

The following list identifies services requiring prior authorization/ precertification and replaces the applicable section in the current Provider Manual. To request precertification/ prior authorization, unless otherwise noted, please contact the Medical Management Department at (855) 429-1024, fax (877) 403-7162, [employeehealthplan.northernlighthealth.org](http://employeehealthplan.northernlighthealth.org), Monday through Friday, 8 AM to 5 PM. Members may not be held financially liable for a participating provider's failure to obtain prior authorization/ precertification of the services listed below. **Effective 1/1/2019.**

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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				
Adcetris (brentuximab vedotin)	04/15/18			MBP 166.0
J9042				
Aldurazyme® (laronidase)	01/01/06		Briefly March 2006	MBP 7
J1931				
Aliqopa (copanlisib)	3/15/18			MBP 161.0
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
Aralast™ (human alpha <sub>1</sub> -proteinase inhibitor)	04/01/07	Restricted to Preferred Facility Only	Briefly March 2007	MBP 43
J0256				

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Aranesp® (darbepoetin alfa)	06/15/07			MBP 49.0
J0881, J0882				
Aristada™ (aripiprazole lauroxil)	04/15/16			MBP 106.0
J1942				
Arranon® (nelarabine)	04/01/09			MBP 64.0
J9261				
Arzerra™ (ofatumumab)	07/01/10			MBP 73.0
J9302				
Aveed® (testosterone)	12/01/14			MBP 116.0
J3145				
Avycaz® (ceftazidime/avibactam)	01/01/16			MBP 132.0
J0714				
Bavencio (avelumab)	08/15/17			MBP 152.0
J9023				
Baxdela (delafloxacin)	03/20/18			
Beleodaq® (belinostat)	12/01/14			MBP 117.0
J9032				
Benlysta® (belimumab)	10/01/11			MBP 90.0
J0490				
Beriner® (C1 esterase inhibitor)	01/01/11			MBP 84.0
J0597				
Bexxar® (Tositumomab and Iodine 131 Tositumomab)	06/15/04			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. <b>Does NOT require prior auth with behavioral health diagnosis.</b>		MP 04
90901, 90911				
Blepharoplasty	10/15/00			MP 10
15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908				
Blinicyto® (blintatumomab)	05/15/18 Update			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		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				
Botox® (Botulinum toxin Type A)	01/01/00			MBP 11
J0585, 46505, 52287, 64611, 64612, 64615, 64616, 64617, 64642, 64643, 64644, 64645, 64646, 64647, 64650, 64653, 67345				

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Breast Reduction	03/01/02		Postcard May 2017-Annual Policy Review	MP 68
19318				
Brineura (injection, cerliponase alfa)	01/01/18			MBP 157.0
C9014				
Bronchial Thermoplasty	03/15/18			MBP 250
31668, 31661				
Carimune (intravenous immune globulin)	01/01/06	Restricted to Preferred Facilities only	Postcard June 2017-Annual Policy Review	MBP 4
J1566				
Cerezyme® (imiglucerase)	10/01/08		Postcard June 2017-Annual Policy Review	MBP 60.0
J1786				
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.		MP 255
S3870, 81228, 81229				
Cosentyx® (secukinumab) vials	01/01/16			MBP 131.0
Cranial Orthotics – helmets/remodeling bands for Peds	10/19/18			MBP 125.0
Cresemba® IV (isavuconazonium sulfate)	01/01/16			MBP 134.0
J1833				
CT (CAT) Scan (Outpatient/Nonemergency)	01/1/2019			
70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 76380, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 75571, 75572, 75573, 75574, 75635, 76380, 76497, 77078, 0042T, G0297, S8092				
Cuvitru (Subcutaneous immune globulin)	01/01/06	Restricted to Preferred Facilities only		MBP 4
J1555				
Cyramza® (ramucirumab)	12/01/14			MBP 115.0
J9308				
Dacogen® (decitabine)	07/01/07			MBP 46.0
J0894				
Dalvance™ (dalbavancin)	03/01/15			MBP 121.0
J0875				
Darzalex™ (daratumumab)	07/01/16			MBP 139.0
J9145				
Deep Brain Stimulation	05/01/03			MP 73
61850, 61860, 61863, 61864, 61867, 61868, 61870, 61885, 61886				

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Dorsal Column Stimulation 63650, 63655, 63685	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;		MP 21
Durable Medical Equipment (Outpatient) Speech Generating Devices Power Wheelchairs		Purchased/Rented DME items with an allowed amount of \$500 or less <b>DO NOT require</b> prior authorization except: • <b>Incontinence Supplies, when a covered benefit</b> • Equipment Repairs 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.		Not Applicable
Dysport® (Botulinum toxin Type A) J0586	01/01/10			MBP 11.0
Echocardiogram Stress: 93350, 93351, 93320, 93321, 93325, 93352 Transesophageal: 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93320, 93321, 93325 Transthoracic: 93303, 93304, 93306, 93307, 93308, 93320, 93321, 93325	01/01/19			
Elaprase® (idursulfase) J1743	07/01/07			MBP 44.0
Electrical Stimulation to aid wound healing G0281, G0329, E0761	10/01/01			MP 113
Elelyso™ (taliglucerase alfa) J3060	04/01/13			MBP 100.0
Elitek® (rasburicase) J2783	03/01/05			MBP 29

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

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Fabrazyme® (agalsidase beta)	01/01/06			MBP 18
J0180				
Facet Injections	03/01/15			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		MP 231
64633, 64634, 64635, 64636, 64640, 64643				
Fasenra (benralizumab)	06/26/18			
Fetal Surgery	04/01/99			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		MBP 4
J1572				
Flolan® (epoprostenol)	01/01/09			MBP 61.0
J1325, S0155				
Gammaked/Gamunex/Gamunex-C/Gammaplex (intravenous immune globulin)	01/01/06	Restricted to Preferred Facilities Only		MBP 4
J1561, J1557				
Gastric Electrical Stimulation	07/01/12			MP 134
43647, 43648, 43881				
Gazyva™ (obinutuzumab)	02/20/18 Update			MBP 113.0
J9301				
Gel-One® (hyaluronan or derivative)	10/01/09			MBP 13.0
J7326, J7320, J7322				
Gender Dysphoria and Gender Confirmation Treatment	7/18/2016			MP 307
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				



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Gene Expression Profiling for Breast Cancer (Onco Type DX)	01/01/08			MP 170
81519, S3854, 0008M				

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Gene Expression Profiling for Colon Cancer (Onco Type DX)	11/01/12			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.		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			MBP 13.0
J7320				
Glassia (alpha1-proteinase inhibitor, human)	01/01/12	Restricted to Preferred Facility Only		MBP 43.0
J0257				
Granix® (TBO-filgrastim)	01/01/14	All locations require prior auth except emergency room locations		MBP 59.0
J1447				
Halaven - T™ (eribulin mesylate)	07/01/11			MBP 88.0
J9179				
Health Care Services associated with Non-covered Services (including but not limited to deep sedation and general anesthesia)	Contract Dependent			Not Applicable

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Hospice 655, 656, T2044, T2045	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.		MP 37
Hyalgan® (hyaluronate sodium) J7321	10/01/09			MBP 13.0
Hyaluronidase Products J3473, J7320, J7321, J7322, J7324, J7326, J7327	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.)		MBP 13.0
Hymovis ® (hyaluronan or derivative) J7322	01/01/17			MBP 13.0
HyQvia (immune globulin/hyaluronidase) J1575	01/01/16			MBP 4.0

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Ilaris® (canakinumab)	07/01/10			MBP 77.0
J0638				
Iluvien® (fluocinolone acetonide)	08/15/15	First treatment of Iluvien, for diabetic macular edema DOES NOT require prior authorization.		MBP 129.0
J7313				
Imfinzi (durvalumab)	10/01/17			MBP 156.0
Imlygic™ (talimogene laherparepvec)	04/15/16			MBP 136.0
J9325				
Infectra (infliximab-dyyb)	06/15/17	Restricted to Preferred Facility Only		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.		
Intercostal Nerve Block	03/01/15			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		MP 293
62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362				
Intravenous (IV) Boniva® (ibandronate sodium)	07/01/07			MBP 42
J1740				
Intravenous Immune Globulin (IVIG)	01/01/06	Restricted to Preferred Facilities Only No prior auth needed for Rhogam.		MBP 4
J1459, J1556, J1557, J1559, J1561, J1562, J1566, J1568, J1569, J1572, J1575, J1599				
Invega Sustenna® (paliperidone palmitate extended release)	08/15/13			MBP 106.0
J2426				

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Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
Istodax® (romidepsin)	10/01/10			MBP 78.0
J9315				
Ixempra™ (ixabepilone)	10/01/08			MBP 63.0
J9207				
Jevtana® (cabazitaxel)	01/01/11			MBP 82.0
J9043				
Kadcyla® (abo-trastuzumab emtansine)	09/01/13			MBP 108.0
J9354				
Kalbitor® (ecallantide)	01/01/11			MBP 86.0
J1290				
Kanuma® (sebelipase alfa)	1/1/2017			
J2840				
Keytruda® (pembrolizumab)	11/21/17 Update			MBP 119.0
J9271				
Kymriah (tisagenleclelcel)	01/01/18			
Kyprolis® (carfilzomib)	01/01/13			MBP 97.0
J9047				

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Laminectomy (Elective)	04/01/13			MP 268
63005, 63012, 63017, 63030, 63035, 63042, 63044, 63047, 63048, 63185, 63190, 63191,				
Lartruvo (olaratumab)	4/15/2017			MBP 147.0
C9485				
Lemtrada (alemtuzumab)	07/01/15			MBP 125.0
J0202				
Leukine® (sargramostim)	04/01/08	All locations require prior auth except emergency room locations.		MBP 59.0
J2820				
Lumizyme® (Alglucosidase alfa)	01/01/11	Restricted to Preferred Facilities Only		MBP 83.0
J0221				
Lung Volume Reduction Surgery	01/01/10			MP 60
32491				
Lutathera (luteum Lu 177 dotate)	03/20/18			
Luxturna (voretigeneparovovec-rzyl)	05/15/18			
Magnetic Esophageal Sphincter Augmentation (LINX)	06/15/17			
43284, 43285				
Magnetic Resonance Angiography (MRA) (Outpatient/Nonemergency)	1/1/2019			
70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185,				
Magnetic Resonance Imaging (MRI) (Outpatient/Nonemergency)	1/1/2019			
70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72156, 72146, 72147, 72148, 72149, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, 75565, 77058, 77059, 77084, S8037, S8042				

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Makena® (hydroxyprogesterone caproate) J1726 J1729	07/01/15			MBP 127.0
Marqibo® (vincristine sulfate liposome injection) J9371	11/01/14			MBP 111.0
Mental Health and Substance Abuse (Inpatient, Partial Hospitalization and Outpatient)				
Mepsevii (vestronidase alfa-vj)bk	05/15/18			
Mircera® (epotin beta) J0887, J0888	08/15/15	EPO, epoetin beta.		MBP 130.0

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Monovisc® (hyaluronan or derivative)	10/01/09			MBP 13.0
J7327				
Mylotarg (gemfuzumab ozogamicin)	04/15/18			MBP 163.0
Myobloc® (botulinum toxin Type B)	01/01/01			MBP 11.0
J0587				
Myozyme® (alglucosidase alfa)	01/01/08			MBP 55.0
J0220				
Naglazyme® (galsulfase)	10/01/06			MBP 39.0
J1458				
Neulasta® (pegfilgrastim)	04/01/08	All locations require prior auth except emergency room locations		MBP 59.0
J2505				
Neupogen® (filgrastim)	04/01/08	All locations require prior auth except emergency room locations		MBP 59.0
J1442				
Nplate™ (romiplostim)	07/01/09	Restricted to Preferred Facilities Only		MBP 68.0
J2796				
Nucala® (mepolizumab)	05/15/18 Update			MBP 141.0
J2182				
Nuclear Imaging (SPECT)	01/01/19			
Bone and/or Joint: 78320 Brain: 78607 Cardiac: 78451, 78452, 78453, 78454, 78466, 78468, 78469,78472, 78473, 78494, 78481, 78483, 78496, 78499 Cerebrospinal Fluid Flow: 78647 Kidney: 78710 Liver: 78205, 78206				
Nulojix® (belatacept)	01/01/12			MBP 93.0
J0485				



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Nutritional Supplements				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			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			MP 296
64405				
Ocrevus (ocrelizumab)	10/01/17			MBP 155.0
Octagam (intravenous immune globulin)	01/01/06	Restricted to Preferred Facilities Only		MBP 4
J1568				
Off Label Drug Use-Oncology Indications	01/01/12			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			MBP 138.0
J9205				
Ontak® (denileukin diftitox)	12/01/04			MBP 28
J9160				
Opdivo® (nivolumab)	05/15/18 Update			MBP 126.0
J9299				
Orencia® (abatacept)	02/01/07	Restricted to Preferred Facilities Only		MBP 40.0
J0129				
Orthognathic Surgery (including, but not limited to mandibular and maxillary osteotomies)	04/01/10			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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Orthoses				
A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513, A8000, A8001, A8002, A8003, A8004, A9283, D7880, E0485, E0486, K0672, L0112, L0220, L0452, L0480, L0482, L0484, L0486, L0622, L0624, L0629, L0632, L0634, L0636, L0638, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0861, L1000, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1300, L1310, L1499, L1630, L1640, L1680, L1685, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1844, L1846, L1860, L1900, L1904, L1907, L1920, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2126, L2128, L2627, L2628, L3001, L3002, L3003, L3020, L3030, L3031, L3040, L3050, L3070, L3080, L3090, L3140, L3150, L3160, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, L3649, L3671, L3674, L3702, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3806, L3808, L3891, L3900, L3901, L3904, L3905, L3906, L3913, L3919, L3921, L3933, L3935, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3995, L4000, L4002, L4205, L4210, L4631, S1040				
Orthovisc® (hyaluronate sodium)	10/01/08			MBP 13.0
J7324				
Parsabiv (etelcalcetide)	05/14/18			
Phototherapy for the Treatment of Dermatological Conditions	8/15/2015			MP 259
E0691, E0692, E0693, E0694				

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Portrazza™ (necitumumab)	6/15/2016			MBP 142.0
J9295				
Positron Emission Tomography (PET) Scan (Outpatient/Nonemergency)	01/1/2019			
78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0235				
Praxbind (idarucizumab)	6/15/2016			MBP 143.0
Currently this drug is billed with and unlisted procedure code				
Prialt® (ziconotide intrathecal infusion)	01/01/08			MBP 58.0
J2278				
Privigen (intravenous immune globulin)	01/01/06	Restricted to Preferred Facilities Only		MBP 4
J1459				
Probuphine (buprenorphine implant)	10/31/17 Update			MBP 146.0
J0570				
Procrit® (epoetin alpha)	06/15/07	EPO, epoetin alfa, epoetin beta		MBP 49.0
J0885				

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Prolastin® (human alpha <sub>1</sub> -proteinase inhibitor)	04/01/07	Restricted to Preferred Facility Only		MBP 43
J0256				
Prolia™ (denosumab)	03/29/18 Update			MBP 81.0
J0897				
Prosthetics	03/01/13			
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			MP 226
77520, 77522, 77523, 77525, S8030				
Provenge® (sipuleucel-T)	01/01/11			MBP 79.0
Q2043				
Radicava (edaravone)	07/10/18			MBP 154.0
Remicade® (infliximab)	03/01/01	Restricted to Preferred Facilities Only		MBP 05
J1745				
Remodulin® (treprostinil)	01/01/09			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	Definition: Medically necessary surgical procedure performed to repair severe form or functional impairment due to injury, disease, or birth defect.		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			MP 204
30400, 30410, 30420, 30430, 30435, 30450, 30520, 30620				
Rhinoplasty including major septal repair	11/01/02			MP 204
30400, 30410, 30420, 30430, 30435, 30450, 30520, 30620				
Risperdal Consta® (risperidone)	08/15/13			MBP 106.0
J2794				
Rituxan® (rituximab)	10/01/07	Per policy, Rituxan for Non-Hodgkin's Lymphoma does not require prior authorization		MBP 48.0
J9310				
Rituxin Hycela (rituximab/hyaluronidase)	04/28/18			MBP 48.0
Ruconest® (C1 esterase inhibitor, recombinant)	07/01/15			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		MP 91
64561, 64581, 64590				
Sacroiliac Joint Fusion	01/15/16			MP 301
27279				
Sacroiliac Joint Injection	05/01/15			MP 295
27096, 64493, 64494, 64495				
Sandostatin LAR® (Octreotide acetate)	04/01/13			MBP 99.0
J2353				
Septoplasty as a stand alone procedure or septoplasty in conjunction with other planned medically necessary surgeries	11/01/02			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			MBP 133.0
J2502				
Simponi® Aria (golimumab)	10/01/14			MBP 112.0
J1602				
Sivextro® (tedizolid phosphate)	03/01/15			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.		
Soliris® (eculizumab)	05/15/18 Update	Restricted to Preferred Facilities Only		MBP 54.0
J1300				
Speech Generating Devices				MP 275
E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599				
Spinal Fusion (Elective)	04/01/13			MP 269
22533, 22534, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634, 22551, 22552, 22554, 22556				
Spinraza (nusinersen)	7/1/2017			MBP 151.0
C9489				
Stelara™ (ustekinumab)	05/15/18 Update			MBP 75.0
J3357, Q9989				

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Sublocade (buprenorphine ER injection for subcutaneous use )	08/09/18			
Supartz™ (hyaluronate sodium)	10/01/09			MBP 13.0
J7321				
Supprelin® LA (histrelin acetate implant)	07/01/09			MBP 67.0
J9226				
Suprascapular Nerve Block	03/01/15			MP 297
64418				
Sustol (granisetron extended release)	4/15/2017			MBP 150.0
C9486				
Sylvant™ (siltuximab)	03/01/15			MBP 120.0
J2860				
Sympathetic Nerve Block	03/01/15			MP 292
64505, 64510, 64520, 64530				
Synagis® (palivizumab)	10/01/05			MBP2
90378				
Synribo™ (omacetaxine mepesuccinate)	04/01/13			MBP 102.0
J9262				
Tecentriq™ (atezolizumab)	10/15/2016			MBP 144.0
C9483				
Tepadina (thiotepa)	03/20/18			MBP 158.0

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Termination of Pregnancy (Abortion)	02/01/14			MP 282
59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S0199				
Torisel™ (temsirolimus)	04/01/09			MBP 65.0
J9330				
Transplant evaluation services (pre-transplant services) and surgical transplantation of organs, bone marrow or stem cells (Solid Organ)	08/01/03			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				
Tumor Treatment Fields	8/15/2016			MP 306
77299, E0766, A4555				



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Tysabri® (natalizumab)	01/01/08	Restricted to Preferred Facilities Only		MBP 57.0
J2323				
Unituxin (dinutuximab)	01/01/16			MBP 135.0
Vabomere (meropenem/vaborbactam)	03/20/18			
Vagal Nerve Stimulation	12/01/01			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)		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			MBP 50.0
J9303				
Velcade® (bortezomib)	08/01/04			MBP 23
J9041				
Veletri® (epoprostenol)	07/01/12			MBP 61.0
J1325				
Vimizim® (elosulfase alfa)	12/01/14			MBP 114.0
J1322				
Virtual Colonoscopy (Outpatient/Nonemergency)	02/15/05			MP 132
74261, 74262				

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Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
Viscosupplementation (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.)		MBP 13.0
J3473, J7321, J7324, J7326, J7327				
Vitrasert® (ganciclovir intravitreal implant)	07/01/05			MBP 34
67027, J7310				
Voraxaze® (glucarpidase)	01/01/14			MBP 96.0
C9293				
VPRIV® (velaglucerase alfa)	01/01/14			MBP 105.0
J3385				
Vyxeos (daunorubicin/cytarabine liposomal)	04/15/18			MBP 164.0
White Blood Cell Stimulating Factors (Neulasta®, Neupogen®, Leukine®, Granix® and Zarxio®)	04/01/08	All locations require prior authorization except emergency room locations.		MBP 59.0
J1442, J1447, J2505, J2820				
Whole Exome Sequencing	05/15/16			MP 280
81415, 81416, 81417				
Xeomin® (Botulinum toxin Type A)	01/01/12			MBP 11.0
J0588				
Xgeva™ (denosumab)	07/01/11			MBP 89.0
J0897				

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Xiaflex® (collagenase clostridium histolyticum)	01/01/11			MBP 80.0
20527, J0775				
Xofigo® (radium Ra 223 dichloride)	09/01/13			MBP 110.0
A9606				
Xolair® (omalizumab)	02/01/04			MBP 22
J2357				
Yervoy™ (ipilimumab)	10/01/11			MBP 91.0
J9228				
Yescarta (axicabtagene ciloleucel)	04/01/18			MBP 162.0
Yondelis® (trabectedin)	7/1/2016			MBP 137.0
J9352				
Zarxio (filgrastim- sndz)	1/1/2016			MBP 59.0
Q5101				
Zaltrap® (ziv-aflibercept)	04/01/13			MBP 101.0
J9400				
Zemaira® (human alpha <sub>1</sub> -proteinase inhibitor)	04/01/07	Restricted to Preferred Facility Only		MBP 43
J0256				
Zevalin® In-111 and Zevalin® Y-90 (ibritumomab)	01/01/03			MBP 15
A9542, A9543				
Zilretta (triamcinolone acetone ER injection)	05/15/18			
Zinplava (bezlotoxumab)	7/1/2017			
C9490				
Zyprexa Relprevv® (olanzapine)	08/15/13			MBP 106.0

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## 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