromuscular Stim for Scoliosis: E0744 Neuromuscular stimulator: E0745, E0746, E0762, E0764, E0765, A4560, L8678, L8679, L8680, L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695 Electrical Stimulator for cancer treatment: E0766 Functional Electrical Stimulators: E0770 Cranial Electrotherapy Stimulation (CES): K1002, A4596, E0732 IFC/STS Stimulator: S8130, S8131 (Fact 4 codes) External upper limb stimulator of peripheral nerves: K1018, K1019, A4540, E0734 Distal transcutaneous nerve stimulator (upper arm): K1023 Trigeminal Electirc Nerve Stimulator: K1016, K1017, E0733 Vagus Nerve Stimulator: K1020, E0735 Neuromodulation for MS (PONS System): A4593, A4594 Tibial Nerve Stimulator: E0736	All products Medicare Eligible	S8130, S8131 - not Medicare covered	**MHCP Provider Manual:** DME - Electrical Stimulation Devices **Medicare:** L34821 (E0762) **InterQual:** DME, Medicare DME
	DME: External Defibrillators	External Defibrillators (AED): E0617, K0606	All products Medicare Eligible		**MHCP Provider Manual:** DME - External Defibrillators **Medicare:** L33690
	DME: Hospital Beds and Mattresses	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 **Mattresses** 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.	**MHCP Provider Manual**: DME - Hospital Beds **MHCP Provider Manual:** DME - Pressure Reducing Support Surfaces **Medicare:** L33820 (beds), L33642 (grp 2 mattress), L33692 (grp 3 mattress) **InterQual Procedures:** DME, Medicare DME
	DME: Incontinence Products	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.	**MHCP Provider Manual:** DME - Incontinence Products

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Lower Limb Prosthetics	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)	**MHCP Provider Manual:** DME Lower Limb Prosthetics **Medicare:** L33787 **InterQual:** DME, Medicare DME
	DME: Mobility Devices	**Manual Wheelchairs:** Geri Chair: E1031 Tranport Chair: E1037, E1038, E1039 Tilt in Space: E1161 Pediatric WC: E1231, E1233, E1234, E1235, E1237, E1238 Adaptive Stroller: E1232, E1236 Ultralight weight WC: K0005 Other manual WC base: K0009 **Power Operated Vehicles:** E1230, K0800, K0801, K0802, K0806, K0807, K0808 and K0812 (Fact 4) **Power Wheelchairs:** 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 **Walkers:** Battery Powered Walker: E0152	All products Medicare Eligible	**Geri Chair**: 3 month rental **Transport Chair**: auth required after 3rd month rental and for all purchases **Compex Rehab power wheelchairs:** 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 **rented or purchased.** **https://cgsmedicare.com/jb/pubs/pdf/chpt5.pdf**	**MHCP Provider Manual:** DME - Mobility Devices **Medicare:** L33792(WC options/accessories), L33788 (Manual WC bases), L33789 (Power Mobility Devices) **InterQual Procedures:** DME, Medicare DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Wheelchair accessories	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: E2298 Manual or Power Standing System: E2230, E2301	All products Medicare Eligible		**MHCP Provider Manual:** DME - Mobility Devices, DME Supply Coverage Guide **Medicare:** L33792(WC options/accessories), L33312 (Wheelchair seating), 33789 (Power Mobility Devices) **Medicare Manual:** Applicable NCD, LCD, Medicare Coverage Manuals **InterQual Procedures:** DME, Medicare DME
	DME: Wheelchairs for members residing in a NH/SNF	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	**Wheelchairs in a SNF**: All wheelchair rental, purchase, repair, replacement and all wheelchair parts and accessories require an auth for members residing in a NH/SNF.	**MHCP Provider Manual:** DME - Mobility Devices **Medicare:** Most wheelchairs are not covered by medicare when the member resides in a SNF
	DME: Nutritional Products	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 In-line cartridge containing digestive enzyme: B4105 Food thickener: B4100 Gastrostomy/Jejunostomy Tube: B4087, B4088	All products Medicare Eligible (not eligible for oral nutrition)	**Enteral Nutrition**: 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) **Enteral Supply Feeding Kits: Medicaid:** limited to 31 units in a rolling month individually or 51 units as a group **Gastrostomy Tube**: 2 units/month	**MHCP Provider Manual:** Nutritional Products and Supplies **Medicare**: NCD 180.2, LCD L38955 **InterQual Procedures**: DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	DME: Orthopedic and Therapeutic Footwear	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	**Therapeutic Shoes:** 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) **Inserts:** A5512-A5514, K0903 - Limited to 6 in 1 calendar year. A5503-A5510 - limited to 4 in 1 calendar year. **Orthopedic Inserts:** L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031 - no auth required but does have a benefit limit (for Medicaid) of 6 per calendar year.	**MHCP Provider Manual:** DME - Orthopedic and Therapeutic Footwear **Medicare:** L33369 (Therapeutic shoes for diabetes), L33641 (Orthopedic Footwear) **InterQual:** DME, Medicare DME
	DME: Orthotics	**Lower Limb Orthotics:** 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 **Cranial Remolding Orthotics:** S1040	All products Medicare Eligible	**Lower Limb orthotics:** 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. **Cranial remolding orthotic:** Auth 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.	**MHCP Provider Manual:** DME - Orthotics **Medicare:** L33318 (knee orthosis), L33686 (Ankle/Knee/Foot Orthosis), **InterQual Procedures:** DME, Medicare DME
	DME: Orthotics	**Upper Extremity Orthotics:** L3650-L3999 (L3650 L3660 L3661 L3670 L3671 L3674 L3675 L3677 L3678 L3702 L3710 L3720 L3730 L3731 L3732 L3733 L3734 L3735 L3736 L3737 L3738 L3739 L3740 L3760 L3761 L3762 L3763 L3764 L3765 L3766 L3806 L3807 L3808 L3809 L3891 L3900 L3901 L3904 L3905 L3906 L3908 L3912 L3913 L3915 L3916 L3917 L3918 L3919 L3921 L3923 L3924 L3925 L3927 L3929 L3930 L3931 L3933 L3935 L3956 L3960 L3961 L3962 L3967 L3971 L3973 L3975 L3976 L3977 L3978 L3980 L3981 L3982 L3984 L3995 L3999)	All products Medicare Eligible	**Upper Extremity Orthotics:** 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.	**MHCP Provider Manual:** DME - Orthotics **InterQual Procedures:** DME, Medicare DME
	DME: Other Prosthetic/Orthotic Devices/Supplies	Artificical 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 Hip Orthosis: L1681 Rehab System: E0738, E0739	All products Medicare Eligible	**Gasket or seal for use with prosthetic sock (L7700)**: 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.	**Medicare:** LCD L33787 (lower limb prostheses), L33686 (Ankle/Foot/Knee Orthosis), L33317 (external brest prostheses) **InterQual Procedures**: DME

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	DME: Respiratory Equipment	**Nebulizer, Ultrasonic:** E0575 **Oximeters and Probes:** 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) **Home Ventilator:** E0466, E0467, E0468 **IPPB machine:** E0500 **Sleep Apnea Device:** K1001, K1028, K1029, K1030, E0490, E0491	All products Medicare Eligible	**Disposable Oximeter Probe**: 5/month **Durable Probes**: 1 every 6 months ***Oxygen does **not** require authorization effective 1/1/2022 Auth required for CPAP/BiPAP for OON and replacement prior to 5 years.	**MHCP Provider Manual:** DME - Nebulizers, Oximeters, Oxygen Equipment, Positive Airway Pressure, Respiratory Equipment **Medicare**: LCD L33370 (nebulizers), NCD 240.2.1 (oxygen in clinical trials), L33797 (Oxygen/Oxygen Equipment), L33800 (respiratory assist devices) **InterQual Procedures:** DME, Medicare DME
	DME: Patient Lifts and Seat Lift Mechanisms	Seat Chair Mechanism: E0627, E0629 Patient Lifts: E0635, E0636, E0639, E0640	All products Medicare Eligible	**Seat Lift Mechanism:** Auth required if service line total is greater than $500.00	**MHCP:** DME - Patient lifts and seat lift mechanisms **Medicare:** NCD 280.4 (seat lift), L33801 (seat lift mechanisms), L33799 (Patient lifts) **InterQual:** DME, Medicare DME
	DME: Pneumatic Compression Devices	Pneumatic Compressor Device: E0652, E0670, E0675, K1031, K1032, K1033	All products Medicare Eligible		**MHCP:** DME - Pneumatic Compression Devices **Medicare:** NCD 280.6, L33829 **InterQual:** DME, Medicare DME
	DME: Other DME Items/Devices	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 after 3 month rental, E0603 PA only required if over benefit limit of 1 per 10 months Cochlear Device: L8614, L8619 Male/Female Prosthetic: L7900, tension-ring replacement: L7902 Enema, Anal Irrigation System: A4459 Light Therapy - SAD: E0203 Piercing Device, Skin: E0620 TENS Units: E0720, E0730, E0731 Uterine Monitor: S9001 (not medicare covered) Low Frequency Diathermy: K1004 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 Virtual Reality CBT Device: E1905 Vibrant Gastro System: A9268, A9269 Penile Contracture Device: S4988 Electromagnetic field Device: E0767	All products Medicare Eligible	**Tablet AC Device**: Coverage information can be found in the South Country provider manual chapter 18. *U3 modifier is required for all tablets, tablet accessories and related services. **Bili Lights:** 1 month rental **Breast Pump:** 3 month rental for heavy duty (E0604). For E0603 - there is a quantity limit of 1 per 10 months. PA required if over limit. **Tension Ring:** L7902 is covered under Medicaid but will require an authorization. **Enema System**: 2 units/year (covered for members age 2+) **SAD Light:** Auth required if service line total greater than $500 AND the diagnosis code is not F33. **TENS Units**: 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). **Foot Pressure Off-Load Device:** will pay for certain Dx codes; Auth required for OON providers ONLY	**Electronic Tablets:** MCHP- Rehabilitation services - Aug Communication Devices, InterQual. CMS - LCD L33739, NCD 50.1. **MHCP Provider Manual:** DME > Depends on service or supply, Hearing aid services, **Medicare:** NCD 50.3 (cochlear implant), L34824 (vaccum 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) **InterQual Procedures:** DME, Medicare DME

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
Genetic Testing	Gene Analysis and Molecular Pathology	81105-81369, 81400-81479, 81490-81599, 82013, 88245, 88248-88249, 88267, 88269, 88271-88274, 88280, 88283, 88285, 88289, 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, 81349, 81523, 0285U-0300U, 0306U, 0307U, 0313U-0315U, 0317U-0322U, 0326U, 0327U, 0329U, 0332U, 0333U, 0334U, 0335U, 0336U, 0339U, 0340U, 0341U, 0343U, 0345U, 0347U, 0348U, 0349U, 0350U, 0356U, 0362U, 0363U, 0388U, 0391U, 0392U, 0395U, 0396U, 0397U, 0400U-0419U, 0019M, 0420U, 0421U, 01422U, 0424U, 0425U, 0426U, 0433U, 0435U, 0436U, 0437U, 0439U, 0440U, 0441U, 0442U, 0443U, 0444U, 0445U, 0446U, 0447U, 0449U, 0020M, 0463U, 0464U, 0465U, 0466U, 0467U, 0470U, 0471U, 0473U, 0474U, 0475U, 0476U, 0477U, 0478U, 0479U, 0481U, 0485U, 0486U, 0487U, 0488U, 0495U, 0496U, 0497U, 0498U, 0499U, 0500U, 0510U, 0516U, 0523U, 0530U, 81195, 0532U, 0533U, 0534U, 0537U, 0538U, 0539U, 0543U, 0552U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0565U, 0567U, 0569U, 0571U, 0585U, 0586U, 87632, 87633	All products	All genetic testing requires an auth unless otherwise noted (code list is not inclusive). Only exception for auth is genetic testing done during pregnancy for **advanced maternal age** - greater than or equal to 35 y/o (if code is fact 4, then PA is required) **No auth needed for: 81206, 81207, 81208** **Effective 7/1/2022: no auth required for 81420** **Effective 10/1/23: no auth required for 81240, 81241, 81220, 81222, 81329, 88364-88369, 88373, 88374** **Effective 4/1/24: no auth required for 81514, 88291** **Effective 7/1/2024: no auth required for 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383**	**MHCP Provider Manual:** Lab and Pathology Services **Medicare:** NCD, LCD, Coverage Articles **InterQual Procedures:** Molecular Diagnostics
Hearing	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, 69714,69717, 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 3 years Dispensing Fee: 1 every 3 years Ear Mold: 1 every 3 months	**Medicare:** NCD 50.3 (cochlear Implants), IP Manual 100-02, 16, 100 (hearing aids) **MHCP Provider Manual:** Hearing Aid Services **InterQual Procedures:** DME or Procedures
Inpatient Stays	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	
EW Home Care	Home care services for members on Elderly Waiver	Providers must coodinate home care and PCA/CFSS services with the EW case manager.	MSC+ and SeniorCare Complete EW Members	**Member's Elderly Waiver**	Care Coordinator must enter eligible services on the Care Plan in the CP URL (this will generate the service request)

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
DSD/CADI Home Care	Home care services for members on a Disability Waiver **Waiver CM must notify Care Coordinator of services via Form #5841**	Authorization is NOT required - **Waiver CM must notify Care Coordinator of services via Form #5841** Providers must coordinate care with the Waiver Case Manager or Care Coordinator	All Products, Waiver Members		
Home Care (non-waiver)	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	Effective 10/1/2024 - Authorization is not required for home care services unless provider is out of state/out of network.	All products Medicare Eligible	SingleCare, SharedCare, AbilityCare, PMAP and MNCare: South Country does not process authorizations for **PCA/CFSS and Home Care Nursing.**	
Surgery/Procedures	General/Other Surgical Procedures	Circumcision: 54150, 54160 Nerve Stimulators: 64582, 64561 Dermatological: 15788 Other Therapies/Procedures: C9796, C9797, 0908T, 0909T Oncology: 38225, 38226, 38227, 38228	All products Medicare Eligible		**MHCP Provider Manual:** Physician and Professional services **CMS:** Review EncoderPro/CMS for NCD or LCD **InterQual:** CP: Medicare Procedures or CP: Procedures
	Ear/ Nose/ Throat Procedures	**Sleep Apnea Procedures:** 41512, 21685 **Submucosal Cryolysis Therapy:** 0978T, 0979T, 0980T	All products Medicare Eligible		**MHCP Provider Manual:** Physician and Professional services **CMS:** Review EncoderPro/CMS for NCD or LCD **InterQual:** CP: Medicare Procedures or CP: Procedures
	Cardiac	**Transcatheter Aortic Valve Replacement:** 33440 **Other:** 93264, 0981T, 0982T, 0983T	All products Medicare Eligible		**MHCP Provider Manual:** Physician and Professional services **CMS:** Review EncoderPro/CMS for NCD or LCD **InterQual:** CP: Medicare Procedures or CP: Procedures

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
	Gender Affirmation Surgery	**Gender affirmation codes - may be covered:** 19303, 19318, 19325, 19340, 19342, 21193, 21194, 21195, 21196, 30400, 30410, 30420, 30430, 30435, 30450, 54401, 54405, 54520, 54660, 55175, 55899, 55970, 55980, 56625, 56800, 56805, 57106, 57110, 57291, 57292, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58543, 58550, 58553, 58554, 58570, 58572, 58700, 58720, 58953, 58956, 58999, 11950, 11951, 11952, 11954, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15820, 15821, 15822, 15823, 15824, 15826, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 17380, 19316, 19325, 21087, 21208, 21209, 21120, 21121, 21122, 21123, 21125, 21127, 21270, 21899, 67900, 92507, 92508, 58345	All products Medicare Not Covered	Auth is ALWAYS 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 diagnoses. See Surgery/cosmetic tab for other diagnoses (maybe on other tabs such as cosmetic for other diagnosis)	**MHCP Provider Manual:** Gender-Affirming Surgery **Medicare**: Not Covered **InterQual:** Procedures
	Optical	**Lasik:** S0800	All products Medicare Eligible		**MHCP Provider Manual:** Physician and Professional services **CMS:** Review EncoderPro/CMS for NCD or LCD **InterQual:** CP: Medicare Procedures or CP: Procedures
	Orthopedic	**Disc Replacement - Artificial:** 22856, 22857, 22858, 22860, 22861, 22862, 22864, 22865 **Spinal Fusion:** 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22810 **Other:** 22836, 22837, 22838, 22867, 22868, 22869, 22870	All products Medicare Eligible		**MHCP Provider Manual:** Physician and Professional services **CMS:** Review EncoderPro/CMS for NCD or LCD **InterQual:** CP: Medicare Procedures or CP: Procedures
	Reconstructive (not cosmetic), list is not all inclusive	**Abdominoplasty/Panniculectomy:** 15830, 15847 **Blepharoplasty:** 15820, 15821, 15822, 15823 **Breast Reconstruction:** 19316, 19325, 19340, 19342 **Gynecomastia Surgery (male mastectomy):** 19300 **Lipectomy (liposuction):** 15876, 15877, 15878, 15879 **Maxilla, osteotomy:** 21206, 21299 **Midface Reconstruction:** Lefort I: 21141, 21142, 21143, 21147, Lefort II: 21150, 21151 Other than Lefort: 21188 **Orthognaathic Surgery/Mandible reconstruction:** 21193, 21194, 21195, 21196, 21198, 21244, 21245, 21246, 21247, 21248, 21249 **Penile Implant insertion:** 54400, 54401, 54405 **Ptosis Repair:** 67900, 67901, 67904, 67908 **Reduction Mammoplasty (female or male):** 19318 **Rhinoplasty/Septoplasty:** 30400, 30410, 30420, 30430, 30435, 30450, 30520 **Endovenous Ablation:** 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483	All products Medicare Eligible	**Breast Reconstruction:** No authorization needed for history of breast cancer	**MHCP Provider Manual:** Physician and Professional services **CMS:** Review EncoderPro/CMS for NCD or LCD **InterQual:** CP: Medicare Procedures or CP: Procedures **For Lefort Procedures:** use BCBS criteria and always send for MD review

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
Surgery/Procedures	Weight Loss	**Gastric Bypass:** 43644, 43645, 43647, 43648, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43860, 43865, 43881, 43882 **GI:** 43284	All products Medicare Eligible	**Weight Loss:** 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)	**MHCP Provider Manual:** Physician and Professional services **CMS:** Review EncoderPro/CMS for NCD or LCD **InterQual:** CP: Medicare Procedures or CP: Procedures
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 0584T, 0585T, 0586T S2065 0481T 0664T, 0665T, 0666T, 0667T, 0668T, 0669T, 0670T	All products Medicare Eligible	* Approvals: send transplant information to Brenna (no CCM referral needed as Brenna will refer) 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.	**MHCP Provider Manual:** Physician and Professional Services **Medicare:** NCD/LCD by code **InterQual:** CP Procedures
Transportation	Assisted Transportation	**Air Ambulance:** A0430, A0431, A0435, A0436, A0888, **Non-emergent Transport (wheelchair van):** A0130 **Non-emergent Transport (ambulatory):** T2003 **Protected Transport:** T2003 UA modifier **Non-emergent Transport (stretcher van):** T2005	All products Medicare Eligible	***Special Transportation Requires an Authorization. All Rides must be scheduled through RideConnect (asssisted and unassisted). Members on EW require an auth for all medical transportation with current LONA. **Ground ambulance:** 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. **Air ambulance:** Service auth is required only if originating or final destination is an out-of-state non-contracted facility. **SNF:** Members residing in a SNF do not require PA for STS **Mileage (S0209 (WC), S2015(AMB), T2049 (stretcher):** Mileage codes do not require prior auth but are not payable if the encounter code was denied for lack of authorization	**MHCP Provider Manual:** Transportation Services

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
Vision	Contact Lenses Industrial/Sport/Educational glasses Tinted/Polarized Lenses Treatment of amblyopia Digital Visual Therapy	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, V2745, V2755, V2762, V2524, V2526 S0504, S0506, S0508, S0510, S0581, V2786 V2745, V2755, V2762, 0687T, 0688T, 0704T, 0705T, 0706T A9292	All products Medicare Eligible	**Vision Dispensing Fees** (92340, 92341, 92342, 92354): 1 in 30 rolling months. **Contact Lenses** (S0500)**:** Limited to 60 in 1 calendar month **Gas Lenses** (V2500, V2501, V2502, V2503, V2510, V2511, V2512, V2513, V2530, V2531, V2599): limited to 2 in 1 rolling day **Hydrophilic contact lenses** (V2520, V2521, V2522, V2523): limited to 12 in 6 calendar months *Benefit limits on contacts apply if PA is approved	**MHCP Provider Manual:** Optical Services **Medicare:** LCD L33821
Wound Care	Skin Substitutes Pump/Wound Vac	**Skin Substitutes:** 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 A2022 A2023 A2024 A2025 A2026 A4100 Q4224 Q4225 Q4256 Q4236 Q4257 Q4258 Q4259 Q4260 Q4261 Q4262 Q4263 Q4264 A2019 A2020 A2021 Q4265 Q4266 Q4267 Q4268 Q4269 Q4270 Q4271 Q4272 Q4273 Q4274 Q4275 Q4276 Q4277 Q4778 Q4280 Q4281 Q4282 Q4283 Q4284 Q4285 Q4286 Q4306 Q4307 Q4308 Q4309 Q4310, A2036, A2037, A2038, A2039, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397 **Electric Stim for wound treatment:** E0769 **Pump or Wound Vac:** E2402, K0743 **Hyperbaric Oxygen Therapy:** A4575, E0446 **Low Frequency ultrasound:** 97610 **Other treatment:** 0512T, 0513T, 0906T, 0907T	All products Medicare Eligible		**MHCP Provider Manual:** DME - Specialized Wound Treatment **Medicare**: NCD, LCD **InterQual:** DME (K0744 is not in IQ but would use same criteria as E2402)

Service Category	Benefit/Description	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
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	180 day benefit for new admissions (MSHO, MSC+) 100 day benefit for new admissions (SNBC) **Notification required for SNF/NH:** NH Communication form and PAS referral **Notification Required on Swing Bed**: must submit swing bed notification form with NH communication form	**Review Private room request form** - must have doctor signature and QAAC signature
Hospice	Hospice Notification Form Required #4735		All products Medicare Eligible		Include diagnosis on notification form
Out of Network	Inpatient Stays Direct Access Specialists COVID-19 Labs, vaccines, antibody treatment Family Planning/Free Choice	Auth is required for inpatient stays if the provider is not in MN, ND, SD, IA or WI. 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. Auth is never required No auth needed	All products Medicare Eligible	**Out of network care within MN does not require an auth as long as the service does not require authorization. *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)	**Direct Access Specialists Include (NO AUTH REQUIRED FOR THESE SPECIALISTS as long as they are located in MN, ND, SD, IA & WI - other locations would require an authorization):** Shortage Specialties (all members) SNBC (Special Needs plans Ability Care, Singlecare, SharedCare) Specialties Pediatric Specialties (less than 21) **See provider specialty lists in SharePoint
EIDBI	Early Intensive Developmental and Behavioral Intervention (EIDBI)	97153, 97154, 97155, 97156, 97157, 97158 H0032 H0046 97151	PMAP MNCare	**Authorization cannot exceed a 180 day time span** Thresholds vary, see DHS Billing Grid **H0032**: Limited to 60 units/calendar year. Auth required when limit is reached. **97151:** One CMDE allowed annually (max 80 units)	**Authorization Required:** Submit form #4894 along with the CMDE and ITP **MHCP Provider Manual:** Mental Health Services: EIDBI

Service Category	Drug/Therapeutic Classification	Codes Requiring Authorization [most commonly used/not all inclusive]	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
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					
Medical Pharmacy/Part B Drugs	Erythropoiesis Stimulating Agents	Darbepoetin: J0881 Retacrit: Q5106	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Anti-Psychotics	Aripiprazole: J1943, J1944 Perseris (risperidone): J2798	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Monoclonal Antibodies - Oncology	Bavencio (Avelumab): J9023 Cyramza (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 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-gqgk): J9348 Margenza (margetuximab-cmkb): J9353 Riabni (rituximab-arrx biosimilar): Q5123 Jemperli (dostarlimab-gxly): J9272	All		Medicaid: DHS Provider Manual or Interal 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 Necessity Criteria
	Monoclonal Antibodies - Oncology Continued	Ziihera (zanidatamab-hrii): J9276 Opdivo Qvantig (nivolumab and hyaluronidase-nvhy): J9289 Bizengri (zenocutuzumab-zbco): J9382 Emrelis (Telisotuzumab vedotin-tllv): C9306 Datroway (datopotamab deruxtecan-dlnk): J9011			Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Monoclonal Antibodies - Oncology Continued	Tivdak (Tisotumab): J9273 Opdualag (nivolumab and relatlimab-rmbw): J9298 Elahere (mirvetuximab soravtansine-gynx): J9063 Imjudo (tremelimumab-actl): J9347 Tecvayli (teclistamab-cqyv): J9380 Vegzelma (bevacizumab-adcd): Q5129 Lunsumo (mosunetuzumab-axgb): J9350 Epkinly (epcoritamab-bysp): C9155 Zynyz (retifanlimab-dlwr): J9345 Unituxin (dinutuximab): J1246 Columvi (glofitamab-gxbm): J9286 Epkinly (epcoritamab-bysp): J9321 Talvey (talquetamab-tgvs): J3055 (replaced C9163) Elrexfio (elranatamab-bcmm): J1323 (replaced C9165) Aphexda (motixafortide): J2277 Loqtorzi (toripalimab-tpzi): J3263 Anktiva (nogapendekin alfa inbakicept-pmln): J9028 Lumisight (pegulicianine): C9171 Imdelltra (tarlatamab-dlle): J9026 Nypozi (filgrastim-txid): Q5148 Ziihera (zanidatamab): J9276 (replaced C9302) (zolbetuximab): J1326 (replaced C9303) Tecentriq Hybreza (atezolizumab, hyaluronidase-tqjs): J9024 Lymphir (atezolizumab and hyaluronidase-tqjs): J9161 Datroway (Datopotamab deruxtecan): C9174 Unloxcyt (cosibelimab-ipdl): J9275	All		Medicaid: DHS Provider Manual or Interal 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 Necessity Criteria
	Monoclonal Antibodies - Non-Oncology	Cimzia (certolizumab): J0717 Enbrel (etanercept): J1428 Entyvio (vedolizumab): J3380 Humira (adalimumab): J0135, J0139 Kineret (anakinra): J3590 Remicade (infliximab): J1745 Simponi (golimumab): J1602 Tysabri (natalizumb): J2323 Avsola (influiximab 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		Medicaid: DHS Provider Manual or Interal 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 Necessity 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 Vyepti (eptinezumab-jjmr): J3032 Tepezza (teprotumumab-trbw): J3241 Uplizna (inebilizumab): J1823 Evkeeza (evinacumab-dgnb): J1305 Saphnelo (anifrolumab-fnia): J0491 Aduhelm (aducanumab): J0172 Cinqair (reslizumab): J2786 Enjaymo (sutimlimab-jome): C9094 (inactive 10/1/22), J1302 Tezspire (tezepelumab-ekko): J2356 Skyrizi (risankizumab-rzaa): J2327 Tzield (teplizumab-mzwv): J9381 (replaces C9149 7/1/23) Spevigo (spesolimab-sbzo): J1747 Briumvi (ublituximab-xiiy): J2329 Idacio (adalimumab-aacf): Q5131 Leqembi (lecanemab-irmb): J0174 Spinraza (nusinersen): J2326	All		Medicaid: DHS Provider Manual or Interal 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 Necessity Criteria
	Monoclonal Antibodies - Non-Oncology (continued)	Abrilada (adalimumab-afzb): Q5132 Tofidence (tocilizumab-bavi): Q5133 Tyruko (natalizumab-sztn): Q5134 Rystiggo (rozanolixizumab-noli): J9333 Cosentyx (secukinumab): J3247 Omvoh (mirikizumab-mrkz): C9168 Zymfentra (infliximab-dyyb): J1748 Omvah (mirikizumab-mrkz): J2267 Wezlana (ustekinumab-auub): Q5137, Q5138 Kisunla (donanemab-azbt): J0175 Tevimbra (tislelizumab-jsgr): J9329 Tyenne (tocilizumab-aazg): Q5135 Jubbonti/Wyost (denosumab-bbdz): Q5136 Piasky (crovalimab-akkz): J1307 Bkemv (eculizumab-aeeb): Q5139 Hulio (adalimumab-fkjp): Q5140 Yuflyma (adalimumab-aaty): Q5141 Simlandi (adalimumab-ryvk): Q5142 Cyltezo (adalimumab-adbm): Q5143 Idacio (adalimumab-aacf): Q5144 Abrilada (adalimumab-afzb): Q5145 Hercessi (trastuzumab-strf): Q5146 Pyzchiva (ustekinumab-ttwe): Q9996, Q9997 Selarsdi (ustekinumab-aekn): Q9998 Pavblu (aflibercept-ayyh): Q5147 Enzeevu (aflibercept-abzv): Q5149			Medicaid: DHS Provider Manual or Interal 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 Necessity Criteria
	Monoclonal Antibodies - Non-Oncology (continued)	Ahzantive (aflibercept-mrbb): Q5150 Epysqli (eculizumab-aagh): Q5151 Bkemv (eculizumab-aeeb): Q5152 (ustekinumab-aauz): Q9999 (eculizumab): J1299 (ocrelizumab and hyaluronidase-ocsq): J2351 Imuldosa (ustekinumab-srlf): Q5098 Steqeyma (ustekinumab-stba): Q5099 Yesintek (ustekinumab-kfce): Q5100 Imaavy (nipocalimab-aahu): C9305 Omlyclo (omalizumab-igec): Q5154			Medicaid: DHS Provider Manual or Interal 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 Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Biophosphates	Boniva: J1740 Zometa (zoledronic acid), Reclast: J3489	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Neuromuscular blocker	Botulinum (botox): J0585, J0586, J0587, J0588, J0589	All		Medicaid: DHS Provider Manual or Interal 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 Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Anti-Fungals	Cresemba: J1833	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Antibiotics	Sivextro (Inj, tedizolid phosphate): J3090 Delafloxacin: C9462 Plazomicin: J0291	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Antisense Oligonucleptide (AO)	Exondys: J1428 Viltepso (viltolarsen): J1427 Amondys 45 (casimersen): J1426 Qalsody (tofersen): J1304	All		Medicaid: DHS Provider Manual or Interal 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 Necessity Criteria
	Opthalmics	Jetrea: J7316 Ozurdex: J7312 Dexamethasone, Lacrimal opthalmic 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): J2777 Syfovre (pegcetacoplan): J2781 Izervay (avacincaptad pegol): J2782 (replaced C9162) Travoprost, intracameral implant: J7355 Opuviz (aflibercept-yszy): Q5153	All		Medicaid: DHS Provider Manual or Interal 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, J1411, J7213, J1412, J7172 (replaces C9304), J7173, J7174	All		Medicaid: DHS Provider Manual or Interal 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 Interal 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 (and will be reviewed for medical necessity) if being used for diagnosis other than infertility	Medicaid: DHS Provider Manual or Interal 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 Necessity Criteria
	Colony-stimulating factors	Filgrastim (Neupogen): J1442 Filgrastim-sndz (Zarxio): Q5101 Filgastrim-aafi (Nivestym): Q5110 Filgastrim-svoa (Releuko): Q5125 Pegfilgrastim (Neulasta): J2506 Pegfilgrastim-jmdb (Fulphila): Q5108 Pegfilgrastim-bmex (Ziextenzo): Q5120 Pegfilgratsim-apgf (Nyvepria): Q5122 Eflapegrastim-xnst (Rolvedon): J1449 Pegfilgrastim-fpgk (Stimufend): Q5127 Pegfilgrastim-pbbk (Fylnetra): Q5130 Efbemalenograstim alfa-vuxw (Ryzneuta): J9361	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Growth Hormones	Increlex: J2170 Protopin: J2940 Serostim: J2941	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Plasma Kallikrein Inhibitors	Kalbitor (ecallantide): J1290	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Gout Treatment	Krystexxa: J2507	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Ocreotide Agents	Octreotide: J2353	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Immunotherapy	Provenge (siuleucel-T): Q2043 Aliqopa (copanlisib): J9057	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Cosmetic treatments	Sculptra: Q2028 Kybella (deoxycholic acid): J0591	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Anticonvulsants	Stiripentol: J3490	All		Medicaid: DHS Provider Manual or Interal 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 Necessity Criteria
	Intra-articular Hyaluronan Injections	Supartz: J7321 Synvisc: J7325 EuflexxaL J7323 Orthovisc: J7324 Durolane: J7318 Synojoynt: J7331 Triluon: J7332 Monovisc: J7327	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Thyriod stimulating hormone	Thyrogen: J3240	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Unclassifided Drugs	J3490, J3590, J3535, J7599, J7699, J7799, J7999, J8498, J8499, J8597, J8999, J9999, Q4082, C9399	All	PA only required for unclassified drug codes if billed claim cost exceeds $1000 *some drugs use unclassified drug codes (PA is required for unclassified codes only when cost exceeds $1000)	Medicaid: DHS Provider Manual or Interal 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 Necessity Criteria
	Other Drugs/treatments	Xiaflex: J0775 Corticotropin: J0800, J0801, J0802 Mepsevii (vestronidase alfa-vjbk): J3397 Fibryga (fibrinogen): J7177 Brineura (cerliponase alfa): J0567 Lutathera (Lutetium LU 177 Dotatate: A9513 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 Leqvio (inclisiran): J1306 Vyvgart (efgartigimod): J9332 Amvuttra (vutrisiran): J0225 Empaveli (pegcetacoplan): C9151 Rebyota (fecal microbiota, jslm): J1440 IV Pombiliti, Oral Miglustat: G0138, J1202, J1203 Veopoz (pozelimab-bbfg): J9376 Rytelo (imetelstat): J0870 Ensifentrine, inhalation suspension: J7601	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Gonadotropin Releasing Hormone Agonists (GnRH)	Histrelin Implant: J9226	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Opioid Antagonists	Buprenorphine Implant: J0570 Buprenorphine Injection: Q9991, Q9992 Brixadi: J0577, J0578	All		Medicaid: DHS Provider Manual or Interal 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 Necessity Criteria
	Car T Cell & Gene Therapy	Yescarta: Q2041 Kymriah (tisagenleceucel): Q2042 Tecartus (brexucabtagene): Q2053 Abecma (idecabtagene vicleucel): Q2055 Breyanzi (lisocabtagene maraleucel): Q2054 Carvykti (ciltacabtagene autoleucel): Q2056 Aucatzyl (obecabtagene car pos t): Q2058 (replaced C9301) Tecelra (afamitresgene autoleucel): Q2057 Ryoncil (remestemcel-l-rknd/ td): J3402 Carticel: J7330 Elevidys (delandistrogene moxeparvovec-rokl): J1413 Vyjuvek (beremagene geperpavec-svdt): J3401 Zynteglo (betibeglogene autotemcel): J3393 Lyfgenia (lovotibeglogene autotemcel): J3394 Imlygic (talimogene laherparepvec): J9325 Beqvez (fidanacogene elaparvovec-dzkt): J1414 Casgevy (exagamglogene autotemcel): J3392 Lenmeldy (atidarsagene autotemcel): J3391 Encelto (revakinagene taroretcel-lwey): J3403 Adstiladrin (nadofaragene firadenovec-vncg): J9029 Luxturna (voretigene neparvovec): J3398	All		Medicaid: DHS Provider Manual or Interal 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 Necessity 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 Camcevi (Leuprolide): J1952 Rylaze (asparaginase recombinant): J9021 Rybrevant (amivantamab-vmjw): J9061 Sirolimus: J9331 Kimmtrak (tebentafuso-tebn): J9274 Pluvicto (lutetium LU 177): A9607 Cipla (lanreotide): J1932 Sandoz (cabazitaxel): J9064	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Neurologics	Radicava (edaravone): J1301	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Antiemetics	Fosnetupitant/Palonosetron: J1454	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Antianemia Drugs	Reblozyl (luspatercept): J0896 Jesduvroq (daprodustat): J0889	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Genetic Disorder Agents	Vyondys (golodirsen): J1429 Zolgensma (onasemnogene abeparvovec): J3399 Lamzede (velmanase alfa-tycv): J0217	All		Medicaid: DHS Provider Manual or Interal 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 Necessity Criteria
	Kinase Inhibitor	Cosela (trilaciclib): J1448	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines
	Metabolic Enzymes	Nexviazyme (avalglucosidase alfa-ngpt): J0219 Xenpozyme (olipudase alfa-rpcp): J0218 Elfabrio (pegunigalsidase alfa-iwxj): J2508 Adzynma (apadamtase alfa): J7171 (replaced C9167)	All		Medicaid: DHS Provider Manual or Interal Policy on SCHA Website Medicare: NCD/LCD, FDA guidelines