



## PRIOR AUTHORIZATION LIST

Disclaimer: A referral is when your main doctor sends you to see a specialist, while an authorization is when your health plan approves a service or treatment to make sure it's necessary and covered. If a service or item has a Medicare or MCG Health review policy, it needs authorization first before it can be ordered or given. This check makes sure the service is medically necessary. Only services that are medically necessary are covered, as stated in the benefit documents. The list below may change based on the policy above.

SERVICES	CPT/HCPCS -Physician Administered Drugs (PADs) indicated in blue
<b>Behavioral Health Services</b>	90867, 90868, 90869, 90870, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T ***Behavioral health authorization is managed by Lucet. Authorization can be requested electronically at <a href="https://webpass.ndbh.com/">https://webpass.ndbh.com/</a> or by fax at 816-237-2382.
<b>Bone growth stimulator</b>	20974, 20975, 20979
<b>Breast reconstruction (non-mastectomy)</b>	19316, 19318, 19325, L8600
<b>Cancer supportive care</b>	J1454, J0185, J1453, J1627, J1442, Q5110, Q5101, J2506, Q5122, Q5111, Q5108, J2820, J1447, J1448, Q5125, J0897, J1456, J1449, J0885
<b>Cardiology</b>	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology (EP) implants, and stress echocardiograms prior to performance.
<b>Cardiovascular</b>	E0616, 33285, 93653, 93656, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231
<b>Cartilage Implants</b>	27415, 27416

<b>Chemotherapy</b>	Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), chemotherapy injectable drugs that have a Q code, chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code. Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical, and intrathecal for a cancer diagnosis.
<b>Cochlear and other auditory implants</b>	69714, 69930, L8614, L8619, L8690, L8691, L8692.
<b>Continuous Glucose monitor</b>	A4238, A4239, E2102, E2103
<b>Cosmetic and reconstructive procedures</b>	11960, 11971, 15820, 15821, 15822, 15823, 15830, 15847, 15877, 15878, 15879, 17106, 17107, 17108, 17999, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21230, 21235, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21299, 21740, 21742, 21743, 28344, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 31299, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67912, 67950, 67961, 67966, <a href="#">Q2026</a>
<b>Non-Prosthetic Durable medical equipment (DME)</b>	E0466, E0766, E1230, E1239, E2510, K0801, K0806, K0808, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0877, K0884, K0890, K0891, K0898, K0899
<b>End-stage renal disease/dialysis services</b>	Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits.
<b>Gender dysphoria treatment</b>	55970, 55980, The below surgical codes, when billed with one of the following <b>Dx codes:</b> <b>F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890</b> 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15775, 15776, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 19303, 21899, 31599, 31899, 53410, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54408, 54520, 54660, 54690, 55175, 55180, 55866, 56625, 56800, 56805, 57106, 57110, 57291, 57292, 57295, 57296, 57335, 57426, 58661, 58720, 58940, 64856, 64892, 64896, 92507, 92508

<b>Home health care</b>	99503, 99505, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, S9122, S9123, S9124, S9127, S9128, S9129, S9131, S9474
<b>Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures</b>	58150, 58152, 58180, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573
<b>Hysterectomy (vaginal) – Inpatient only</b>	58260, 58262, 58263, 58267, 58270, 58290, 58291, 58292, 58294
<b>Injectable medications</b>	J0791, J0172, J7171, J0225, J0585, J0586, J0587, J0588, J0589, J3111, J0897, J2329, J1442, J1447, J1449, Q5108, Q5110, Q5120, Q5122, Q5125, Q5127, Q5130, J3247, J0584, J1413, J1302, J3380, J1305, J0223, J1411, J7320, J7321, J7322, J7323, J7324, J7326, J7327, J7329, J7331, J7332, 90283, 90284, J1459, J1551, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1576, J1599, J1745, J1437, J1439, J2782, Q5136, J0175, J2507, J0174, J1306, J3398, J1304, J2350, J2267, J0222, J0129, J0224, J1301, J0896, J9311, J9312, Q5123, J1412, J2998, J9333, J0491, J2327, J1300, J1747, J2326, J2781, J3241, J2356, A9513, A9590, A9606, A9607, A9699, J9381, J3490, J3590, C9172, C9399, J1823, J2777, J0177, J0178, J0179, J2777, J2778, J2779, Q5124, Q5128, J3032, J3401, J9332, J9334, J3399, J1748
<b>Inpatient Admission</b>	Notification required
<b>Inpatient admissions – Post-acute services</b>	Prior authorization and notification of admission date required for the following facilities providing post-acute inpatient services: acute care hospitals, acute inpatient rehabilitation, critical access hospitals, long-term acute care hospitals, and skilled nursing facilities
<b>Non-emergency air transport</b>	A0430, A0431, A0435, A0436
<b>Orthognathic surgery</b>	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21210, 21215, 21240, 21242, 21244, 21245, 21246, 21247
<b>Orthotics</b>	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.

<b>Orthopedic surgeries</b>	22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22849, 22850, 22852, 22855, 22856, 22861, 22867, 22869, 22899, 23470, 23472, 24360, 24361, 24362, 24363, 24365, 25441, 25442, 25444, 25446, 25449, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27412, 27445, 27446, 27447, 27486, 27487, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29866, 29867, 29868, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 29914, 29915, 29916, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 0200T, 0201T
<b>Out-of-Network Services</b>	Advance notification required. Plan members who use out-of-network physicians, healthcare professionals or facilities may have increased out-of pocket expenses or no coverage.
<b>Outpatient therapy (PT/OT/ST, chiropractic)</b>	92507, 92508, 92526, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97799, G0129, G0283, *98940, *98941, *98942 *Chiropractic (only when codes are billed with AT-modifier).
<b>Pain management</b>	62350, 62351, 62360, 62361, 62362
<b>Potentially unproven services (including experimental/ investigational and/or linked services)</b>	28890, 33289, 36514, 64405, 64722, 64744, 66180, 95965, 95966, C2624
<b>Prostate procedures</b>	52441, 52442
<b>Prosthetics</b>	L5301, L5856, L5968, L5981, L5987
<b>Radiation therapy</b>	77014, 77387, G6001, G6002, G6017, 55874, 77520, 77522, 77523, 77525, 77331, 77370, 77399, 77470, 77401, 77402, 77407, 77412, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014

<b>Radiology</b>	Notification and prior authorization is required for participating physicians who request the following advanced outpatient imaging procedures: Certain positron emission tomography (PET) scans, Nuclear medicine and nuclear cardiology procedure.
<b>Rhinoplasty</b>	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
<b>Sleep apnea procedures and surgeries</b>	21685, 41512, 41530, 41599, 42145
<b>Spine surgery</b>	20930, 20931, 20939, 22854, 22858
<b>Stimulators</b>	E0747, E0748, E0749, E0760, 61850, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64590, L8682, L8683
<b>Therapeutic radiology services</b>	77385, 77386, G6015, G6016, 77371, 77372, 77373, G0339, G0340
<b>Transplant of tissue or organs</b>	99205, 38240, 38241, 98242, 33930, 33935, 33940, 33944, 33945, 32850, 32851, 32852, 32853, 32854, 32856, S2060, S2061, 50300, 50320, 50323, 50340, 50360, 50365, 50370, 50547, 48551, 48552, 48554, 47135, 47143, 47147, 44132, 44133, 44135, 44136, 32855, 33933, 38208, 38209, 38210, 38212, 38213, 38214, 38215, *38232, 44137, 44715, 44720, 44721, 47133, 47140, 47141, 47142, 47144, 47145, 47146, 50325, S2152, 0537T, 0538T, 0539T, 0540T, <a href="#">J3393</a> , <a href="#">J3394</a> , <a href="#">Q2041</a> , <a href="#">Q2042</a> , <a href="#">Q2053</a> , <a href="#">Q2054</a> , <a href="#">Q2055</a> , <a href="#">Q2056</a> , <a href="#">C9399</a> , <a href="#">J3490</a> , <a href="#">J3590</a>
<b>Vein Procedures</b>	37243, 37799
<b>Ventricular assist devices (VAD)</b>	33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983

## For Medicare Plans

- CMS definition of specialty drugs: Specialty drugs**  
 For CY 2025, the specialty-tier cost threshold will remain the same as for CY 2024, at \$950 for a 30-day equivalent ingredient cost consistent with 42 C.F.R. § 423.104(d)(2)(iv)(D). This means that medications with a negotiated monthly ingredient cost of **\$950 or more** can be placed on a plan's specialty tier. Drugs on this tier often treat complex or rare conditions and may require special handling or administration. Physician-administered drugs (PADs) are generally a separate category covered by Medicare Part B, while specialty-tier drugs are defined under Medicare Part D based on cost and other criteria. However, there can be some overlap, particularly for complex or high-cost medications that are available in multiple formats or administration methods.
- Per Noridian (CMS Contractor): "Medicare rules expect that if a patient is clinically able to self-administer a drug and there is no clear medical justification to do otherwise, then the patient must either self-administer that drug or self-pay for the alternative".
- Part B Drugs and Biologicals:** Medicare Part B covers outpatient prescription drugs and biologicals (referred hereafter as drugs) under certain conditions, for example, drugs provided as part of (or incident to) a physicians' service, and drugs furnished for use with covered durable medical equipment. Many Part B covered drugs are infused or injected by physicians such as oncologists, rheumatologists, and urologists. Generally, Part B covers only drugs that are not usually self-administered.
- Medicare Part B pays for covered drugs and biologicals, including covered preventive vaccines, using several methodologies. Average Sales Price (ASP) is the primary methodology used for Pricing Part B Drugs. For more information, refer to: [Medicare Part B Drug Average Sales Price](#)

PHYSICIAN ADMINISTERED DRUGS	
CPT	DESCRIPTION
Q5101	Adalimumab (Humira)
J1459	Adalimumab (Humira)
J1306	Adalimumab (Humira)
J0129	Adalimumab (Humira)
J1301	Adalimumab (Humira)
Q5110	Adalimumab-atto (Amjevita)
J2329	Basiliximab (Simulect)
J0225	Belantamab mafodotin-blmf (Blenrep)
J1442	Bevacizumab (Avastin)
J1447	Bevacizumab (Avastin)
J1448	Bevacizumab (Avastin)
J1449	Bevacizumab (Avastin)
J3247	Bevacizumab (Avastin)
J2782	Bevacizumab (Avastin)
J9311	Bevacizumab (Avastin)
J9312	Bevacizumab (Avastin)
J9381	Blinatumomab (Blincyto)
J2820	Bortezomib (Velcade)
J0897	Denosumab (Prolia)
J0896	Denosumab (Prolia)

J2781	Denosumab (Prolia)
J2777	Eculizumab (Soliris)
J2778	Eculizumab (Soliris)
J2779	Eculizumab (Soliris)
J0885	Epoetin alfa (Epogen, Procrit)
J0172	Erenumab (Aimovig)
J0175	Erenumab (Aimovig)
J0174	Erenumab (Aimovig)
J0177	Erenumab (Aimovig)
J0178	Erenumab (Aimovig)
J0179	Erenumab (Aimovig)
J1747	Erythropoiesis-stimulating Agent (ESA)
J3401	Erythropoiesis-stimulating Agent (ESA)
J0585	Etanercept (Enbrel)
J0586	Etanercept (Enbrel)
J0587	Etanercept (Enbrel)
J0588	Etanercept (Enbrel)
J0589	Etanercept (Enbrel)
J1305	Etanercept (Enbrel)
Q5122	Etanercept-szsz (Erelzi)
Q5120	Etanercept-szsz (Erelzi)
J7171	Factor VIIa (NovoSeven)
J0791	Givosiran (Givlaari)
J7320	Hyaluronan (Hyalgan)
J7321	Hyaluronan (Hyalgan)
J7322	Hyaluronan (Hyalgan)
J7323	Hyaluronan (Orthovisc)
J7324	Hyaluronan (Orthovisc)
J7326	Hyaluronan (Supartz)
J7327	Hyaluronan (Synvisc)
J7329	Hyaluronan (Synvisc-One)
J7331	Hyaluronan (Synvisc-One)
J7332	Hyaluronan (Synvisc-One)
J1454	Infliximab (Remicade)
J1453	Infliximab (Remicade)
J1302	Infliximab (Remicade)
J1551	Infliximab (Remicade)
J1554	Infliximab (Remicade)
J1555	Infliximab (Remicade)
J1556	Infliximab (Remicade)
J1557	Infliximab (Remicade)
J1558	Infliximab (Remicade)
J1559	Infliximab (Remicade)
J1561	Infliximab (Remicade)
J1566	Infliximab (Remicade)
J1568	Infliximab (Remicade)

J1569	Infliximab (Remicade)
J1572	Infliximab (Remicade)
J1575	Infliximab (Remicade)
J1576	Infliximab (Remicade)
J1745	Infliximab (Remicade)
J3398	Infliximab (Remicade)
J1304	Infliximab (Remicade)
J1300	Infliximab (Remicade)
J3241	Infliximab (Remicade)
J3393	Infliximab (Remicade)
J3394	Infliximab (Remicade)
Q5111	Infliximab-abda (Renflexis)
Q5130	Infliximab-abda (Renflexis)
Q5136	Infliximab-abda (Renflexis)
Q5123	Infliximab-abda (Renflexis)
Q5108	Infliximab-dyyb (Inflectra)
Q5125	Infliximab-dyyb (Inflectra)
Q5127	Infliximab-dyyb (Inflectra)
Q5124	Infliximab-dyyb (Inflectra)
Q5128	Infliximab-dyyb (Inflectra)
Q2042	Kymriah (Tisagenlecleucel)
Q2054	Kymriah (Tisagenlecleucel)
Q2056	Kymriah (Tisagenlecleucel)
J1627	Mepolizumab (Nucala)
J1411	Mepolizumab (Nucala)
J1413	Natalizumab (Tysabri)
J0223	Obinutuzumab (Gazyva)
J0185	Palivizumab (Synagis)
J2506	Pegfilgrastim (Neulasta)
J0584	Pegfilgrastim (Neulasta)
J2507	Pegfilgrastim (Neulasta)
J1823	Pegfilgrastim (Neulasta)
90283	Respiratory Syncytial Virus Immune Globulin (RespiGam)
90284	Respiratory Syncytial Virus Immune Globulin (RespiGam)
J1456	Rituximab (Rituxan)
J1437	Rituximab (Rituxan)
J1439	Rituximab (Rituxan)
J2350	Rituximab (Rituxan)
J2267	Rituximab (Rituxan)
J0222	Rituximab (Rituxan)
J0224	Rituximab (Rituxan)
J1412	Rituximab (Rituxan)
J9333	Rituximab (Rituxan)
J2327	Rituximab (Rituxan)
J2326	Rituximab (Rituxan)
J2356	Rituximab (Rituxan)



J3032	Rituximab (Rituxan)
J9332	Rituximab (Rituxan)
J9334	Rituximab (Rituxan)
J1748	Rituximab (Rituxan)
J3111	Sargramostim (Leukine)
J3380	Sargramostim (Leukine)
Q2026	Tisagenlecleucel (Kymriah)
Q2041	Tisagenlecleucel (Kymriah)
Q2053	Tisagenlecleucel (Kymriah)
Q2055	Tisagenlecleucel (Kymriah)
J1599	Unclassified Biological
J3399	Unclassified Biological
J2998	Unclassified Drug
J0491	Unclassified Drug
J3490	Unclassified Drug
J3590	Unclassified Drug
A9513	Unclassified Radiopharmaceutical
A9590	Unclassified Radiopharmaceutical
A9606	Unclassified Radiopharmaceutical
A9607	Unclassified Radiopharmaceutical
A9699	Unclassified Radiopharmaceutical
C9172	Unclassified Radiopharmaceutical
C9399	Unclassified Radiopharmaceutical