EMHS Employee Health Plan
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| Procedure/Service | Effective Date for providers | Comments | Most recent Communication to Providers | Associated Medical Policy # |
|---|---|---|---|---|
| | | | | |
| **Abilify Maintena® (aripiprazole)** | **08/15/13** | | **Postcard July 2013** | |
| J0401 | | | | |
| **Abraxane® (paclitaxel protein-bound particles)** | **04/01/06** | | **Briefly March 2006** | **MBP 36** |
| J9264 | | | | |
| **Actemra® (tocilizumab)** | **07/01/10** | Restricted to Preferred Facility Only | **Briefly June 2010** | **MBP 76.0** |
| J3262 | | | | |
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| **Aldurazyme® (laronidase)** | **01/01/06** | | **Briefly March 2006** | **MBP 7** |
| J1931 | | | | |
| | | | | |
| J2469 | | | | |
| **Ambulance Transport Service (Non-Emergent)** | **07/01/14** | | **Postcard February 2016-Annual Policy Review** | **MP 17** |
| A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0225, A0380, A0390, A0422, A0424, A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0998 | | | | |
| **Ameluz (aminolevulinic acid)** | **4/15/2017** | | **Postcard March 2017** | **MBP 149.0** |
| Currently this drug is billed with and unlisted procedure code | | | | |
| | | | | |
| **Aralast™ (human alpha$_1$-proteinase inhibitor)** | **04/01/07** | | **Briefly March 2007** | **MBP 43** |
| J0256 | | | | |

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|---|---|---|---|---|
| **Aranesp® (darbepoetin alfa)** | **06/15/07** | | **Postcard May 2016-Annual Policy Review Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007** | **MBP 49.0** |
| J0881, J0882 | | | | |
| **Aristada™ (aripiprazole lauroxil)** | **04/15/16** | | **Postcard March 2016** | **MBP 106.0** |
| J1942 | | | | |
| **Arranon® (nelarabine)** | **04/01/09** | | **Postcard June 2017-Annual Policy Review** | **MBP 64.0** |
| J9261 | | | | |
| **Arzerra™ (ofatumumab)** | **07/01/10** | | **Briefly June 2010** | **MBP 73.0** |
| J9302 | | | | |
| **Aveed® (testosterone)** | **12/01/14** | | **Postcard November 2014** | **MBP 116.0** |
| J3145 | | | | |
| **Avycaz® (ceftazidime/avibactam)** | **01/01/16** | | **Postcard July 2016-Annual Policy Review** | **MBP 132.0** |
| J0714 | | | | |
| **Beleodaq® (belinostat)** | **12/01/14** | | **Postcard June 2017-Annual Policy Review** | **MBP 117.0** |
| J9032 | | | | |
| **Benlysta® (belimumab)** | **10/01/11** | | **Postcard June 2017-Annual Policy Review** | **MBP 90.0** |
| J0490 | | | | |
| **Berinert® (C1 esterase inhibitor)** | **01/01/11** | | **Briefly December 2010** | **MBP 84.0** |
| J0597 | | | | |
| **Bexxar® (Tositumomab and Iodine 131 Tositumomab)** | **06/15/04** | | **Briefly March 2006** | **MBP 25** |
| A9544, A9545, G3001 | | | | |

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|---|---|---|---|---|
| **Biofeedback for Non Behavioral Health indications** | **09/01/00** | This is covered when Medically Necessary and with Prior Authorization from the plan | **Postcard June 2017-Annual Policy Review** | **MP 04** |
| 90901, 90911 | | | | |
| **Blepharoplasty** | **10/15/00** | | **Postcard May 2017-Annual Policy Review** | **MP 10** |
| 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 | | | | |
| **Blincyto® (blintatumomab)** | **07/01/15** | | **Postcard June 2015** | **MBP 128.0** |
| J9039 | | | | |
| **Blood clotting factors given in a nonemergency outpatient Facility setting** | **04/01/06** | This is covered when Medically Necessary and with Prior Authorization from the plan | **Briefly March 2006** | **Not Applicable** |
| J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7205, J7207, J7209 | | | | |
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| **Botox® (Botulinum toxin Type A)** | **01/01/00** | | **Postcard July 2016-Annual Policy Review** | **MBP 11** |
| J0585, 46505, 52287, 64611, 64612, 64615, 64616, 64617, 64642, 64643, 64644, 64645, 64646, 64647, 64650, 64653, 67345 | | | | |

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|---|---|---|---|---|
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| **Breast Reduction** | **03/01/02** | **Prior authorization for all lines of business** | **Postcard May 2017-Annual Policy Review** | **MP 68** |
| 19318 | | | | |
| **Carimune (intraveneous immune globulin)** | **01/01/06** | Restricted to Preferred Facilities only | **Postcard June 2017-Annual Policy Review** | **MBP 4** |
| J1566 | | | | |
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| **Cerezyme® (imiglucerase)** | **10/01/08** | | **Postcard June 2017-Annual Policy Review** | **MBP 60.0** |
| J1786 | | | | |
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| **Cimzia® (certolizumab pegol)** | **07/01/10** | | **Briefly June 2010** | **MBP 74.0** |
| J0718 | | | | |
| **Cinqair (reslizumab)** | **12/15/2016** | | **Postcard November 2016** | **MBP 145.0** |
| J2786 | | | | |
| **Cinryze™ (C1-esterase inhibitor)** | **01/01/11** | | **Postcard May 2016-Annual Policy Review** | **MBP 85.0** |
| J0598 | | | | |
| **Clolar® (clofarabine)** | **04/01/06** | | **Briefly March 2006** | **MBP 38** |
| J9027 | | | | |

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|---|---|---|---|---|
| **Comparative Genomic Hybridization (CGH) or Chromosomal Microarray Analysis (CMA) for Evaluation of Developmental Delay** | **07/01/11** | This is covered when Medically Necessary and with Prior Authorization from the Plan. | **Postcard March 2017-Annual Policy Review** | **MP 255** |
| S3870, 81228, 81229 | | | | |
| **Cosentyx® (secukinumab) vials** | **01/01/16** | | **Postcard September 2016-Annual Policy Review** | **MBP 131.0** |
| Currently this drug is reported with an unlisted procedure code. | | | | |
| **Cresemba® IV (isavuconazonium sulfate)** | **01/01/16** | | **Postcard October 2015** | **MBP 134.0** |
| J1833 | | | | |
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| **Cuvitru (Subcutaneous immune globulin)** | **01/01/06** | Restricted to Preferred Facilities only | **Postcard June 2017-Annual Policy Review** | **MBP 4** |
| Currently this drug is billed with and unlisted procedure code | | | | |
| **Cyramza® (ramucirumab)** | **12/01/14** | | **Postcard July 2016-Annual Policy Review** | **MBP 115.0** |
| J9308 | | | | |
| **Dacogen® (decitabine)** | **07/01/07** | | **Briefly June 2007** | **MBP 46.0** |
| J0894 | | | | |
| **Dalvance™ (dalbavancin)** | **03/01/15** | | **Postcard February 2015** | **MBP 121.0** |
| J0875 | | | | |
| **Darzalex™ (daratumumab)** | **07/01/16** | | **Postcard March 2016** | **MBP 139.0** |
| J9145 | | | | |
| **Deep Brain Stimulation** | **05/01/03** | | **Postcard February 2017-Annual Policy Review** | **MP 73** |
| 61850, 61860, 61863, 61864, 61867, 61868, 61870, 61885, 61886 | | | | |

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| **Dorsal Column Stimulation** | **02/01/04** | **Prior authorization required prior to the trial implantation (the implantation before the device becomes permanent); Changes to a generator for a previously placed permanent device does not require prior auth;** | **Briefly March 2006** | **MP 21** |
| 63650, 63655, 63685 | | | | |
| **Durable Medical Equipment (Outpatient)**<br>**Speech Generating Devices Power Wheelchairs** | | **Purchased/Rented DME items with an allowed amount of $500 or less DO NOT require prior authorization except:**<br>**• Incontinence Supplies, when a covered benefit**<br>**• Equipment Repairs**<br>**Prior authorization for outpatient Durable Medical Equipment (DME) can be obtained through Medical Management by calling 855-429-1024 or faxing your request to 877-403-7162, Monday through Friday 8:00am to 5;00 pm EST.** | **OPS Bulletin November 2015** | **Not Applicable** |
| See comments section for prior authorization requirements. Specific coding is not available. | | | | |
| **Dysport® (Botulinum toxin Type A)** | **01/01/10** | | **Postcard July 2016-Annual Policy Review** | **MBP 11.0** |
| J0586 | | | | |
| **Elaprase® (idursulfase)** | **07/01/07** | | **Briefly June 2007** | **MBP 44.0** |
| J1743 | | | | |
| **Electrical Stimulation to aid wound healing** | **10/01/01** | | **Postcard May 2017-Annual Policy Review** | **MP 113** |
| G0281, G0329, E0761 | | | | |
| **Elelyso™ (taliglucerase alfa)** | **04/01/13** | | **Postcard June 2017-Annual Policy Review** | **MBP 100.0** |
| J3060 | | | | |
| **Elitek® (rasburicase)** | **03/01/05** | | **Briefly March 2006** | **MBP 29** |
| J2783 | | | | |
| **Emend® IV (fosaprepitant)** | **08/15/13** | | **Postcard May 2016-Annual Policy Review** | **MBP 104.0** |
| J1453 | | | | |

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| **Empliciti™ (elotuzumab)** | **04/15/16** | | **Postcard March 2016** | **MBP 140.0** |
| J9176 | | | | |
| **Entyvio® (vedolizumab)** | **12/01/14** | Restricted to Preferred Facilities Only | **Postcard June 2017-Annual Policy Review** | **MBP 118.0** |
| J3380 | | | | |
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| **Epidural Injections** | **07/01/05** | | **Briefly September 2006** | **MP 151** |
| 62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 0228T, 0229T, 0230T, 0231T | | | | |
| **Epidural Lysis of Adhesions** | **10/01/04** | **Please see "Percutaneous Lysis of Epidural Adhesions".** | **Postcard February 2017-Annual Policy Review** | **MP 138** |
| 62263, 62264 | | | | |
| **Epogen® (epoetin alpha)** | **06/15/07** | **EPO, epoetin alfa, epoetin beta.** | **Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007** | **MBP 49.0** |
| J0885 | | | | |
| **Eraxis™ (anidulafungin)** | **01/01/08** | | **Briefly December 2007** | **MBP 53.0** |
| J0348 | | | | |
| **Erwinaze® (asparaginase)** | **07/01/13** | | **Postcard June 2017-Annual Policy Review** | **MBP 95.0** |
| J9019 | | | | |
| **Erythropoietin Stimulating Agents** | **06/15/07** | **EPO, epoetin alfa, epoetin beta.** | **Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007** | **MBP 49.0** |
| J0885, Q4081 | | | | |
| **Exondys 51 (eteplirsen)** | **4/1/2017** | | **Postcard June 2017** | **MBP 148.0** |
| C9484 | | | | |
| **Extraction of teeth and Alveoloplasty (Coverage with Prior Authorization is limited to extractions that are required prior to organ transplantation, cardiac or radiation procedures)** | **04/01/10** | **Example: dental extractions associated with cardiac or transplant surgery and/or radiation therapy** | **Briefly March 2010** | **MP 38** |
| 41874, Dental codes related to extraction of teeth | | | | |

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| **Fabrazyme® (agalsidase beta)** | **01/01/06** | | **Briefly March 2006** | **MBP 18** |
| J0180 | | | | |
| **Facet Injections** | **03/01/15** | | **Postcard February 2015** | **MP 283** |
| 64490, 64491, 64492,64493, 64494, 64495, 0213T, 0214T, 0215T, 0216T, 0217, 0218T | | | | |
| **Facet or Sacroiliac Joint Denervation** | **05/01/15** | **Sacroiliac Joint Added** | **Postcard March 2017-Annual Policy Review** | **MP 231** |
| 64633, 64634, 64635, 64636, 64640, 64643 | | | | |
| | | | | |
| | | | | |
| **Fetal Surgery** | **04/01/99** | | **Postcard September 2016-Annual Policy Review** | **MP 59** |
| 59072, 59074, 59076, S2400, S2401, S2402, S2403, S2404, S2405, S2409, S2411 | | | | |
| **Flebogamma (intravenous immune globulin)** | **01/01/06** | Restricted to Preferred Facilities Only | **Postcard June 2017-Annual Policy Review** | **MBP 4** |
| J1572 | | | | |
| **Flolan® (epoprostenol)** | **01/01/09** | | **Briefly December 2008** | **MBP 61.0** |
| J1325, S0155 | | | | |
| **Gammaked/Gamunex/Gamunex-C/Gammaplex (intravenous immune globulin)** | **01/01/06** | Restricted to Preferred Facilities Only | **Postcard June 2017-Annual Policy Review** | **MBP 4** |
| J1561, J1557 | | | | |
| **Gastric Electrical Stimulation** | **07/01/12** | | **Postcard July 2016-Annual Policy Review** | **MP 134** |
| 43647, 43648, 43881 | | | | |
| **Gazyva™ (obinutuzumab)** | **08/01/14** | | **Postcard July 2016-Annual Policy Review** | **MBP 113.0** |
| J9301 | | | | |
| **Gel-One® (hyaluronan or derivative)** | **10/01/09** | | **Postcard September 2016-Annual Policy Review** | **MBP 13.0** |
| J7326, J7320, J7322 | | | | |
| **Gender Dysphoria and Gender Confirmation Treatment** | **7/18/2016** | | **Postcard July 2016-Annual Policy Review** | **MP 307** |

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|---|---|---|---|---|
| 11980,19301, 19303, 19304, 19324, 19325, 19350, 19357, 31587, 31750, 53415, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54120, 54520, 54660, 54690, 55175, 55180, 55899, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57295, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 90832, 90833, 90834, 90836, 90837, 90838, 92507, 92508, 96372, C1813, C2622, J1950, J9217, J9218, J9219 | | | | |
| **Gene Expression Profiling for Breast Cancer (Onco Type DX)** | **01/01/08** | | **Postcard September 2016-Annual Policy Review** | **MP 170** |
| 81519, S3854, 0008M | | | | |

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|---|---|---|---|---|
| **Gene Expression Profiling for Colon Cancer (Onco Type DX)** | **11/01/12** | | **Postcard September 2016-Annual Policy Review** | **MP 246** |
| 81525 | | | | |
| **Genetic Testing Related to Colorectal Cancer** | **04/01/11** | This is covered when Medically Necessary and with Prior Authorization from the Plan. | **Postcard June 2017-Annual Policy Review** | **MP 98** |
| 81201, 81202, 81203, 81210, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317, 81318, 81319, 81435, 81436 | | | | |
| **GenVisc® 850 (hyaluronan or derivative)** | **01/01/17** | | **Postcard September 2016-Annual Policy Review** | **MBP 13.0** |
| J7320 | | | | |
| **Glassia (alpha1-proteinase inhibitor, human)** | **01/01/12** | | **Briefly March 2007** | **MBP 43.0** |
| J0257 | | | | |
| **Granix® (TBO-filgrastim)** | **01/01/14** | **All locations require prior auth except emergency room locations** | **Postcard July 2014** | **MBP 59.0** |
| J1447 | | | | |
| **Halaven - T™ (eribulin mesylate)** | **07/01/11** | | **Postcard May 2016-Annual Policy Review** | **MBP 88.0** |
| J9179 | | | | |
| **Health Care Services associated with Non-covered Services (including but not limited to deep sedation and general anesthesia)** | **Contract Dependent** | | **Briefly March 2006** | **Not Applicable** |
| | | | | |

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| Procedure/Service | Effective Date for providers | Comments | Most recent Communication to Providers | Associated Medical Policy # |
|---|---|---|---|---|
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| **Hospice** | **01/01/96** | **Prior authorization is only required for Hospice when it relates to Inpatient or private duty nursing services.** Prior authorization can be obtained by calling Medical Management at 855-429-1024. | **OPS Bulletin March 2017** | **MP 37** |
| 655, 656, T2044, T2045 | | | | |
| **Hyalgan® (hyaluronate sodium)** | **10/01/09** | | **Briefly September 2009** | **MBP 13.0** |
| J7321 | | | | |
| **Hyaluronidase Products** | **10/01/09** | **Hyalgan®, Orthovisc® and Supartz™, Gel-One, GenVisc 850 and Hymovis require prior auth. (Synvisc®, Synvisc One™, Euflexxa™ DOES NOT require prior auth.)** | **Briefly September 2009** | **MBP 13.0** |
| J3473, J7320, J7321, J7322, J7324, J7326, J7327 | | | | |
| **Hymovis ® (hyaluronan or derivative)** | **01/01/17** | | **Postcard September 2016-Annual Policy Review** | **MBP 13.0** |
| J7322 | | | | |
| **HyQvia (immune globulin/hyaluronidase)** | **01/01/16** | | **Postcard June 2017-Annual Policy Review** | **MBP 4.0** |
| J1575 | | | | |
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|---|---|---|---|---|
| **Ilaris® (canakinumab)** | **07/01/10** | | **Briefly June 2010** | **MBP 77.0** |
| J0638 | | | | |
| **Iluvien® (fluocinolone acetonide)** | **08/15/15** | **First treatment of Iluvien, for diabetic macular edema does not require prior authorization.** | **Postcard June 2017-Annual Policy Review** | **MBP 129.0** |
| J7313 | | | | |
| **Imlygic™ (talimogene laherparepvec)** | **04/15/16** | | **Postcard March 2016** | **MBP 136.0** |
| J9325 | | | | |
| **Inflectra (infliximab-dyyb)** | **06/15/17** | Restricted to Preferred Facility Only | **Postcard May 2017-Annual Policy Review** | **MBP 5.0** |
| Q5102 | | | | |
| **Inpatient (planned) hospital admissions** | **01/01/96** | **Effective May 1, 2017, prior authorization will be required for ALL planned inpatient hospital admissions. This will apply to ALL ADMISSIONS. Prior authorization is required no less than two (2) business days prior to the planned admission and should be called in to the Health Plan Utilization Management Department at 855-429-1024** | **OPS Bulletin April 2017** | **Not Applicable** |
| **Intercostal Nerve Block** | **03/01/15** | | **Postcard June 2017-Annual Policy Review** | **MP 294** |
| 64420, 64421, 64620 | | | | |
| **Intrathecal Infusion Pump** | **03/01/15** | **Medication refill does not require Prior Authorization MP 298 has been combined with MP 293** | **Postcard June 2017-Annual Policy Review** | **MP 293** |
| 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362 | | | | |
| **Intravenous (IV) Boniva® (ibandronate sodium)** | **07/01/07** | | **Briefly June 2007** | **MBP 42** |
| J1740 | | | | |
| **Intravenous Immune Globulin (IVIG)** | **01/01/06** | Restricted to Preferred Facilities Only<br>**No prior auth needed for Rhogam.** | **Postcard June 2017-Annual Policy Review** | **MBP 4** |
| J1459, J1556, J1557, J1559, J1561, J1562, J1566, J1568, J1569, J1572, J1575, J1599 | | | | |
| **Invega Sustenna® (paliperidone palmitate extended release)** | **08/15/13** | | **Postcard September 2016-Annual Policy Review** | **MBP 106.0** |
| J2426 | | | | |

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|---|---|---|---|---|
| **Istodax® (romidepsin)** | **10/01/10** | | **Briefly September 2010** | **MBP 78.0** |
| J9315 | | | | |
| **Ixempra™ (ixabepilone)** | **10/01/08** | | **Postcard June 2017-Annual Policy Review** | **MBP 63.0** |
| J9207 | | | | |
| **Jevtana® (cabazitaxel)** | **01/01/11** | | **Briefly December 2010** | **MBP 82.0** |
| J9043 | | | | |
| **Kadcyla® (abo-trastuzumab emtansine)** | **09/01/13** | | **Postcard June 2017-Annual Policy Review** | **MBP 108.0** |
| J9354 | | | | |
| **Kalbitor® (ecallantide)** | **01/01/11** | | **Postcard June 2017-Annual Policy Review** | **MBP 86.0** |
| J1290 | | | | |
| **Kanuma® (sebelipase alfa)** | **1/1/2017** | | | |
| J2840 | | | | |
| **Keytruda® (pembrolizumab)** | **03/01/15** | | **Postcard February 2015** | **MBP 119.0** |
| J9271 | | | | |
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| **Kyprolis® (carfilzomib)** | **01/01/13** | | **Postcard August 2016-Annual Policy Review** | **MBP 97.0** |
| J9047 | | | | |

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|---|---|---|---|---|
| **Laminectomy (Elective)** | **04/01/13** | | **Postcard August 2016-Annual Policy Review** | **MP 268** |
| 63005, 63012, 63017, 63030, 63035, 63042, 63044, 63047, 63048, 63185, 63190, 63191, | | | | |
| **Lartruvo (olaratumab)** | **4/15/2017** | | **Postcard April 2017** | **MBP 147.0** |
| C9485 | | | | |
| **Lemtrada (alemtuzumab)** | **07/01/15** | | **Postcard June 2015** | **MBP 125.0** |
| J0202 | | | | |
| **Leukine® (sargramostim)** | **04/01/08** | **All locations require prior auth except emergency room locations.** | **Briefly March 2008** | **MBP 59.0** |
| J2820 | | | | |
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| **Lumizyme® (Alglucosidase alfa)** | **01/01/11** | Restricted to Preferred Facilities Only | **Postcard June 2017-Annual Policy Review** | **MBP 83.0** |
| J0221 | | | | |
| **Lung Volume Reduction Surgery** | **01/01/10** | | **Postcard February 2017-Annual Policy Review** | **MP 60** |
| 32491 | | | | |
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|---|---|---|---|---|
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| **Makena® (hydroxyprogesterone caproate)** | **07/01/15** | | **Postcard June 2017-Annual Policy Review** | **MBP 127.0** |
| J1725, Q9986 | | | | |
| **Marqibo® (vincristine sulfate liposome injection)** | **11/01/14** | | **Postcard June 2017-Annual Policy Review** | **MBP 111.0** |
| J9371 | | | | |
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| **Mental Health and Substance Abuse (Inpatient, Partial Hospitalization and Outpatient)** | | | **Briefly March 2006** | **Not Applicable** |
| | | | | |
| | | | | |
| **Mircera® (epotin beta)** | **08/15/15** | **EPO, epoetin beta.** | **Postcard June 2017-Annual Policy Review** | **MBP 130.0** |
| J0887, J0888 | | | | |

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|---|---|---|---|---|
| **Monovisc® (hyaluronan or derivative)** | **10/01/09** | | **Briefly September 2009** | **MBP 13.0** |
| J7327 | | | | |
| **Myobloc® (botulinum toxin Type B)** | **01/01/01** | | **Briefly March 2006** | **MBP 11.0** |
| J0587 | | | | |
| **Myozyme® (alglucosidase alfa)** | **01/01/08** | | **Briefly December 2007** | **MBP 55.0** |
| J0220 | | | | |
| **Naglazyme® (galsulfase)** | **10/01/06** | | **Briefly September 2006** | **MBP 39.0** |
| J1458 | | | | |
| **Neulasta® (pegfilgrastim)** | **04/01/08** | **All locations require prior auth except emergency room locations** | **Briefly March 2008** | **MBP 59.0** |
| J2505 | | | | |
| **Neupogen® (filgrastim)** | **04/01/08** | **All locations require prior auth except emergency room locations** | **Briefly March 2008** | **MBP 59.0** |
| J1442 | | | | |
| **Nplate™ (romiplostim)** | **07/01/09** | Restricted to Preferred Facilities Only | **Briefly July 2009** | **MBP 68.0** |
| J2796 | | | | |
| **Nucala® (mepolizumab)** | **6/15/2016** | | **Postcard May 2016-Annual Policy Review** | **MBP 141.0** |
| J2182 | | | | |
| | | | | |
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| **Nulojix® (belatacept)** | **01/01/12** | | **Postcard June 2017-Annual Policy Review** | **MBP 93.0** |
| J0485 | | | | |

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|---|---|---|---|---|
| **Nutritional Supplements** | | | **Postcard February 2017-Annual Policy Review** | **MP 247** |
| B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4100, B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9998 | | | | |
| **Obesity Surgery** | **03/01/02** | | **Postcard June 2017-Annual Policy Review** | **MP 65** |
| 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888 | | | | |
| **Occipital Nerve Block** | **03/01/15** | | **Postcard December 2016-Annual Policy Review** | **MP 296** |
| 64405 | | | | |
| **Octagam (intravenous immune globulin)** | **01/01/06** | Restricted to Preferred Facilities Only | **Postcard June 2017-Annual Policy Review** | **MBP 4** |
| J1568 | | | | |
| **Off Label Drug Use-Oncology Indications** | **01/01/12** | | **Postcard June 2016-Annual Policy Review** | **MBP 92.0** |
| Any off-label drug or biologic used for an oncologic indication not included in the FDA approved labeling for the drug would require prior authorization. | | | | |
| **Onivyde™ (irinotecan liposome)** | **04/15/16** | | **Postcard March 2016** | **MBP 138.0** |
| J9205 | | | | |
| **Ontak® (denileukin diftitox)** | **12/01/04** | | **Briefly March 2006** | **MBP 28** |
| J9160 | | | | |
| **Opdivo® (nivolumab)** | **07/01/15** | | **Postcard September 2016-Annual Policy Review** | **MBP 126.0** |
| J9299 | | | | |
| **Orencia® (abatacept)** | **02/01/07** | Restricted to Preferred Facilities Only | **Briefly December 2006** | **MBP 40.0** |
| J0129 | | | | |
| **Orthognathic Surgery (including, but not limited to mandibular and maxillary osteotomies)** | **04/01/10** | | **Briefly March 2010** | **MP 38** |
| 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21685 | | | | |

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| | | | | |
| | | | | |
| **Orthovisc® (hyaluronate sodium)** | **10/01/08** | | **Briefly September 2008** | **MBP 13.0** |
| J7324 | | | | |
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| **Phototherapy for the Treatment of Dermatological Conditions** | **8/15/2015** | | **Postcard July 2017-Annual Policy Review** | **MP 259** |
| E0691, E0692, E0693, E0694 | | | | |

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| | | Evaluation and visit 4-6 covered to PA review and approval | | |
| **Physical, Occupational, or Speech Therapy (Outpatient)** | **01/01/96** | | **Briefly March 2006** | **Not Applicable** |
| 420, 421, 422, 423, 424, 429, 430 431, 432, 433, 434, 439, 440, 441, 442, 443, 444, 449, 64550, 92507, 92508, 92520, 92524, 92526, 92597, 92606, 92609, 95831, 95832, 95833, 95834, 95851, 95852, 96105, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97530, 97532, 97533, 97535, 97537, 97542, 97597, 97598, 97602, 97750, 97755, G0283, G0329, S9152, T1015, V5362, V5363, V5364 **(Prior authorization for codes 97597, 97598 and 97602 is only required when performed in an Outpatient Rehab setting. They do not require prior authorization when billed by other providers whose services are non-Rehab related.)** | | | | |
| **Portrazza™ (necitumumab)** | **6/15/2016** | | **Postcard May 2016-Annual Policy Review** | **MBP 142.0** |
| J9295 | | | | |
| | | | | |
| | | | | |
| **Praxbind (idarucizumab)** | **6/15/2016** | | **Postcard May 2016-Annual Policy Review** | **MBP 143.0** |
| Currently this drug is billed with and unlisted procedure code | | | | |
| **Prialt® (ziconotide intrathecal infusion)** | **01/01/08** | | **Briefly December 2007** | **MBP 58.0** |
| J2278 | | | | |
| **Privigen (intravenous immune globulin)** | **01/01/06** | Restricted to Preferred Facilities Only | **Postcard June 2017-Annual Policy Review** | **MBP 4** |
| J1459 | | | | |
| **Probuphine (buprenorphine implant)** | **1/1/2017** | | **Postcard February 2017** | **MBP 146.0** |
| J0570 | | | | |
| **Procrit® (epoetin alpha)** | **06/15/07** | **EPO, epoetin alfa, epoetin beta** | **Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007** | **MBP 49.0** |
| J0885 | | | | |

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|---|---|---|---|---|
| **Prolastin® (human alpha$_1$-proteinase inhibitor)** | **04/01/07** | | **Briefly March 2007** | **MBP 43** |
| J0256 | | | | |
| **Prolia™ (denosumab)** | **01/01/11** | | **Postcard June 2017-Annual Policy Review** | **MBP 81.0** |
| J0897 | | | | |
| **Prosthetics** | **03/01/13** | **Prior Authorization for Medicaid.** | | |
| L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L45647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6890, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L7900, L7902, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8300, L8310, L8320, L8330, L8400, L8410, L8415, L8417, L8420, L8430, L8435, L8440, L8460, L8465, L8470, L8480, L8485, L8499, L8500, L8501, L8505, L8507, L8509, L8510, L8511, L8512, L8513, L8514, L8515, L8609, L8610, L8612, L8630, L8631, L8641, L8642, L8658, L8659, L8670, L8690, L8691, L8692, L8693, L8695, L8699, L9900 | | | | |
| **Proton Beam Radiation** | **07/01/09** | | **Postcard March 2017-Annual Policy Review** | **MP 226** |
| 77520, 77522, 77523, 77525, S8030 | | | | |
| **Provenge® (sipuleucel-T)** | **01/01/11** | | **Postcard June 2017-Annual Policy Review** | **MBP 79.0** |
| Q2043 | | | | |
| **Remicade® (infliximab)** | **03/01/01** | Restricted to Preferred Facilities Only | **Postcard June 2017-Annual Policy Review** | **MBP 05** |
| J1745 | | | | |
| **Remodulin® (treprostinil)** | **01/01/09** | | **Briefly December 2008** | **MBP 62.0** |
| J3285 | | | | |

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| Procedure/Service | Effective Date for providers | Comments | Most recent Communication to Providers | Associated Medical Policy # |
|---|---|---|---|---|
| **Restorative or Reconstructive surgical procedures due to their potential cosmetic or limitation of benefit** | **Contract Dependent** | | **Briefly March 2006** | **Not Applicable** |
| **Rhinoplasty as a stand alone procedure or Rhineoplasty, with or without septal repair, in conjunction with other planned medically necessary surgeries.** | **11/01/02** | | **Postcard June 2017-Annual Policy Review** | **MP 204** |
| 30400, 30410, 30420, 30430, 30435, 30450, 30520, 30620 | | | | |
| **Rhinoplasty including major septal repair** | **11/01/02** | | **Postcard June 2016-Annual Policy Review** | **MP 204** |
| 30400, 30410, 30420, 30430, 30435, 30450, 30520, 30620 | | | | |
| **Risperdal Consta® (risperidone)** | **08/15/13** | | **Postcard September 2016-Annual Policy Review** | **MBP 106.0** |
| J2794 | | | | |
| **Rituxan® (rituximab)** | **10/01/07** | **Per policy, Rituxan for Non-Hodgkin's Lymphoma does not require prior authorization** | **Briefly September 2007** | **MBP 48.0** |
| J9310 | | | | |
| **Ruconest® (C1 esterase inhibitor, recocmbinant)** | **07/01/15** | | **Postcard June 2015** | **MBP 124.0** |
| J0596 | | | | |
| **Sacral Nerve Stimulation - Interstim (including trial implantation)** | **05/01/03** | **Prior authorization is required prior to the trial implantation (the implantation prior to the device becoming permanent); providers may also refer to this as Interstim** | **Briefly March 2006** | **MP 91** |
| 64561, 64581, 64590 | | | | |
| **Sacroiliac Joint Fusion** | **01/15/16** | | **Postcard December 2015** | **MP 301** |
| 27279 | | | | |
| **Sacroiliac Joint Injection** | **05/01/15** | | **Postcard December 2016-Annual Policy Review** | **MP 295** |
| 27096, 64493, 64494, 64495 | | | | |
| **Sandostatin LAR® (Octreotide acetate)** | **04/01/13** | | **Briefly March 2013** | **MBP 99.0** |
| J2353 | | | | |
| **Septoplasty as a stand alone procedure or septoplasty in conjunction with other planned medically necessary surgeries** | **11/01/02** | | **Postcard June 2016-Annual Policy Review** | **MP 204** |
| 30520, 30620 | | | | |

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| Procedure/Service | Effective Date for providers | Comments | Most recent Communication to Providers | Associated Medical Policy # |
|---|---|---|---|---|
| **Signifor® LAR (pasireotide)** | **01/01/16** | | **Postcard July 2016-Annual Policy Review** | **MBP 133.0** |
| J2502 | | | | |
| **Simponi® Aria (golimumab)** | **10/01/14** | | **Postcard September 2014** | **MBP 112.0** |
| J1602 | | | | |
| **Sivextro® (tedizolid phosphate)** | **03/01/15** | | **Postcard February 2015** | **MBP 122.0** |
| J3090 | | | | |
| **Skilled Level of Care Admission** | **01/01/96** | **Participating providers are also required to notify the Health Plan of an intermediate level of care admission(s)/discharge(s); PRECERT INFORMATION IS TO BE CALLED TO THE UTILIZATION MANAGEMENT DEPARTMENT AT 855-429-1024** | **Briefly March 2006** | **Not Applicable** |
| **Soliris® (eculizumab)** | **10/01/08** | Restricted to Preferred Facilities Only | **Postcard May 2016-Annual Policy Review** | **MBP 54.0** |
| J1300 | | | | |
| **Speech Generating Devices** | | . | **Postcard March 2017-Annual Policy Review** | **MP 275** |
| E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599 | | | | |
| **Spinal Fusion (Elective)** | **04/01/13** | | **Postcard August 2016-Annual Policy Review** | **MP 269** |
| 22533, 22534, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634 | | | | |
| **Spinraza (nusinersen)** | **7/1/2017** | | | **MBP 151.0** |
| C9489 | | | | |
| **Stelara™ (ustekinumab)** | **07/01/10** | | **Postcard June 2017-Annual Policy Review** | **MBP 75.0** |
| J3357, Q9989 | | | | |

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|---|---|---|---|---|
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| **Supartz™ (hyaluronate sodium)** | **10/01/09** | | **Briefly September 2009** | **MBP 13.0** |
| J7321 | | | | |
| **Supprelin® LA (histrelin acetate implant)** | **07/01/09** | | **Briefly June 2009** | **MBP 67.0** |
| J9226 | | | | |
| **Suprascapular Nerve Block** | **03/01/15** | | **Postcard December 2016-Annual Policy Review** | **MP 297** |
| 64418 | | | | |
| **Sustol (granisetron extended release)** | **4/15/2017** | | **Postcard April 2017** | **MBP 150.0** |
| C9486 | | | | |
| **Sylvant™ (siltuximab)** | **03/01/15** | | **Postcard February 2015** | **MBP 120.0** |
| **J2860** | | | | |
| **Sympathetic Nerve Block** | **03/01/15** | | **Postcard December 2016-Annual Policy Review** | **MP 292** |
| **64505, 64510, 64520, 64530** | | | | |
| **Synagis® (palivizumab)** | **10/01/05** | | **Briefly March 2006** | **MBP2** |
| **90378** | | | | |
| **Synribo™ (omacetaxine mepesuccinate)** | **04/01/13** | | **Postcard June 2017-Annual Policy Review** | **MBP 102.0** |
| **J9262** | | | | |
| **Tecentriq™ (atezolizumab)** | **10/15/2016** | | **Postcard September 2016** | **MBP 144.0** |
| **C9483** | | | | |

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|---|---|---|---|---|
| **Termination of Pregnancy (Abortion)** | **02/01/14** | | **Postcard March 2017-Annual Policy Review** | **MP 282** |
| 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S0199 | | | | |
| **Torisel™ (temsirolimus)** | **04/01/09** | | **Postcard May 2016-Annual Policy Review** | **MBP 65.0** |
| J9330 | | | | |
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| | | | | |
| **Transplant evaluation services (pre-transplant services) and surgical tranplantation of organs, bone marrow or stem cells (Solid Organ)** | **08/01/03** | | **Postcard February 2017-Annual Policy Review** | **MP 20** |
| 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945, 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243, 44135, 44136, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547, 86367, 86807, 86808, 86812, 86813, 86816, 86817, 86821, 86822, S2053, S2054, S2055, S2060, S2061, S2065, S2102, S2140, S2142, S2150 | | | | |
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| **Tumor Treatment Fields** | **8/15/2016** | | **Postcard September 2016-Annual Policy Review** | **MP 306** |
| 77299, E0766, A4555 | | | | |

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|---|---|---|---|---|
| **Tysabri® (natalizumab)** | **01/01/08** | Restricted to Preferred Facilities Only | **Briefly December 2007** | **MBP 57.0** |
| J2323 | | | | |
| **Unituxin (dinutuximab)** | **01/01/16** | | **Postcard October 2015** | **MBP 135.0** |
| There is no code at this time for this drug. This drug should be reported with an unlisted procedure code. | | | | |
| **Vagal Nerve Stimulation** | **12/01/01** | | **Briefly March 2006** | **MP 51** |
| 61885, 61886, 64568 | | | | |
| **Varicose Vein Treatments** | **02/01/03** | **Endovenous Radiofrequency Ablation, Sclerosing, Stab Phlebectomy, Vein ligation, Vein Stripping, Transilluminated Power Phlebectomy (Trivex)** | **Postcard June 2017-Annual Policy Review** | **MP 33** |
| 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785 | | | | |
| **Vectibix® (panitumumab)** | **07/01/07** | | **Briefly June 2007** | **MBP 50.0** |
| J9303 | | | | |
| **Velcade® (bortezomib)** | **08/01/04** | | **Briefly March 2006** | **MBP 23** |
| J9041 | | | | |
| **Veletri® (epoprostenol)** | **07/01/12** | | **Briefly December 2008** | **MBP 61.0** |
| J1325 | | | | |
| **Vimizim® (elosulfase alfa)** | **12/01/14** | | **Postcard November 2014** | **MBP 114.0** |
| J1322 | | | | |
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|---|---|---|---|---|
| **Viscosupplemention (Hyalgan®, Orthovisc®, Supartz™, Monovisc® and Gel-One®)** | **10/01/09** | **Hyalgan®, Orthovisc®, Supartz™, Monovisc®, Gel-One® GenVisc 850 and Hymovis require prior auth. (Synvisc®, Synvisc One™, Euflexxa™ DOES NOT require prior auth.)** | **Briefly September 2009** | **MBP 13.0** |
| J3473, J7321, J7324, J7326, J7327 | | | | |
| **Vision Services--(For Medicaid Only)-Low Vision Aids, Eye Occluder** | **04/27/15** | **Prior authorization for Medicaid Only.** | **Department of Human Services-What's New** | **Medical Assistance Bulletin # 99-15-05** |
| V2600, V2610, V2615, V2770 | | | | |
| **Vision Therapy/Orthoptics** | **09/01/13** | **Prior authorization for Medicaid Only.** | **Postcard August 2013** | **MP 277** |
| 92065 | | | | |
| **Vitrasert® (ganciclovir intravitreal implant)** | **07/01/05** | | **Briefly March 2006** | **MBP 34** |
| 67027, J7310 | | | | |
| **Voraxaze® (glucarpidase)** | **01/01/14** | | **Postcard June 2017-Annual Policy Review** | **MBP 96.0** |
| C9293 | | | | |
| **VPRIV® (velaglucerase alfa)** | **01/01/14** | | **Postcard June 2017-Annual Policy Review** | **MBP 105.0** |
| J3385 | | | | |
| **White Blood Cell Stimulating Factors (Neulasta®, Neupogen®, Leukine®, Granix® and Zarxio®)** | **04/01/08** | **All locations require prior authorization except emergency room locations.** | **Briefly March 2008** | **MBP 59.0** |
| J1442, J1447, J2505, J2820 | | | | |
| **Whole Exome Sequencing** | **05/15/16** | | **Postcard May 2017-Annual Policy Review** | **MP 280** |
| 81415, 81416, 81417 | | | | |
| **Xeomin® (Botulinum toxin Type A)** | **01/01/12** | | **Briefly December 2011** | **MBP 11.0** |
| J0588 | | | | |
| **Xgeva™ (denosumab)** | **07/01/11** | | **Postcard June 2017-Annual Policy Review** | **MBP 89.0** |
| J0897 | | | | |

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|---|---|---|---|---|
| **Xiaflex® (collagenase clostridium histolyticum)** | **01/01/11** | | **Briefly December 2010** | **MBP 80.0** |
| 20527, J0775 | | | | |
| **Xofigo® (radium Ra 223 dichloride)** | **09/01/13** | | **Postcard August 2013** | **MBP 110.0** |
| A9606 | | | | |
| **Xolair® (omalizumab)** | **02/01/04** | | **Briefly March 2006** | **MBP 22** |
| J2357 | | | | |
| **Yervoy™ (ipilimumab)** | **10/01/11** | | **Postcard May 2016-Annual Policy Review** | **MBP 91.0** |
| J9228 | | | | |
| **Yondelis® (trabectedin)** | **7/1/2016** | | **Postcard March 2016** | **MBP 137.0** |
| J9352 | | | | |
| **Zarxio (filgrastim- sndz)** | **1/1/2016** | | **Postcard January 2016-Annual Policy Review** | **MBP 59.0** |
| Q5101 | | | | |
| **Zaltrap® (ziv-aflibercept)** | **04/01/13** | | **Postcard June 2017-Annual Policy Review** | **MBP 101.0** |
| J9400 | | | | |
| **Zemaira® (human alpha$_1$-proteinase inhibitor)** | **04/01/07** | | **Briefly March 2007** | **MBP 43** |
| J0256 | | | | |
| **Zevalin® In-111 and Zevalin® Y-90 (ibritumomab)** | **01/01/03** | | **Briefly March 2006** | **MBP 15** |
| A9542, A9543 | | | | |
| **Zinplava (bezlotoxumab)** | **7/1/2017** | | | |
| C9490 | | | | |
| **Zyprexa Relprevv® (olanzapine)** | **08/15/13** | | **Postcard September 2016-Annual Policy Review** | **MBP 106.0** |


# Behavioral Health Services

**Inpatient Services: All in-network and out-of-network inpatient services – PA & concurrent review**

**Outpatient Services: Select non-routine outpatient services to include: OP ECT; IOP; PHP; Psychological Testing; rTMS; ABA; - PA & concurrent review**


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