**MOLINA** HEALTHCARE Marketplace Prior Authorization (PA) Code Matrix Effective January 1, 2025 To search this document, type in the keyword or code you are looking for by pressing press Ctrl F on your keyboard. Please contact Molina at 1-855-322-4080 if you need more information about the Third-Party Proprietary Criteria referenced in this document. Information that indicates certain items or services do not require authorization in this Prior Authorization (PA) Code Matrix document is only applicable for Participating Providers. FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL. Most Non-Participating Providers require authorization regardless of services or codes (see exceptions to rule below). Prior authorization exceptions for Non-Participating Offices/Providers/Facilities: •Emergency Department Services; •Local Health Department (LHD) services •Other services based on State requirements •Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay •Prior authorization is waived for all Radiology, Anesthesiology, and Pathology services when billed in Place of Service Code 19, 21, 22, 23 or 24 •Prior authorizaiton is waived for professional component services or services billed with Modifier 26 in ANY place of service setting All In-Patient admits and services require Prior Authorization, including: Acute Hospital, Neonatal Intensive Care Unit (NICU), Skilled Nursing Facilities (SNF), Rehabilitation, Hospice and Long-Term Acute Care (LTAC) Facilities. Observation stays require a prior authorization after the first 48 hours. The codes below are for Out-Patient services only. Some services listed may not be covered by the Marketplace benefit plan. CMS or your local State Regulatory Agency determines many of the plan benefits. The absence of a code from this list does not mean that a service is a covered benefit. Refer to the explanation of coverage (EOC) and Summary of Benefits for plan benefit information. Prior authorizations are not required for the following: •Emergency Services for Participating or Non-Participating Providers. •Office visits or office-based procedures at Participating Providers unless specifically required in another category. •Referrals to Participating Network Specialists. Prior Authorization is not a guarantee of payment is made in accordance with a determination of the member's eligibility on the date(s) of services. Payment is made in accordance with a determination of the members this includes grace period status), benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement. For additional information on a member's grace period status. please contact Molina Healthcare 1-855-322-4080. Healthcare Services Screening Criteria Link Pharmacy Services Screening Criteria Link The prior authorization information reflected on this document is general in nature and is not intended to be relied upon in making medical conditions. The criteria listed below is general in nature and is not intended to be relied upon in making medical conditions, the criteria listed below is generally accurate, but may be different based on factors such as specific medical conditions, the submitted by his/her physician in a particularized manner, that will factor into documents required, criteria applied, and Molina's decision of whether to approve or deny a requested service. Please contact Molina or your doctor to get more information regarding prior authorization for any particular service. nations. **Documentation Requirements** ormation generally required to support authorization decision making includes, but not limited to: urrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; istory of the presenting problem linical exam; ertinent diagnostic testing results, operative and/or pathological reports; reatment plan and progress notes; ertinent psychosocial history; formation and consultations with the treating practitioner; ertinent evaluations from other health care practitioners and providers; ertinent charts, graphs or photographic information, as appropriate; ehabilitation evaluations; formation regarding the local delivery system; and atient characteristics and information. ormation generally required to support authorization decision making includes, but not limited to: urrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; istory of the presenting problem linical exam; ertinent diagnostic testing results, operative and/or pathological reports; reatment plan and progress notes; ertinent psychosocial history; formation and consultations with the treating practitioner; ertinent evaluations from other health care practitioners and providers; ertinent charts, graphs or photographic information, as appropriate; ehabilitation evaluations; formation regarding the local delivery system; and atient characteristics and information. ormation generally required to support authorization decision making includes, but not limited to: current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; istory of the presenting problem linical exam; ertinent diagnostic testing results, operative and/or pathological reports;

					This document is NOT b	e utilized to make benefit coverage	determi
Effective Date	Code	Description	Service Category	PA Required	Evolent PA Required? Cardiology & Oncology	MHI Code Notes	
7/1/2024	90281	IMMUNE GLOBULIN IG HUMAN IM USE	Healthcare Administered Drugs	Y			Inforr •Curr •Histo •Clini •Pert •Trea •Pert •Infor •Pert •Reh •Infor •Patio
7/1/2024	90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	Healthcare Administered Drugs	Y			Inform •Curro •Histo •Clinio •Perti •Trea •Perti •Infor •Perti •Reha •Infor •Patie
7/1/2024	90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Healthcare Administered Drugs	Y			Inforr •Curr •Histo •Clini •Perti •Trea •Perti •Infor •Perti •Reha •Infor •Patie
7/1/2024	90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	Healthcare Administered Drugs	Y			Inforr •Curr •Histo •Clini •Perti •Trea •Perti •Infor •Perti •Reha •Infor •Patie
7/1/2024	90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	Healthcare Administered Drugs	Y			Inforr •Curr •Histo •Clini •Perti •Trea •Perti •Infor •Perti •Reha •Infor

reatment plan and progress notes;

ertinent psychosocial history;

formation and consultations with the treating practitioner; ertinent evaluations from other health care practitioners and providers;

ertinent charts, graphs or photographic information, as appropriate;

ehabilitation evaluations;

formation regarding the local delivery system; and

atient characteristics and information. formation generally required to support authorization decision making includes, but not limited to:

urrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;

istory of the presenting problem linical exam;

ertinent diagnostic testing results, operative and/or pathological reports;

reatment plan and progress notes;

ertinent psychosocial history;

formation and consultations with the treating practitioner;

ertinent evaluations from other health care practitioners and providers; ertinent charts, graphs or photographic information, as appropriate;

ehabilitation evaluations;

formation regarding the local delivery system; and

atient characteristics and information. ormation generally required to support authorization decision making includes, but not limited to:

urrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;

istory of the presenting problem

linical exam; ertinent diagnostic testing results, operative and/or pathological reports;

reatment plan and progress notes;

ertinent psychosocial history;

formation and consultations with the treating practitioner;

ertinent evaluations from other health care practitioners and providers; ertinent charts, graphs or photographic information, as appropriate;

ehabilitation evaluations;

formation regarding the local delivery system; and atient characteristics and information.

# Criteria Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG	Healthcare Administered Drugs	Y			<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	00594		Healtheare Administered Drugs	NC			•Treatment plan and progress notes;	Third Dorth Droprioton
1/1/2024	90584	DENGUE VACC QUAD 2 DOSE SUBQ	Healthcare Administered Drugs	INC.			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		RSV VACC PREF RECOMBINANT				Arexvy label expanded. Code should be	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
6/12/2024	90679	ADJUVANTED FOR IM USE	Healthcare Administered Drugs	Y		covered for ages 50 and older.	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	A9596	GALLIUM GA -68GOZETOTIDE, DIAGNOSTIC, (ILLUCCIX), 1 MILLICURIE	Healthcare Administered Drugs	Y			•Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	A9601	FLORTAUCIPIR -18INJECTION, DIAGNOSTIC, 1 MILLICURIE	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						Applies only to plans partnered with Evolen		
7/1/2024	A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN	Healthcare Administered Drugs	Y	V~ t	see healthplan scope inclusion list in colum o the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
11112024	A3007	THER 1 MCI	Ticalificare Administered Drugs	•	•	diagnosis, direct request to Evolent. For npatient, non cancer diagnosis, and pediatrie	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent eberts, graphs or photographic information, as epprepriate;</li> </ul>	Third Faity Frophetary
					٤	send request to healthplan.	•Pertinent charts, graphs of photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	B4187	OMEGAVEN, 10 G LIPIDS	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
4/1/2025	B4199	PARNTRAL NUT SOL; AMINO ACID AND CARB GT 100 GMS PPAR	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category		rdiology & MHI Code Notes Oncology	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
					~Applies only to plans partnered wi (see healthplan scope inclusion list	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	Healthcare Administered Drugs	Y	Y~ to the right). For Adults ≥18 with ca diagnosis, direct request to Evolent	• Pertinent psychosocial history;	Third Party Proprietary
					Inpatient, non cancer diagnosis, an send request to healthplan.		
					send request to healthpian.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	C9145	INJ, APONVIE, 1 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	C9166	INJ, SECUKINUMAB, 1MG	Healthcare Administered Drugs	×		•Pertinent plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
1/1/2024	69100	ING, SECONINOWAB, TWO	Treattricare Administered Drugs			<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Farty Flophetary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations; •Information regarding the local delivery system; and	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;	
_///						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	C9167	INJ, APADAMTASE ALFA, 10 UNITS	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					~Applies only to plans partnered wi	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
					(see healthplan scope inclusion list	in columns	
1/1/2025	C9173	INJ, NYPOZI, 1 MCG	Healthcare Administered Drugs	Y	Y~ to the right). For Adults ≥18 with cal diagnosis, direct request to Evolent	•Pertinent psychosocial history; •Information and consultations with the treating practitioner:	Third Party Proprietary
					Inpatient, non cancer diagnosis, an send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam:	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	C9257	INJECTION BEVACIZUMAB 0.25 MG	Healthcare Administered Drugs	Y	Bevacizumab when billed for intrao injection does not require a PA	•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam:	
					~Applies only to plans partnered wi (see healthplan scope inclusion list	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	C9293	INJECTION GLUCARPIDASE 10 UNITS	Healthcare Administered Drugs	Y	Y~ to the right). For Adults ≥18 with ca diagnosis, direct request to Evolent	<ul> <li>Pertinent plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
					Inpatient, non cancer diagnosis, an	<ul> <li>Pediatrics</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
					send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
••••••						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiology Oncolog		Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0121	INJECTION OMADACYCLINE 1 MG	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0122	INJECTION, ERAVACYCLINE, 1 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:     Our patient (on the Constitution) and another state to the support authorization decision making includes.	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM	A Healthcare Administered Drugs	×		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
1/1/2024	50129	SUPV PHYS	Treattricare Administered Drugs			<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Faity Flophetary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;	
	1					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
1/1/125	J0139	INJ, ADALIMUMAB, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0172	INJECTION, ADUCANUMAB-AVWA, 2MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam:	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0174	INJ, LECANEMAB-IRMB, 1 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/2/2024	J0175	Injection, donanemab-azbt, 2 mg	Healthcare Administered Drugs	Y	New code for Kisunla	•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
., <i>L</i> , <i>L</i> , <i>L</i> , <i>L</i> , <i>L</i> ,	50175					<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information.	

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Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0177	INJECTION, AFLIBERCEPT HD, 1 MG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Liston: of the presenting problem	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Destinant diagnostic testing results, energing and/or pathological reports;</li> </ul>	
7/1/2024	J0178	INJECTION AFLIBERCEPT 1 MG	Healthcare Administered Drugs	v			<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Portinent psychosocial biston/;</li> </ul>	Third Party Proprietary
1/1/2024	30170		Treattreate Authinistered Drugs	I			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Farty Frophetary
							<ul> <li>Pertinent evaluations from other nearth care practitioners and providers,</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0180	INJECTION AGALSIDASE BETA 1 MG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						Applies only to plane perturbated with Evolution	•History of the presenting problem •Clinical exam:	
					(	Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns		
7/1/2024	J0185	INJ., APREPITANT, 1MG	Healthcare Administered Drugs	Y	Y~	agnosis, direct request to Evolent. For	•Pertinent psychosocial history; •Information and consultations with the treating practitioner:	Third Party Proprietary
						npatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						-Applies only to plans partnered with Evolent see healthplan scope inclusion list in columns	e Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J0202	INJECTION ALEMTUZUMAB 1 MG	Healthcare Administered Drugs	Y	V <sub>-</sub>	o the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						npatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinant charte, graphs or photographic information, as appropriate;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						-Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
					(	see healthplan scope inclusion list in columns	•Treatment plan and progress notes;	
7/1/2024	J0207	INJECTION AMIFOSTINE 500 MG	Healthcare Administered Drugs	~	Y~ 0		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan.	•Pertinent charts, graphs or photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0208	INJECTION, SODIUM THIOSULFATE, 100 MG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

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Effective Date	Code	Description	Service Category		diology & MHI Code Notes ncology	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
					~Applies only to plans partnered (see healthplan scope inclusion I	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J0209	INJECTION, SODIUM THIOSULFATE (HOPE), 100 MG	Healthcare Administered Drugs	Υ	Y~ to the right). For Adults ≥18 with diagnosis, direct request to Evole	• Pertinent plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
					Inpatient, non cancer diagnosis, send request to healthplan.		
					send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0217	INJ, VELMANASE ALFA-TYCV, 1 MG	Healthcare Administered Drugs	Υ		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
1112021	00210		Floathoard / tarihinotoroa Drago			<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Farty Frephotary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/4/0004	10040	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4		X		•Treatment plan and progress notes;	Third Dants Drawistan
7/1/2024	J0219	MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
				<ul> <li>Information regarding the local delivery system; and</li> </ul>		<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INTECTION ALCELICOSIDASE ALEA L'IMIZYME				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0222	INJECTION PATISIRAN 0.1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0223	INJECTION, GIVOSIRAN, 0.5 MG	Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0224	INJ. LUMASIRAN, 0.5 MG	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		,				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
1						<ul> <li>Patient characteristics and information.</li> </ul>	

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Effective Date	Code	Description	Service Category	Evolent PA Required? PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam;	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0225	INJ, VUTRISIRAN, 1 MG	Healthcare Administered Drugs	Υ		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0248	INJ, REMDESIVIR, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION ALPHA 1-PROTASE INHIBITOR				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0256	NOS 10 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		IN IECTION AL PHA 1 PROTEINIASE INHIBITOR				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0291	INJECTION PLAZOMICIN 5 MG	Healthcare Administered Drugs	Υ		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0349	INJECTION, REZAFUNGIN, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0480	INJECTION BASILIXIMAB 20 MG	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
		,		,			i.

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Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	Evolent PA Required? PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0485	INJECTION BELATACEPT 1 MG	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0490	INJECTION BELIMUMAB 10 MG	Healthcare Administered Drugs	$\mathbf{v}$		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
17 172024	00400		Treatmeare Administered Drugs			<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Farty Frophetary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0491	INJECTION ANIFROLUMAB-FNIA 1 MG	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0517	INJECTION BENRALIZUMAB 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
				Υ	•History of the presenting problem •Clinical exam;		
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	Third Party Proprietary
7/1/2024	J0565	INJECTION BEZLOTOXUMAB 10 MG	Healthcare Administered Drugs			•Treatment plan and progress notes; •Pertinent psychosocial history;	
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0567	INJECTION CERLIPONASE ALFA 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	10504		Healtheare Administered Drugs			•Treatment plan and progress notes;	
7/1/2024	J0584	INJECTION BUROSUMAB-TWZA 1 MG	Healthcare Administered Drugs	T		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam;	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0585	BOTULINUM TOXIN TYPE A PER UNIT	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
.,						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						•Pertinent charts, graphs or photographic information, as appropriate;	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0587	INJECTION RIMABOTULINUMTOXINB 100	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
1112021	00001	UNITS				<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2004	10500		Healtheara Administered Druge	v		•Treatment plan and progress notes;	
7/1/2024	J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT	neanncare Auministered Drugs	T		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/4/0004	10500	INJECTION, DAXIBOTULINUMTOXINA-LANM, 1	Llealtheans Administered Druge	V		•Treatment plan and progress notes;	Third Dort / Drop viotom
7/1/2024	J0589	UNIT	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
				Y		<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
						•Clinical exam;	
	10-00					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0593	INJECTION, LANADELUMAB-FLYO 1 MG	B Healthcare Administered Drugs			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
	-	INJECTION C1 ESTERASE INHIBITOR				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0596	RUCONEST 10 U	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		IN I C-1 ESTERASE INILIE UI IMMI DEDINIERT 40				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

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Effective Date	Code	Description	Service Category	Evolent PA Required PA Required Cardiology & Oncology	d? MHI Code Notes	Documentation Requirements	Crite
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J0599	INJECTION C-1 ESTERASE INHIBITOR 10 UNITS	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Third Party Prop
1/1/2025 1/1/2025	J0601 J0602	SEVELAMER CARBONATE 20 MG SEVELAMER CARBONATE PDR 20MG	Healthcare Administered Drugs Healthcare Administered Drugs	NC NC		Services covered through pharmacy benefit. Services covered through pharmacy benefit.	Services covered through pharma Services covered through pharma
7/1/2024	J0603 J0604	SEVELAMER HYDROCHLORIDE 20MG	Healthcare Administered Drugs Healthcare Administered Drugs	Y		Services covered through pharmacy benefit. Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Services covered through pharma
1/1/2025	J0605	SUCROFERRIC OXYHYDROXIDE 5MG	Healthcare Administered Drugs	NC		<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Services covered through pharmacy benefit.</li> </ul>	Services covered through
7/1/2024	J0606	INJECTION ETELCALCETIDE 0.1 MG	Healthcare Administered Drugs	Y		<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Prop
1/1/2025 1/1/2025	J0607 J0608	LANTHANUM CARBONATE ORAL 5MG LANTHANUM CARBONATE PWDR 5MG	Healthcare Administered Drugs Healthcare Administered Drugs	NC NC		<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Services covered through pharmacy benefit.</li> <li>Services covered through pharmacy benefit.</li> </ul>	Services covered throu Services covered throu
1/1/2025 1/1/2025	J0609 J0615	FERRIC CITRATE ORL 3 MG IRON CALCIUM ACETATE, ORAL, 23 MG	Healthcare Administered Drugs Healthcare Administered Drugs	NC NC		Services covered through pharmacy benefit. Services covered through pharmacy benefit.	Services covered throu Services covered throu
7/1/2024	J0630	CALCITONIN SALMON INJECTION	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Third Party Prop
7/1/2024	J0638	INJECTION CANAKINUMAB 1 MG	Healthcare Administered Drugs	Y		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Prop
7/1/2024	J0641	INJECTION LEVOLEUCOVORIN CALCIUM 0.5 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> </ul>	Third Party Prop
7/1/2024	J0642	INJECTION LEVOLEUCOVORIN (KHAPZORY) 0.5 MG	' Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> </ul>	Third Party Prop
7/1/2024	J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Healthcare Administered Drugs	Y		<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Third Party Prop

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					ogy	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam;	
7/1/2024	J0699	INJECTION, CEFIDEROCOL, 10 MG	Healthcare Administered Drugs	Y	Bevacizumab when billed for intraocular injection does not require a PA	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
7/1/2024	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	Healthcare Administered Drugs	γ		<ul> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent plan and progress notes;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G	<sup>5</sup> Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	Third Party Proprietary
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/1/2024	J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	Third Party Proprietary
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
7/1/2024	J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS	D Healthcare Administered Drugs	Y		<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J0739	INJECTION, CABOTEGRAVIR, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	Third Party Proprietary
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/1/2024	J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG	Healthcare Administered Drugs	Y	Bevacizumab when billed for intraocular injection does not require a PA	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	Third Party Proprietary
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/1/2024	J0750	HIV PREP, FTC/TDF 200/300MG	Healthcare Administered Drugs	NC	HIV pre-exposure prophylaxis that is self- administered is only covered under the pharmacy benefit. See plan drug list for coverage details.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & MHI Code Notes Oncology	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
					HIV pre-exposure prophylaxis that is self- administered is only covered under the	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0751	HIV PREP, FTC/TAF 200/25MG	Healthcare Administered Drugs	NC	pharmacy benefit. See plan drug list for	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					coverage details.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	
						<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJ COLLAGENASE CLOSTRIDIUM				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0775	HISTOLYTICUM 0.01 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam;	
					HIV pre-exposure prophylaxis that is self-	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0799	HIV PREP, FDA APPROVED, NOC	Healthcare Administered Drugs	NC	administered is only covered under the pharmacy benefit. See plan drug list for	•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
				coverage details.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>		
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
						•History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0801	INJECTION, CORTICOTROPIN (ACTHAR GEL), UP TO 40 UNITS	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0802	INJECTION, CORTICOTROPIN (ANI), UP TO 40	Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		UNITS				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0850	INJECTION CYTOMEGALOVIRUS IMMUNE	Healthcare Administered Drugs	~		•Treatment plan and progress notes;	Third Party Propriator
7/1/2024	10000	GLOB IV-VIAL	Healthcare Administered Drugs	T		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
					(see healthplan scope inclusion list in column	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
1/1/2025	J0870	INJ, IMETELSTAT, 1 MG	Healthcare Administered Drugs	Y	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	Evolent PA Required PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJ, DAPTOMYCIN (XELLIA),				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0872	UNREFRIGERATED, NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
		EQUIVALENT TO JUOTO OK JUOTS, TIMO				<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam:	
		INJ, DAPTOMYCIN (XELLIA) NOT				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0873	THERAPEUTICALLY EQUIVALENT TO J0878, 1	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
		MG				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
						•History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		MG				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						•Information regarding the local delivery system; and	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0875	INJECTION DALBAVANCIN 5MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
17172024	00010					<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/4/0004	10077					•Treatment plan and progress notes;	Thind Death Draw sinters
7/1/2024	J0877	INJ, DAPTOMYCIN (HOSPIRA)	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0878	INJECTION DAPTOMYCIN 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
						•History of the presenting problem	
					~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-	Healthcare Administered Drugs	Y Y~	to the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		ESRD USE			Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner.</li> </ul>	
					send request to healthplan.	•Pertinent charts, graphs or photographic information, as appropriate;	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> </ul>	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Evolent PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
					Checkogy		Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Healthcare Administered Drugs	Y	Y~	to the right) For Adults >18 with cancer	<ul> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD ON	Healthcare Administered Drugs	~			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
1/1/2024	30003	DIALYSIS)	Thealthcare Administered Drugs	•			<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Farty Frophetary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
_///						(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	• I reatment plan and progress notes;	
7/1/2024	J0893	INJ, DECITABINE (SUN PHARMA)	Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns		
7/1/2024	J0894	INJECTION DECITABINE 1 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to E∨olent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns)</li> </ul>	•Portinent diagnestic testing results, energing and/or nathological reports;	
7/1/2024	J0896	INJECTION, LUPATERCEPT-AAMT, 0.25 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent evaluation are practiced as appropriate;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J0897	INJECTION DENOSUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	to the right) For Adults >18 with cancer	<ul> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	alpformation and consultations with the treating prostitioner:	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
1/1/2025	J0901	VADADUSTAT, ORAL, 1 MG (FOR ESRD ON DIALYSIS)	Healthcare Administered Drugs	V			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
., ., 2020	00001						<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
		INSTILLATION, TAUROLIDINE 1.35 MG AND					<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J0911	HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ESRD ON	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
		DIALYSIS)					<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION DEXAMETHASONE 9PCT					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1095	INTRAOCULAR 1 MCG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC	Healthcare Administered Drugs	V			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
11112024	01000	INSERT 0.1 MG	ricalinoare Administered Drugs				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Fully Fropholary
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Portinent diagnostic testing results, enerative and/or nathelegical reports:	
7/1/2024	J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	DE Healthcare Administered Drugs	~ Y~	Y~	to the light). For Adults $\geq$ to with called diagnosis, direct request to Evolent. For	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Party Proprietary
							•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1202	MIGLUSTAT, ORAL, 65 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J1203	INJECTION, CIPAGLUCOSIDASE ALFA-ATGA, 5	5 Healthcare Administered Drugs	$\sim$			•Treatment plan and progress notes;	Third Darth Dran-inter
11112024	J 12UJ	MG	noutroare Automotered Drugs				<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehebilitation evaluations;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	ereninent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J1260	INJECTION DOLASETRON MESYLATE 10 MG	Healthcare Administered Drugs	~	٧~	to the hyperbolic role Adults $\geq$ to with called	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner:</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							יו מנוכחו טומומטוכוופווטא מווע ווווטוווומנוטוו.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Evolent PA Required? Cardiology & MHI Code Notes Oncology	Documentation Requirements	Criteria
7/1/2024	J1290	INJECTION ECALLANTIDE 1 MG	Healthcare Administered Drugs	Y		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations;	Third Party Proprieta
7/1/2024	J1300	INJECTION ECULIZUMAB 10 MG	Healthcare Administered Drugs	Y		<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	Third Party Proprieta
7/1/2024	J1301	INJECTION EDARAVONE 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent chars, graphs or photographic information, as appropriate;</li> <li>Rehabilitation regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Third Party Proprieta
7/1/2024	J1302	INJ SUTIMLIMAB-JOME 10 MG	Healthcare Administered Drugs	Y		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprieta
7/1/2024	J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	Healthcare Administered Drugs	Y		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprieta
7/1/2024	J1304	INJ, TOFERSEN, 1 MG	Healthcare Administered Drugs	Y		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprieta
7/1/2024	J1305	INJECTION, EVINACUMAB-DGNB, 5 MG	Healthcare Administered Drugs	Y		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprieta
7/1/2024	J1306	INJECTION, INCLISIRAN, MG	Healthcare Administered Drugs	Y		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprieta

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	Evolent PA Re PA Required Cardiolog Oncolog	A MHI Code Notes	Documentation Requirements	Criteria	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						•History of the presenting problem •Clinical exam;		
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>		
1/1/2025	J1307	INJ, CROVALIMAB-AKKZ, 10 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
7/4/20204	14000					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>		
7/1/2024	J1322	INJECTION ELOSULFASE ALFA 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
					Applies only to plans partnered with Evolent	•Clinical exam;		
714/0000					(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	• reatment plan and progress notes;		
7/1/2024	J1323	INJECTION, ELRANATAMAB-BCMM, 1 MG	Healthcare Administered Drugs	Y Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
					send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;		
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>		
7/1/2024	J1325	INJECTION EPOPROSTENOL 0.5 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
					-Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
		Replaces C9303. Injection, zolbetuximab-clzb, 1			(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	• reatment plan and progress notes,		
7/1/2025	J1326	mg	Healthcare Administered Drugs	Y ~Y	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
					send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
						Patient characteristics and information.		
						<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>		
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>		
7/1/2024	J1426	INJECTION, CASIMERSEN, 10 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
						•Rehabilitation evaluations;		
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>		
7/1/2024	J1427	INJECTION, VILTOLARSEN, 10 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
						•Rehabilitation evaluations;		
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
						<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>		
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>		
7/1/2024	J1428	INJECTION ETEPLIRSEN 10 MG	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary	
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>		
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiology & Oncology		Documentation Requirements	Criteria
				Choology		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam;	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1429	INJECTION, GOLODIRSEN, 10 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						•Pertinent evaluations from other health care practitioners and providers;	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION, FOSAPREPITANT (FOCINVEZ), 1			(and healthnian agong inclusion list in columns	eportinont diadnostic tostina rostite, oporativo ana/or nationodical roborte.	
7/1/2024	J1434	MG	Healthcare Administered Drugs	Y Y~	diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
					~Applies only to plans partnered with Evolent	•Clinical exam; •Portigent diagnostic testing results, enerative and/or pathological reports;	
7/1/2024	J1437	INTECTION EEDDIC DEDISOMALTOSE 10MC	Healthears Administered Drugs	Y Y~		•Treatment plan and progress notes;	Third Dorty Dropriotony
1/1/2024	51457	INJECTION, FERRIC DERISOMALTOSE, 10MG	Healthcare Administered Drugs	I I~	Inpatient, non cancer diagnosis, and pediatrics	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Party Proprietary
					send request to healthplan.	•Pertinent evaluations from other health care practitioners and providers, •Pertinent charts, graphs or photographic information, as appropriate;	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J1438	INJECTION ETANERCEPT 25 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
					~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	ertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	Healthcare Administered Drugs	Y Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
					Innationt non cancer diagnosis, and pediatrics	•Perunent evaluations from other health care practitioners and providers;	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam;	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION FILGRASTIM EXCLUDES			(see healthplan scope inclusion list in columns to the right). For Adults >18 with cancer	•Treatment plan and progress notes;	
7/1/2024	J1442	BIOSIMILARS 1 MIC	Healthcare Administered Drugs	Y Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
					Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
					~Applies only to plans partnered with Evolent	•Clinical exam;	
7/4/0004			Hoolthcorp Administered Draw		(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM	meanncare Administered Drugs	Y Y~	diagnosis, direct request to Evolent. For	Pertinent psychosocial history;     Information and consultations with the treating practitioner;     Social distribution of the treating practitioner;     Social distributiiiiii distributiii distributiiii	Third Party Proprietary
					send request to healthplan.	•Pertinent charts, graphs or photographic information, as appropriate;	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns	eportinant diadnostic tasting rasults, operative and/or nationodical reports.	
7/1/2024	J1448	INJECTION, TRILACICLIB, 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
= // /2000 /				N N		(see healthplan scope inclusion list in columns to the right) For Adults >18 with cancer	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthnlan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
7/4/0001		INJ FOSNETUPITANT 235 MG AND				(see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J1454	PALONOSETRON 0.25 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION, FOSAPREPITANT (TEVA), NOT				(see healthnlan scope inclusion list in columns	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1456	THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1458	INJECTION GALSULFASE 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns		
7/1/2024	J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (PRIVIGEN)	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						send request to healthplan	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns</li> </ul>	•Pertipent diagnostic testing results, operative and/or nathological reports:	
7/1/2024	J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						send request to healthplan	•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
							•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Innationt non cancer diagnosis, and podiatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to nealthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
3				1			י מוכות הומומהנכוופווהם מות ווותווומנותו.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Evolent PA Required Cardiology & Oncology	? MHI Code Notes	Documentation Requirements	
					Chicology		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
1/1/2025	J1552	INJ, IMMUNE GLOBULIN (ALYGLO), 100 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	Third Party
7/1/2024	J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	Third Party
7/1/2024	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party
7/1/2024	J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	Third Party
7/1/2024	J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG (GAMMAPLEX)	Healthcare Administered Drugs	Y	Υ~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Portinent diagnostic testing results, operative and/or pathological reports;	Third Party
7/1/2024	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner:	Third Party
7/1/2024	J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	<sup>0</sup> Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> <li>•Rehabilitation evaluations;</li> <li>•Information regarding the local delivery system; and</li> <li>•Patient characteristics and information.</li> </ul>	Third Party
7/1/2024	J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Pertinent psychosocial history; •Information and consultations with the treating practitioner:	Third Part

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J1561	INJECTION IMMUNE GLOBULIN	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		NONLYOPHILIZED 500 MG				Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner.	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC	Healtheare Administered Drugs	×	Y~		•Treatment plan and progress notes;	Third Party Proprietary
1112024	31300	500 MG	Treattricare Administered Drugs		1~	langiosis, direct request to Evolent. For	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Farty Frophetary
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	B Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
							•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Healthcare Administered Drugs	Y	Y~	to the right) For $\Delta$ dults >18 with cancer	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent charte, graphs or photographic information, co. appropriate;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED	Healthcare Administered Drugs	×	Y~	(see nealthpian scope inclusion list in columns to the right). For Adults $>18$ with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
17 172024	51572	500 MG (FLEBOGAMMA/FLEBOGAMMA DIF)	healthcare Administered Drugs		1~	Inpatient, non cancer diagnosis, and pediatrics	•Information and consultations with the treating practitioner;	Third Farty Frophetary
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							•Clinical exam;	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1573	INJ HEP B IG HEPAGAM B INTRAVENOUS 0.5 ML	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J1575	INJ IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Healthcare Administered Drugs	Y			<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
7/4/0004					~		•Treatment plan and progress notes;	
7/1/2024	J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), IN	n meaimcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Information regarding the local delivery system; and •Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
					Cheology		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
7///000/							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1595	INJECTION GLATIRAMER ACETATE 20 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	Third Party Proprietary
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Applies only to plans partnered with Evolut	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/1/2024	J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam:	
7/1/2024	J1627	INJECTION GRANISETRON EXTENDED- RELEASE 0.1 MG	Healthcare Administered Drugs	Y	Y~	<ul> <li>~Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns</li> <li>to the right). For Adults ≥18 with cancer</li> <li>diagnosis, direct request to Evolent. For</li> </ul>	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
		INJECTION GUSELKUMAB 1 MG	Healthcare Administered Drugs				<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1628			Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/1/2024	J1632	INJECTION, BREXANOLONE, 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1640	INJECTION HEMIN 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/1/2024	J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU	Healthcare Administered Drugs	Y			<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Information regarding the local delivery system; and •Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
				Cheology		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOS 10 MG	Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
					~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J1740	INJECTION IBANDRONATE SODIUM 1 MG	Healthcare Administered Drugs	Y Y~	(see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
					diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
					send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1743	INJECTION IDURSULFASE 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adaguate patient bistory related to the requested carryings such as office, and beguitel records;</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J1744	INJECTION ICATIBANT 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J1745	INJECTION INFLIXIMAB EXCLUDES	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		BIOSIMILAR 10 MG				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/4/0004	14740					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1746	INJECTION IBALIZUMAB-UIYK 10 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Destinent evaluations from other bealth care practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Retirect observatoriation and information</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: onice and hospital records; •History of the presenting problem •Clinical exam:	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1747	INJECTION, SPESOLIMAB-SBZO, 1 M	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J1748	INJ, INFLIXIMAB-DYYB (ZYMFENTRA), 10 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

Criteria
Third Party Proprietary Criteria

Criter	Documentation Requirements	MHI Code Notes	Cardiology & Oncology	PA Required	Service Category	Description	Code	Effective Date
	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>							
Third Party Propr	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>			Υ	Healthcare Administered Drugs	INJECTION IMIGLUCERASE 10 UNITS	J1786	7/1/2024
	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>							
	<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
	Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:							
	<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>							
Third Party Propr	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>			Y	Healthcare Administered Drugs	INJECTION, INEBILIZUMAB-CDON, 1 MG	J1823	7/1/2024
	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>							
	<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
	<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>							
	<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>							
Third Party Propr	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>			Y	Healthcare Administered Drugs	INJECTION INTERFERON BETA-1A 30 MCG	J1826	7/1/2024
	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>							
	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
	<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>							
	<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>							
Third Party Propr	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>			Y	Healthcare Administered Drugs	INJECTION INTERFERON BETA-1B 0.25 MG	J1830	7/1/2024
	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>							
	<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
	<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>							
	<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>							
Third Party Propr	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>			Υ	Healthcare Administered Drugs	INJECTION ISAVUCONAZONIUM 1 MG	J1833	7/1/2024
	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>							
	<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
	<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>							
	<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
	•Pertinent diagnostic testing results, operative and/or pathological reports;	blies only to plans partnered with Evolent	~,					
Third Party Propr	<ul> <li>Pertinent psychosocial history;</li> </ul>	e right). For Adults ≥18 with cancer nosis, direct request to Evolent. For	Y~ to	Y	Healthcare Administered Drugs	INJECTION LANREOTIDE 1 MG	J1930	7/1/2024
	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinent shorts, graphs or photographic information, as appropriate;</li> </ul>	tient, non cancer diagnosis, and pediatrics	In					
	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
	<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>							
	<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>							
Third Party Propr	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>			Y	Healthcare Administered Drugs	INJECTION LARONIDASE 0.1 MG	J1931	7/1/2024
	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>							
	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
	<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>							
	<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
	<ul> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	olies only to plans partnered with Evolent						
Third Party Propr	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	e right). For Adults ≥18 with cancer	to Var	Y	Healthcare Administered Drugs	INJ LANREOTIDE CIPLA 1 MG	J1932	7/1/2024
	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	tient, non cancer diagnosis, and pediatrics	In					
	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	• •						
	<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>							

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Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J1941	INJECTION, FUROSEMIDE (FUROSCIX), 20 MG	Healthcare Administered Drugs	Y			<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam; •Portinent diagnostic testing results, energing, and/or pathological reports;	
7/1/2024	J1950	INJECTION LEUPROLIDE ACETATE PER 3.75	Healthcare Administered Drugs	V	Y~	to the right) For Adults >18 with cancer	•Treatment plan and progress notes;	Third Darty Dransistan
7/1/2024	J 1950	MG	Healthcare Administered Drugs	Ť	1~	Inpatient, non cancer diagnosis, and podiatries	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1951	INJECTION LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Healthcare Administered Drugs	Y			•Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
							•History of the presenting problem	
							e Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						PORTION AND A CONTRACT REQUEST TO EVOLUTE FOR	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinant charts, graphs or photographic information, as appropriate;</li> </ul>	
						send request to healthplan.	•Pertinent charts, graphs of photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
							• I reatment plan and progress notes;	
7/1/2024	J1954	INJ LUTRATE DEPOT 7.5 MG (CIPLA)	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J1961	INJECTION, LENACAPAVIR, 1 MG	Healthcare Administered Drugs	Y			•Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J2170	INJECTION MECASERMIN 1 MG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
	52170						<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2182	INJECTION MEPOLIZUMAB 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
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Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
				Oncology		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2186	INJECTION MEROPENEM VABORBACTAM 10 MG 10 MG	Healthcare Administered Drugs	Υ		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam:	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
					~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	·Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J2277	INJECTION, MOTIXAFORTIDE, 0.25 MG	Healthcare Administered Drugs	Y Y~	to the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
					Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner.	
					send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	10000		Healtheare Administered Drugs	v		•Treatment plan and progress notes;	Third Dorty Dropriotory
//1/2024	J2323	INJECTION NATALIZUMAB 1 MG	Healthcare Administered Drugs	T T		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
		INJECTION NUSINERSEN 0.1 MG	Healthcare Administered Drugs			<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2326			Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2327	INJ RISANKIZUMAB-RZAA 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J2329	INJECTION, UBLITUXIMAB-XIIY, 1MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J2350	INJECTION OCRELIZUMAB 1 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
.,.,_\_	22000					<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	This Farty Frophetary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
					Checkby		Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evelopt. For	• Pertinent psychosocial history;	Third Party Proprietary
						Innationt non concor diagnosis and podiatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	·Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J2356	INJECTION, TEZEPELUMB-EKKO, 1 MG	Healthcare Administered Drugs	✓			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
111/2024	J20JU		Tiouthouro Authinistereu Diugo				<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	This Faity Flophelary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							•Clinical exam;	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2357	INJECTION OMALIZUMAB 5 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION, ORITAVANCIN (KIMYRSA), 10 MG	G Healthcare Administered Drugs				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2406			Y			•Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J2407	INJECTION, ORITAVANCIN (ORBACTIV), 10 MG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	_ • Pertinent diagnostic testing results, operative and/or pathological reports,	
7/1/2024	J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Healthcare Administered Drugs	Y	Y~	to the right). For Adults $\geq$ 18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
.,						lagnosis, direct request to Evolent. For	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
						send request to healthplan.	•Pertinent evaluations from other health care practitioners and providers, •Pertinent charts, graphs or photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							•Clinical exam;	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
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Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	I? MHI Code Notes	Documentation Requirements	Criteria						
					Checkey		<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>							
							•History of the presenting problem •Clinical exam:							
						<ul> <li>Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns)</li> </ul>	•Portinent diagnestic testing results, enerative and/or nathological reports:							
7/1/2024	J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y	Y~		•Pertinent psychosocial history;	Third Party Proprietary						
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Pertinent evaluations from other nearth care practitioners and providers;							
						send request to heattipian.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>							
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>								
							Information generally required to support authorization decision making includes, but not limited to:							
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>							
7/1/2024	J2507	INJECTION PEGLOTICASE 1 MG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary						
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>							
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>							
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>							
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
							•Clinical exam;							
74/0001	10505						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	<b>—</b>						
7/1/2024	J2508	INJ, PEGUNIGALSIDASE ALFA-IWXJ, 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary						
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>							
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
						•Patient characteristics and information.								
													Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						Applies only to plane perturned with Evelopt	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>							
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns								
7/1/2024	J2562	INJECTION PLERIXAFOR 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	•Pertinent psychosocial history;	Third Party Proprietary						
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinant charts, graphs or photographic information, as appropriate;</li> </ul>							
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>							
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>							
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>							
		INJECTION PROTEN C CONCENTRATE IV HUMAN 10 IU					•History of the presenting problem							
			Healthcare Administered Drugs	Y			<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>							
7/1/2024	J2724						•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary						
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>							
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>							
							<ul> <li>Information regarding the local delivery system; and</li> </ul>							
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>							
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>							
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>							
7/4/0004	10777		Hoolthooro Administered Druge	V			•Treatment plan and progress notes;							
7/1/2024	J2777	INJ FARICIMAB-SVOA 0.1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary						
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>							
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
							•Patient characteristics and information.							
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;							
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>							
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>							
7/1/2024	J2778	INJECTION RANIBIZUMAB 0.1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary						
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>							
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>							
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>							
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;							
							•History of the presenting problem							
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>							
7/1/2024	J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAK	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary						
		IMPLANT (SUSVIMO), 0.1 MG					<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>							
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>							
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>							
							•Patient characteristics and information.							

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category		ology & MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam;	
7/1/2024	J2781	INJECTION, PEGCETACOPLAN, INTRAVITREAL, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2782	INJECTION, AVACINCAPTED PEGOL, 0.1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	Third Party Proprietary
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
					~Applies only to plans partnered with Evolent	<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Dertinent diagnestic testing results, energies and/or pathological reports;</li> </ul>	
7/1/2024	J2783	INJECTION RASBURICASE 0.5 MG	Healthcare Administered Drugs	Y	Y~ to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
7/1/2024	J2786	INJECTION RESLIZUMAB 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
		RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Healthcare Administered Drugs			<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2787			Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	Third Party Proprietary
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J2793	INJECTION RILONACEPT 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam;	
1/1/2025	J2802	INJ, ROMIPLOSTIM, 1 MICROGRAM	Healthcare Administered Drugs	Y	<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For</li> </ul>	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
					send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
7/1/2024	J2820	INJECTION SARGRAMOSTIM 50 MCG	Healthcare Administered Drugs	Y	<ul> <li>~Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer</li> </ul>	•Clinical exam;	Third Party Proprietary
., ., 2027					diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Information and consultations with the treating practitioner:	
						<ul> <li>Renabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

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Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category		ardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
					Oncology		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2840	INJECTION SEBELIPASE ALFA 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations non-other health care practitioners and providers,</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						s only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J2860	INJECTION SILTUXIMAB 10 MG	Healthcare Administered Drugs	Y	to the rig	ght). For Adults ≥18 with cancer	•Pertinent psychosocial history;	Third Party Proprietary
					Inpatient	t, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
							•History of the presenting problem •Clinical exam;	
7/4/0004	100.44						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J2941	INJECTION SOMATROPIN 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	<sup>1</sup> Healthcare Administered Drugs	Y			<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
		INJECTION FREMANEZUMAB-VFRM 1 MG					<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
			Healthcare Administered Drugs				<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/1/2024	J3031			Y			<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J3032	INJECTION, EPTINEZUMAG-JJMR, 1MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							•Renabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						s only to plans partnered with Evolent		
7/1/2024	J3055	INJECTION, TALQUETAMAB-TGVS, 0.25 MG	Healthcare Administered Drugs	Y	to the rig	annplan scope inclusion list in columns ght). For Adults ≥18 with cancer is, direct request to Evolent. For	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
					Inpatient	t, non cancer diagnosis, and pediatrics	•Pertinent evaluations norm other health care practitioners and providers,	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Renabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

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Effective Date	Code	Description	Service Category	PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG	Healthcare Administered Drugs	Υ		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charte, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J3095	INJECTION TELAVANCIN 10 MG	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
			Ŭ			<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J3110	INJECTION TERIPARATIDE 10 MCG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
					Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:		
						<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
					~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	DSOZUMAB-AQQG, 1 MG Healthcare Administered Drugs Y	Y Y~	Y~ to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent charte, graphs or photographic information, as appropriate;</li> </ul>	
						•Pertinent charts, graphs of photographic information, as appropriate, •Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
		INJECTION TESTOSTERONE UNDECANOATE	NOATE 1 Healthcare Administered Drugs			<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
				Y		<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J3145					•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		MG				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J3245	INJECTION TILDRAKIZUMAB 1 MG	Healthcare Administered Drugs	Υ		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J3247	INJ, SECUKINUMAB, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
	· ·	,				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

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Effective Date	Code	Description	Service Category	Evolent PA Required PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J3262	INJECTION TOCILIZUMAB 1 MG	Healthcare Administered Drugs	Υ		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J3263	INJ, TORIPALIMAB-TPZI, 1 MG	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J3285	INJECTION TREPROSTINIL 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J3299	INJECTION TRIAMCINOLONE ACETONIDE XIPERE 1 MG	Healthcare Administered Drugs	Υ		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
1, 1, 202 1		MS F 1 MG	Productor a Prage	·		<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam:	
					~Applies only to plans partnered with Evole (see healthplan scope inclusion list in colu-		
7/1/2024	J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Healthcare Administered Drugs	Y Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
					send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J3316	INJECTION TRIPTORELIN EXTENDED- RELEASE 3.75 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/4/0001	10055	USTEKINUMAB FOR SUBCUTANEOUS				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J3357	INJECTION 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Detions characteristics and information</li> </ul>	
						Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Evolent PA Required? Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam;	
							•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested convisor such as: office and bespital records:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J3380	INJECTION VEDOLIZUMAB 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress poten;</li> </ul>	
7/1/2024	J3396	INJECTION VERTEPORFIN 0.1 MG	Healthcare Administered Drugs	Y			<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J3489	INJECTION ZOLEDRONIC ACID 1 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J3490	UNCLASSIFIED DRUGS	Healthcare Administered Drugs	Y	Y~	to the right). For Inpatient, Pediatrics, or drug not listed in Evolent Scope direct request to the healthnean. For Adults > 18 with cancer	•Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J3590	UNCLASSIFIED BIOLOGICS	Healthcare Administered Drugs	Y	Y~	to the right). For Inpatient, Pediatrics, or drug not listed in Evolent Scope direct request to	•Pertinent psychosocial history;	Third Party Proprietary
						diagnosis for drugs listed in Evolent scope,	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charte, graphs or photographic information, as appropriate;</li> </ul>	
						direct request to Evolent.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J3591	UNCLASS RX BIOLOGICAL USED FOR ESRD ON DIALYSIS	Healthcare Administered Drugs	Υ		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinant charte, graphs or photographic information, as appropriate;</li> </ul>	
					<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		PRT COMPLEX CONC KCENTRA PER IU FIX				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7168	ACT	Healthcare Administered Drugs	Υ		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
					<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/0004	174.74		Liceltheory Administered Drugs	V		•Treatment plan and progress notes;	Third Dorth ( Drop viotory (
7/1/2024	J7171	INJ, ADAMTS13, RECOMBINANT-KRHN, 10 IU	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2025	J7172	Replaces C9304- Injection, marstacimab-hncq,	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
	0	0.5 mg	"Healthcare Administered Drugs	Ŷ		<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers,</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and bespital records:</li> </ul>	
						<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7175	INJECTION FACTOR X 1 I.U.	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•Current (up to 6 months), adequate patient history related to the requested services such as: once and hospital records, •History of the presenting problem •Clinical exam:	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam;	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7178	INJECTION HUMAN FIBRINOGEN CONC NOS 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
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Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	Evolent PA Required? PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7179	INJECTION VON WILLEBRAND FACTOR 1 I.U. VWF:RCO	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating prestitioner;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinent shorts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7180	INJECTION FACTOR XIII 1 I.U.	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7181	INJECTION FACTOR XIII A-SUBUNIT PER IU	Healthcare Administered Drugs	V		•Pertinent diagnostic testing results, operative and/or pathological reports, •Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
1/1/2024	J/ 101	INSCOTOR FACTOR AIL A-SUDUNIT PER IU	neanneare Aunninisiereu Diugs			<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	mild Faily Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7182	INJECTION FACTOR VIII PER IU (ANTIHEMOPHILIC FACTOR, RECOMBINANT),	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		(NOVOEIGHT)				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam;	
		INJECTION FACTOR VIII PER IU				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7185	(ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA)	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7186	INJ AHF VWF CMPLX PER FACTOR VIII IU	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJ VONWILLEBRND FACTOR CMPLX HUMN				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7187	RISTOCETIN IU	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7188	INJECTION FACTOR VIII PER I.U.	Healthcare Administered Drugs	Υ		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		FACTOR VIIA ANTIHEMOPHILIC FCT				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7189	NOVOSEVEN RT1 MCG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;	
7///000/	100 1	FACTOR VIII ANTIHEMOPHILIC FACTOR				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7190	HUMAN PER IU	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		FACTOR VIII ANTIHEMOPHILIC FACTOR				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7191	PROCINE PER IU	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Υ		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7193	FACTOR IX AHF PURIFIED NON- RECOMBINANT PER IU	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7194	FACTOR IX COMPLEX PER IU	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7195	INJ FACTOR IX PER IU NOT OTHERWISE SPECIFIED	Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
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Criteria
Third Party Proprietary Criteria

Code	Description	Service Category	PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
					Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
					•Clinical exam;	
J7196	INJECTION ANTITHROMBIN RECOMBINANT 50	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes;	Third Party Proprietary
	I.U.	Ŭ			<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
					<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
					<ul> <li>Information regarding the local delivery system; and</li> </ul>	
					Information generally required to support authorization decision making includes, but not limited to:	
					•History of the presenting problem	
					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
J7197	ANTITHROMBIN III PER IU	Healthcare Administered Drugs	Υ		•Pertinent psychosocial history;	Third Party Proprietary
					<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
					<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
					<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
					Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					•History of the presenting problem •Clinical exam:	
					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
J7198	ANTI-INHIBITOR PER IU	Healthcare Administered Drugs	Υ		•Pertinent psychosocial history;	Third Party Proprietary
					<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
					•Rehabilitation evaluations;	
					Patient characteristics and information.	
					•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					•Clinical exam;	
					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
J7199	HEMOPHILIA CLOTTING FACTOR NOC	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
					•Rehabilitation evaluations;	
					Patient characteristics and information.	
					•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					•Clinical exam;	
17200		Healthcare Administered Drugs	V		•Treatment plan and progress notes;	Third Party Proprietary
57200		Treattricare Administered Drugs	I		<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Faity Flophelary
					<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
					<ul> <li>Information regarding the local delivery system; and</li> </ul>	
					Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
					<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
					<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
J7201	INJECTION FAC IX FC FUS PROTEIN	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
	ALPROLIX 1 I.U.				<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
					<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
					<ul> <li>Information regarding the local delivery system; and</li> </ul>	
					Information generally required to support authorization decision making includes, but not limited to:	
					•History of the presenting problem	
					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
J7202	INJECTION FAC IX ALBUMIN FUS PRT	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
					<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
					<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
					<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
					Information generally required to support authorization decision making includes, but not limited to:	
					•History of the presenting problem	
					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
J7203	INJECTION FACTOR IX GLYCOPEGYLATED 1	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
					<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
					<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
					<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
	J7196 J7197 J7197 J7198 J7199 J7200	J7196 INJECTION ANTITHROMBIN RECOMBINANT 50 J7197 ANTITHROMBIN III PER IU J7198 ANTI-INHIBITOR PER IU J7199 HEMOPHILIA CLOTTING FACTOR NOC J7200 INJECTION FACTOR IX RIXUBIS PER IU J7201 ANJECTION FAC IX FC FUS PROTEIN J7202 INJECTION FAC IX ALBUMIN FUS PRT	J7105     INJECTION ANTITINGOMEIN RECOVISIONATED     Heathcare Administeres Drugs       J7197     ANTITIRGMEIN II PER IJ     Heathcare Administeres Drugs       J7198     ANTITIRGMEIN II PER IJ     Heathcare Administeres Drugs       J7198     ANTITIRGMEIN II PER IJ     Heathcare Administeres Drugs       J7199     HEMOPHILA CLOTTIRG PACTOR NCC     Heathcare Administeres Drugs       J7200     INJECTION FACTOR IX RIXUBIS PER IJ     Heathcare Administeres Drugs       J7201     RIECTION FACTOR IX RIXUBIS PER IJ     Heathcare Administeres Drugs       J7202     INJECTION FACTOR IX RIXUBIS PER IJ     Heathcare Administeres Drugs       J7203     INJECTION FACTOR IX RIXUBIS PER IJ     Heathcare Administeres Drugs       J7204     INJECTION FACTOR IX RIXUBIS PER IJ     Heathcare Administeres Drugs       J7205     INJECTION FACTOR IX RIXUBIS PER IJ     Heathcare Administeres Drugs	3/103       INJECTION ANT THEOMENE RECOMMENTER       Periodsage Activitation Dage       Y       Index         3/103       INTELECONTRECONDUM RECOMMENTER       Periodsage Activitations Dage       Y       Index         3/103       INTELECONTRECONDUM RECOMMENTER       Periodsage Activitations Dage       Y       Index         3/103       INTELECONTRECONDUM RECOMMENTER       Periodsage Activitations Dage       Y       Index         3/103       INTELECONTRECONTREFACION RACE       Periodsage Activitations Dage       Y       Index         3/103       INTELECONTREFACION RACE       Periodsage Activitations Dage       Y       Index         3/104       INTELECONTREFACION RACE       Periodsage Activitations Dage       Y       Index         3/104       INTELECONTREC	JP 16     NullENDINANTTRESVERIE EEO/SERIENT X     Haukaun Adminischel Grupp     Y       JP 16     HUIL HOULINILI 4-LU     Haukaun Adminischel Grupp     Y       JP 16     HUIL HOULINILI 4-LU     Haukaun Adminischel Grupp     Y       JP 16     HUIL HOULINILI 4-LU     Haukaun Adminischel Grupp     Y       JP 16     HUIL HOULINILI 4-LU     Haukaun Adminischel Grupp     Y       JP 16     HUIL HOULINILI 4-LU     Haukaun Adminischel Grupp     Y       JP 16     HUIL HOULINILI 4-LU     Haukaun Adminischel Grupp     Y       JP 16     HUIL HOULINILI 4-LU     Haukaun Adminischel Grupp     Y       JP 16     HUIL HOULINILI 4-LU     Haukaun Adminischel Grupp     Y       JP 16     HUIL HOULINILI 4-LU     Haukaun Adminischel Grupp     Y       JP 16     HUIL HOULINILI 4-LU     Haukaun Adminischel Grupp     Y       JP 200     HUIL HOULINILI FOR FERIU     Haukaun Adminischel Grupp     Y       JP 201     HUIL HOULINILI FOR FERIU     Haukaun Adminischel Grupp     Y       JP 201     HUIL HOULINILI FOR FERIU     Haukaun Adminischel Grupp     Y       JP 201     HUIL HOULINILI FOR FERIU     Haukaun Adminischel Grupp     Y       JP 201     HUIL HOULINILI FOR FERIU     Haukaun Adminischel Grupp     Y       Y <td>Jose         Description         Descripion         <thdescription< th=""> <thdes< td=""></thdes<></thdescription<></td>	Jose         Description         Descripion <thdescription< th=""> <thdes< td=""></thdes<></thdescription<>

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	Evolent PA Required? PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJ FACTR VIII ANTIHEM FAC				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7204	GLYCOPEGYLATD-EXEI P-IU	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;	
7/4/0004	17005	INJECTION FACTOR VIII FC FUSION PROTEIN		N/		<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	Third Death Draw is to me
7/1/2024	J7205	PER IU	Healthcare Administered Drugs	Ŷ		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;	
7/4/0001						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7207	INJECTION FACTOR VIII PEGYLATED 1 I.U.	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION FACTOR VIII PEGYLATED-AUCL 1				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7208	IU	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7209	INJECTION FACTOR VIII 1 I.U.	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7210	INJECTION FACTOR VIII AFSTYLA 1 I.U.	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7211	INJECTION FACTOR VIII KOVALTRY 1 I.U.	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7212	FCTR VIIA (ANTIHEMOPHILIC F FACTOR, RECOMBINANT)- JNCW (SEVENFACT), 1 MCG	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
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Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
				Oncology		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7213	INJECTION, COAGULATION FACTOR IX (RECO	DN Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;	
7/1/2024	17044	INJECTION, FACTOR VIII/VON WILLEBRAND	Liceltheore Administered Druge	V		<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	Third Dorth ( Droppinton (
7/1/2024	J7214	FACTOR COMPLEX, RECOMBINANT (ALTUVIIIO), PER FACTOR VIII I.U."	Healthcare Administered Drugs	T		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
					~Applies only to plans partnered with Evolent		
7/1/2024	J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20PCT	T Healthcare Administered Drugs	Y Y~	to the right). For Adults $\geq$ to with cancel	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
.,		1 U DOSE			diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric	Information and consultations with the treating practitioner.	
					send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7311	FLUOCINOLONE ACETONIDE INTRAVITREAL	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
.,	01011	IMPLANT				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7312	INJECTION DEXAMETHASONE INTRAVITREAL	- Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J7313	INJECTION FA INTRAVITREAL IMPLANT (LLUVIEN) 0.01 MG	Healthcare Administered Drugs	Υ		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7314	INJECTION FA INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7318	HYALURONAN DERIVATIVE DUROLANE FOR IA INJ 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	Evolent PA Required? PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam;	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7320	HYALURONAN DERIVITIVE GENVISC 850 IA INJ 1 MG	althcare Administered Drugs	Υ		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	althcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7322	HYALURONAN DERIVATIVE HYMOVIS IA INJ 1	althcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
., ., =>=¬		MG				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	initial arty i tophetary
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/4/0004	17000	HYALURONAN DERIVATIVE EUFLEXXA IA INJ		X		•Treatment plan and progress notes;	Thind Donte Dropping to a
7/1/2024	J7323	PER DOSE Hea	althcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7324	HYALURONAN DERIV ORTHOVISC IA INJ PER DOSE	althcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7325	HYALURONAN DERIV SYNVISC SYNVISC-ONE IA INJ 1 MG	althcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam:	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7326	HYALURONAN DERIV GEL-ONE INTRA-ARTIC	althcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7327	HYALURONAN DERIVATIVE MONOVISC IA INJ	althcare Administered Drugs	v		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
., ,, _027	01021	PER DOSE				<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information.	

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Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam;	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7328	HYALURONAN DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7329	HYALURONAN DERIVATIVE TRIVISC FOR IA	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		INJ 1 MG				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/4/0004	17004	HYALURONAN/DERIVATIVE SYNOJOYNT IA IN	U Healtheare Administered Druge	v		•Treatment plan and progress notes;	
7/1/2024	J7331	1 MG	neannuare Auministereu Drugs	T		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
			1			<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7336	CAPSAICIN 8% PATCH, PER SQ CENTIMETER	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7351	INJECTION BIMATOPROST INTRACAMERAL	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		IMPLANT 1 MCG				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/4/0004	17050		Llooltheero Administration - David	N N		•Treatment plan and progress notes;	
7/1/2024	J7352	AFAMELANOTIDE IMPLANT, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7353	ANACAULASE-BCDB, 8.8% GEL, 1 GRAM	Healthcare Administered Drugs	Υ		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
1						יר מווכרוג טרומרמטוכרופווטפ מרוע ווווטורוומנוטוו.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	Evolent PA Required? PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam;	
		CANTHARIDIN FOR TOPICAL				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7354	ADMINISTRATION, 0.7%, SINGLE UNIT DOSE APPLICATOR (3.2 MG)	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
		APPLICATOR (3.2 MG)				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
					<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam:	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7355	INJ, TRAVOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2025	J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
	07000	mjoodon, rooodiondopa 0.20 mg/10816v000pa 5 mg				<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;	
		MOMETASONE FUROATE SINUS IMPLANT				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7402	SINUVA 10 MCG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		FARENTERAL 20 IVIG				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
4/4/0005	17004	ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL				•Treatment plan and progress notes;	
1/1/2025	J7601	PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 3 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7639	DORNASE ALFA INHAL SOL NONCOMP UNIT DOSE PER MG	Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		·				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
			3			rauent charactensucs and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Dertinent diagnestic testing results, energing and/or pathological reports;</li> </ul>	
7/1/2024	J7677	REVEFENACIN INHAL SOL NONCOMPND ADM	Healthears Administered Drugs	V			<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	Third Darty Dropriator
7/1/2024	J7677	DME 1 MCG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietar
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		PER 300 MG					<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7686	TREPROSTINIL INHAL SOLUTION UNIT DOSE 1.74 MG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		1.74 MG					<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam;	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Healthcare Administered Drugs	Y		Bevacizumab when billed for intraocular injection does not require a PA	•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	•History of the presenting problem	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y	Y~	not listed in Evolent Scope direct request to	•Pertinent psychosocial history;	Third Party Proprietary
						diagnosis for drugs listed in Evolent scope,	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						direct request to Evolent.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in column		
7/1/2024	J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(and hadthalan agang inclusion list in column	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J8670	ROLAPITANT ORAL 1 MG	Healthcare Administered Drugs	Y	V	diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent		
		PRESCRIPTION DRUG ORAL				to the right). For Inpatient, Pediatrics, or drug		
7/1/2024	J8999	CHEMOTHERAPEUTIC NOS	Healthcare Administered Drugs	Y			<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria	
					encercy		Information generally required to support authorization decision making includes, but not limited to:		
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
							·Perunent diagnostic testing results, operative and/or pathological reports;		
7/1/2024	J9000	INJECTION DOXORUBICIN HCL 10 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietar	
						inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>		
						send request to healthpian.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
						~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or nathological reports;		
7/1/2024	J9015	INJECTION ALDESLEUKIN PER SINGLE USE	Healthcare Administered Drugs	×	×	to the right). For Adults $\geq$ 18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietar	
1/1/2024	03010	VIAL	Thealtheare Administered Drugs	•	1~	Inpatient, non cancer diagnosis, and podiatrics	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Farty Flophetary	
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(see healthplan scope inclusion list in columns	• Treatment plan and progress notes,		
7/1/2024	J9017	INJECTION ARSENIC TRIOXIDE 1 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							•Rehabilitation evaluations;		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(see nealinplan scope inclusion list in columns	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>		
7/1/2024	J9019	INJECTION ASPARAGINASE ERWINAZE 1000	Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	<ul> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent eborts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
								<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						- Head hagithnigh ernha inrilleinn liet in rhillimhe	•Pertinent diagnostic testing results, operative and/or pathological reports;		
7/1/2024	J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG	Healthcare Administered Drugs	Y	Y~	to the right) For Adults $>18$ with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>		
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
						~Applies only to plans partnered with Evolent			
7/1/2024	J9022	INJECTION ATEZOLIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults $\geq$ 18 with cancer	•Pertinent plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary	
1/1/2024	39022		Thealthcare Administered Drugs		•	alaonosis, direct request to Evolent. For	•Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers;	Third Farty Flophetary	
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
						Applies only to plans partnered with Evolent	•Clinical exam;		
						(see healthplan scope inclusion list in columns to the right). For Adults $\geq 18$ with cancer	• I reatment plan and progress notes;		
7/1/2024	J9023	INJECTION AVELUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							•Rehabilitation evaluations;		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
							•History of the presenting problem •Clinical exam:		
							•Pertinent diagnostic testing results, operative and/or pathological reports;		
7/1/2024	J9025	INJECTION AZACITIDINE 1 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary	
						Innationt non concor disgnosis, and podiatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>		
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> </ul>		
							Patient characteristics and information.		

Criteria
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Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
1/1/2025	J9026	INJ, TARLATAMAB-DLLE, 1 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent		
7/1/2024	J9027	INJECTION CLOFARABINE 1 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults $\geq$ to with cancel	•Pertinent psychosocial history;	Third Party Proprietary
1112021	00021					Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
		INJ, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR				(see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
1/1/2025	J9028	INJ, NOGAPENDEKIN ALFA INBAKICEPT-PMLN, FOR INTRAVESICAL USE, 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinant charte, graphs or photographic information, as appropriate;</li> </ul>	
			•Perunent charts, graphs or photographic information, as a	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>				
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent		
7/1/2024	J9032	INJECTION BELINOSTAT 10 MG	Healthcare Administered Drugs	v	Y~	to the right). For Adults $\geq$ 18 with cancer	•Pertinent plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
11 11 2024	00002		Treatmeare Administered Drugs		1.2	Inpatient non cancer diagnosis and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Faity Frophetary
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION BENDAMUSTINE HCL TREANDA 1				(see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J9033	MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						send request to healthplan	•Pertinent evaluations from other health care practitioners and providers;	
							•Pertinent charts, graphs of photographic information, as appropriate, •Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	Information and concultations with the treating prestitioner:	
						send request to nealthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						injection does not require a PA. ~Applies only	•Clinical exam:	
714/0001	1000-					to plans partnered with Evolent (see	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J9035	INJECTION BEVACIZUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	the right). For Adults > 18 with cancer	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						Inpatients, Pediatrics, and Non Cancer	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						Diagnosis direct request to the healthplan.	•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

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Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	ereninent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9036	INJECTION BENDAMUSTINE HYDROCHLORID	E Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	eportinant diadnostic tasting rasults, operative and/or nationodical reports.	
7/1/2024	J9037	INJECTION, BELANTAMAB MAFODONTIN-	Healthcare Administered Drugs	v	Y~	to the hyper). For Adults $\geq$ to with cancel	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
	00001	BLMF, 0.5 MG		•	•	Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
							• rreatment plan and progress notes;	
7/1/2024	J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns		
7/1/2024	J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS	Healthcare Administered Drugs	~	Y~	diagnosis direct request to Evolent For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							•Pertinent charts, graphs of photographic mormation, as appropriate, •Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9041	INJECTION BORTEZOMIB 0.1 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults $\geq$ 18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
., ., =>=	000-TL				•	alaonosis, direct request to Evolent. For	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent eherte, graphe or photographic information, as appropriate;</li> </ul>	
							•Pertinent charts, graphs of photographic information, as appropriate,	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
						(see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports, •Treatment plan and progress notes;	
7/1/2024	J9043	INJECTION CABAZITAXEL 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
						Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see nealthpian scope inclusion list in columns	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J9045	INJECTION CARBOPLATIN 50 MG	Healthcare Administered Drugs	~	Y~	diagnosis direct request to Evolent For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	refutient evaluations from other health care practitioners and providers,	
						• •	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
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Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
							•History of the presenting problem			
						~Applies only to plans partnered with Evolent	·Perunent diagnostic testing results, operative and/or pathological reports;			
7/1/2024	J9046	INJ, BORTEZOMIB, DR. REDDY'S	Healthcare Administered Drugs	Y	Y~	to the right) For Adults >18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietar		
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>			
						send request to healthpian.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>			
							<ul> <li>Information regarding the local delivery system; and</li> </ul>			
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>			
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>			
						~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;			
7/4/0004	100.47			X	N/	(see nealthpian scope inclusion list in columns to the right). For Adults >18 with cancer	•Treatment plan and progress notes;	Thind Death Dreaminter		
7/1/2024	J9047	INJECTION CARFILZOMIB 1 MG	Healthcare Administered Drugs	Ŷ	Y~	Inpatient, non cancer diagnosis, and pediatrics	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Party Proprietary		
						send request to healthnlan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>			
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>			
							Patient characteristics and information.			
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>			
						(see nealthpian scope inclusion list in columns	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>			
7/1/2024	J9048	INJ, BORTEZOMIB FRESENIUSKAB	Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	•Pertinent psychosocial history;	Third Party Proprietary		
						Inpatient, non cancer diagnosis, and pediatrics	•Pertinent evaluations from other health care practitioners and providers;			
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>			
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>			
									Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem			
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>			
7/1/2024	J9049	INJ, BORTEZOMIB, HOSPIRA	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary		
			J			alaonosis alfect request to Evolent. For	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent eberts, graphs or photographic information, as appropriate;</li> </ul>			
							•Pertinent charts, graphs of photographic information, as appropriate,			
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>			
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>			
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>			
						Applies only to plans partnered with Evolent	•Clinical exam;			
						(see nealthpian scope inclusion list in columns to the right). For Adults $>18$ with cancer	• I reatment plan and progress notes;			
7/1/2024	J9050	INJECTION CARMUSTINE 100 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary		
						send request to nealthnian	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>			
							•Rehabilitation evaluations;			
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>			
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>			
		INJECTION, BORTEZOMIB (MAIA), NOT				(see nealthpian scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or nathological reports:			
7/1/2024	J9051	THERAPEUTICALLY EQUIVALENT TO J9041,	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary		
		0.1 MG				Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent eheate, graphs or photographic information, as appropriate;</li> </ul>			
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>			
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>			
							Information generally required to support authorization decision making includes, but not limited to:			
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>			
						~Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>			
7/1/2024	J9052	INJ, CARMUSTINE (ACCORD)	Healthcare Administered Drugs	~	Y~	to the right). For Adults $\geq$ 18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary		
111/2027	UUUZ		ricathoure Aurinnistered Drugs		I ~	Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>			
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>			
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>			
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>			
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>			
						(see healthplan scope inclusion list in columns	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>			
7/1/2024	J9055	INJECTION CETUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner:</li> </ul>	Third Party Proprietary		
						Inpatient, non cancer diagnosis, and pediatrics	•Pertinent evaluations from other health care practitioners and providers;			
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>			
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>			
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Effective Date	Code	Description	Service Category	Evolent PA Re PA Required Cardiolog Oncolog	y & MHI Code Notes	Documentation Requirements	Criteria
7/1/2024	J9056			Υ Υ~	<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer</li> </ul>	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
77172024	<b>J</b> 9020	INJECTION, BENDAMUSTINE HYDROCHLORID	De Healthcare Administered Drugs	T T~	diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Third Party Proprietary
7/1/2024	J9057	INJECTION COPANLISIB 1 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports,</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
4/1/2025	J9058	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
7/1/2024	J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
7/1/2024	J9061	INJECTION, AMIVANTAMAB-VMJW, 2MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary
7/1/2024	J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-C	G Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Third Party Proprietary
7/1/2024	J9064	INJECTION, CABAZITAXEL (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9043, 1 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports,</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
7/1/2024	J9065	INJECTION CLADRIBINE PER 1 MG	Healthcare Administered Drugs	~ Y~	diagnosis, direct request to Evolent, For	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports:	Third Party Proprietary

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7/1/2024	J9071	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	Healthcare Administered Drugs	Y	Y~	Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Pertinent part and progress notes,</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	Third Party Proprietary
7/1/2024	J9072	INJ, CYCLOPHOSPHAMIDE, (DR. REDDY'S), MG	<sup>5</sup> Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	Pertinent psychosocial history;     Information and consultations with the treating practitioner:	Third Party Proprietary
7/1/2024	J9073	INJECTION, CYCLOPHOSPHAMIDE (INGENU 5 MG	JS), Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports,</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	Third Party Proprietary
7/1/2024	J9074	INJECTION, CYCLOPHOSPHAMIDE (SANDO 5 MG	<sup>Z),</sup> Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Preatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Third Party Proprietary
7/1/2024	J9075	INJECTION, CYCLOPHOSPHAMIDE, NOT OTHERWISE SPECIFIED, 5MG	Healthcare Administered Drugs	~	Y~-	Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Third Party Proprietary
4/1/2025	J9076	Injection, cyclophosphamide (baxter), 5 mg	Healthcare Administered Drugs	~	~Y	to the right). For Adults ≥18 with cancer diagnosis_direct request to Evolent_For	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
7/1/2024	J9100	INJECTION CYTARABINE 100 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	I reatment plan and progress notes;     Pertinent psychosocial history;     Information and consultations with the treating practitioner;	Third Party Proprietary
7/1/2024	J9118	INJ. CALASPARGASE PEGOL-MKNL	Healthcare Administered Drugs	Y	Υ~	diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	Third Party Proprietary

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							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9119	INJECTION CEMIPLIMAB-RWLC 1 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner.	
						send request to healthpian.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or nathological reports;	
7/1/2024	J9120	INJECTION DACTINOMYCIN 0.5 MG	Healtheare Administered Druge		V		•Treatment plan and progress notes;	Third Darty Dransistany
771/2024	39120	INJECTION DACTINONITCIN 0.5 MG	Healthcare Administered Drugs	~	1~	Inpatient, non cancer diagnosis, and podiatrics	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Party Proprietary
						send request to healthnlan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns		
7/1/2024	J9130	DACARBAZINE 100 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan	•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Healthcare Administered Drugs	Y	Y~	to the right) For Adults >18 with cancer	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinant charte, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent		
7/1/2024	J9145	INJECTION DARATUMUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults $\geq$ 18 with cancer	•Pertinent psychosocial history;	Third Party Proprietary
.,	00110					Inpatient non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
						send request to healthpian.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
<b></b>						(see healthplan scope inclusion list in columns to the right). For Adults $\geq$ 18 with cancer	•Treatment plan and progress notes;	
7/1/2024	J9150	INJECTION DAUNORUBICIN 10 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent, For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns		
7/1/2024	J9153	INJECTION LIPOSOMAL 1 MG DNR AND 2.27 MG CA	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						send request to healthplan	"Perunent evaluations nom other health care practitioners and providers,	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
							•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9155	INJECTION DEGARELIX 1 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults $\geq$ 18 with cancer	•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner:	
						send request to healthplan.	•Pertinent charts, graphs or photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

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					Oncology		Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9171	INJECTION DOCETAXEL 1 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Innatient non cancer diagnosis and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						Send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9172	DOCETAXEL (INGENUS), 1 MG	Healthcare Administered Drugs	~	Y~		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Innationt non concor diagnosis, and podiatrics	•Pertinent evaluations from other health care practitioners and providers;	
						send request to neartiplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9173	INJECTION DURVALUMAB 10 MG	Healthcare Administered Drugs	Y	Y~	to the right) For $\Delta$ dults >18 with cancer	•Pertinent psychosocial history;	Third Party Proprietary
						Innatient non cancer diagnosis and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						Send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						~Applies only to plans partnered with Evolent	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2025	J9174	Injection, docetaxel (beizray), 1 mg	Healthcare Administered Drugs	Y	Y~	cancer diagnosis for ALL ages direct request	•Pertinent psychosocial history;	Third Party Proprietary
						diagnosis, send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9176	INJECTION ELOTUZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Innatient non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						Send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent charte, graphs or photographic information, co. appropriate;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9178	INJECTION EPIRUBICIN HCL 2 MG	Healthcare Administered Drugs	~	Y~	to the right) For $\Delta$ dults >18 with cancer	• Pertinent plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Perunent evaluations nom other health care practitioners and providers,	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
	******						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner:	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

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							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	erentinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9181	INJECTION ETOPOSIDE 10 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or nathological reports;	
7/1/2024	J9185		Healtheare Administered Druge		v		•Treatment plan and progress notes;	Third Party Propriatory
7/1/2024	29165	INJECTION FLUDARABINE PHOSPHATE 50 MG	Bealthcare Administered Drugs	~	1~	Inpatient, non cancer diagnosis, and podiatrics	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns		
7/1/2024	J9190	INJECTION FLUOROURACIL 500 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
							•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9196	INJECTION, GEMCITABINE HYDROCHLORIDE (ACCORD), NOT THERAPEUTICALLY	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
	EQUIVALENT TO J9201, 200 MG				Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinant aborts, graphs or photographic information, as appropriate;</li> </ul>		
						send request to nealthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent		
7/1/2024	J9198	INJECTION, GEMCITABINE HYDROCHLORIDE	Healthcare Administered Drugs	Y	Y~	to the right). For Adults $\geq$ 18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
.,0		(INFUGEM), 100 MG				Inpatient non cancer diagnosis and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
						(see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J9200	INJECTION FLOXURIDINE 500 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						Applies only to stars and the stars	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Portinent diagnostic testing results, enerative and/or nathelegical reports:	
7/1/2024	J9201	INJECTION GEMCITABINE HCL NOS 200 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.		
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent		
7/1/2024	J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG	Healthcare Administered Drugs		Y~	to the right). For Adults $\geq$ 18 with cancer	•Treatment plan and progress notes;	Third Darty Dran-Satary
1/1/2024	JACUS	JUJENLEIN AUETATE IMPLAINT PEK 3.0 MG	neanneare Auministereu Diugs	~	I~	diagnosis direct request to Evolent For	Pertinent psychosocial history;     Information and consultations with the treating practitioner;     Social distributions with the treating practitioner;     Social distribution of the treating practitioner;     Social distributii distribution of the treatin	Third Party Proprietary
						send request to healthplan.	•Pertinent charts, graphs or photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	_ •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis_direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns		
7/1/2024	J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner:	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent		
7/1/2024	J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Healthcare Administered Drugs	×	Y~		<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
111/2024	39203		Thealthcare Administered Drugs		1~	lagnosis, direct request to Evolent. For	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Faity Frophetary
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
							• I reatment plan and progress notes;	
7/1/2024	J9206	INJECTION IRINOTECAN 20 MG	Healthcare Administered Drugs	~	Y~	diagnosis direct request to Evolent For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns		
7/1/2024	J9207	INJECTION IXABEPILONE 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						Applies only to plane partnered with Evalant	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see nealthpian scope inclusion list in columns	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J9208	INJECTION IFOSFAMIDE 1 G	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Pertinent evaluations from other health care practitioners and providers;	
						· · · · · · · · · · · · · · · · · · ·	•Pertinent charts, graphs of photographic mormation, as appropriate, •Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9209	INJECTION MESNA 200 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis_direct request to Evolent_For	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
					send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J9210	INJECTION EMAPALUMAB-LZSG 1 MG	Healthcare Administered Drugs	v			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
., ., ८०८न	00210						<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

7/1/2024       J9211         7/1/2024       J9214         7/1/2024       J9215         7/1/2024       J9216	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs Healthcare Administered Drugs Healthcare Administered Drugs	- -	Y~	<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> </ul>	<ul> <li>Ireatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient charts, graphs or photographic information, decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Optimicat characteristic testing testing the story related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/1/2024       J9214         7/1/2024       J9215         7/1/2024       J9216	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	~ Y Y	Y~	<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer</li> </ul>	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations information, as expropriate;</li> <li>Pertinent (lap nostic testing results, operative and/or pathological reports;</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations with the treating practitioner;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent plan and progress note;</li> <li>Pertinent psychosocial histor;</li> <li>Pertinent psychosocial histor;</li> <li>Pertinent psychosocial histor;</li> <li>Pertinent evaluations from other health care practitioner; and provider;</li> <li>Pertinent charts, graphs or photographic information, as app</li></ul>	
7/1/2024       J9214         7/1/2024       J9215         7/1/2024       J9216	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	~ Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan. ~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent evaluations form other health care practitioner;</li> <li>Pertinent evaluations information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics</li></ul>	Third Party Proprietary Third Party Proprietary
7/1/2024       J9214         7/1/2024       J9215         7/1/2024       J9216	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	~ Y	Y~	<ul> <li>~Applies only to plans partnered with Evolent Send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer</li> </ul>	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent characteristics and information, as appropriate;</li> <li>Rehabilitation evaluations with the treating practitioner;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent characteristics and information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Decinent evaluation spectral problem</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presen</li></ul>	
7/1/2024       J9215         7/1/2024       J9216	RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU INJECTION INTERFERON GAMMA-1B 3		Y		<ul> <li>Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, and pediatrics send request to healthplan.</li> </ul>	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent evaluations from other health care practitioner;</li> <li>Pertinent characteristics and information.</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Decisional dimensity is the problem approximation and/or pathological reports;</li> </ul>	Third Party Proprietary
7/1/2024       J9215         7/1/2024       J9216	RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU INJECTION INTERFERON GAMMA-1B 3		Y		<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer</li> </ul>	<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent characteristics and information. as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	Third Party Proprietary
7/1/2024       J9215         7/1/2024       J9216	RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU INJECTION INTERFERON GAMMA-1B 3		Y		<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer</li> </ul>	<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent characteristics and information.</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Dectinent diagnostic testing could be appreciated to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Dectinent diagnostic testing arouting and/or pathological reports;</li> </ul>	Third Party Proprietary
7/1/2024       J9215         7/1/2024       J9216	RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU INJECTION INTERFERON GAMMA-1B 3		Y		<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer</li> </ul>	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Dertinent diagnostic testing recurse and/or pathological reports;	Third Party Proprietary
7/1/2024       J9215         7/1/2024       J9216	RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU INJECTION INTERFERON GAMMA-1B 3		Y		<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer</li> </ul>	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information negarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Dedination testing requires to any for pathological reports;</li> </ul>	Third Party Proprietary
7/1/2024       J9215         7/1/2024       J9216	RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU INJECTION INTERFERON GAMMA-1B 3		Y		<ul> <li>(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer</li> </ul>	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Pretinent plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Destingt diagnostic testing regulate antipole and/or pathological reports;</li> </ul>	Third Party Proprietary
7/1/2024       J9215         7/1/2024       J9216	RECOMBINANT 1 M U INJECTION INTERFERON ALFA-N3 250,000 IU INJECTION INTERFERON GAMMA-1B 3		Y		<ul> <li>Applies only to plans partnered with Evolent for columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> </ul>	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Partinent diagnetic testing require, approximate, a</li></ul>	Third Party Proprietary
7/1/2024 J9216	INJECTION INTERFERON ALFA-N3 250,000 IU	Healthcare Administered Drugs	Y	Y~	Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Partinent diagnastic testing regulta, aperative and/or pathological reports;</li> </ul>	
7/1/2024 J9216	INJECTION INTERFERON GAMMA-1B 3	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/1/2024 J9216	INJECTION INTERFERON GAMMA-1B 3	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Destinant diagnestic testing results, exerctive and/or pathological reports;</li> </ul>	
7/1/2024 J9216	INJECTION INTERFERON GAMMA-1B 3	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Destingent diagnostic testing regults, energing, and/or pathological reports;	
7/1/2024 J9216	INJECTION INTERFERON GAMMA-1B 3	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Dertinent diagnostic testing results, energing, and/or pathological reports;</li> </ul>	
7/1/2024 J9216	INJECTION INTERFERON GAMMA-1B 3	Healthcare Administered Drugs	Y	Y~	(see healthplan scope inclusion list in columns	• Portinent diagnostic testing results, energive and/or nothelegical reports:	
7/1/2024 J9216	INJECTION INTERFERON GAMMA-1B 3	Healthcare Administered Drugs	Y	Y~	to the right) For Adults >18 with cancer		
7/1/2024 J9216	INJECTION INTERFERON GAMMA-1B 3		I	1~		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
				1	lagnosis, direct request to Evolent. For	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
					send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
					~Applies only to plans partnered with Evolent	•Clinical exam;	
					(see healthplan scope inclusion list in columns to the right) For Adults >18 with cancer	• I reatment plan and progress notes;	
		Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
					(see nealthpian scope inclusion list in columns	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024 J9217	LEUPROLIDE ACETATE 7.5 MG	Healthcare Administered Drugs	~	Y~	diagnosis direct request to Evolent For	•Pertinent psychosocial history;	Third Party Proprietary
					send request to healthplan	•Pertinent evaluations from other health care practitioners and providers;	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					One J code unit allowed per calendar year. All	•History of the presenting problem	
					units in excess of one unit/year requires PA. ~Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024 J9218	LEUPROLIDE ACETATE PER 1 MG	Healthcare Administered Drugs	Y	Y~	(see healthplan scope inclusion list in columns to the right). For Adults > 18 with cancer	•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
1					diagnosis, direct request to Evolent. For	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
					Diagnosis direct request to the healthplan	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
					~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or nathological reports;	
7/1/2024 J9223	INJECTION, LURBINECTEDIN, 0.1 MG	Healthcare Administered Drugs	V	Y~	to the right). For Adults $\geq$ 18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
JYZJZT JYZZJ		rioannoaro Aanninisterea Diago		1~	Inpatient non cancer diagnosis and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
					send request to healthplan.	•Pertinent charts, graphs or photographic information, as appropriate;	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
					(see healthplan scope inclusion list in columns	• I reatment plan and progress notes;	
7/1/2024 J9225	HISTRELIN IMPLANT VANTAS 50 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					send request to healthnlan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria	
					Cheology		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Destinant diagnestic testing results, energing and/or pathological reports;</li> </ul>		
7/1/2024	J9226		Healtheare Administered Drugs	V			<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychological bistory;</li> </ul>	Third Party Propriatory	
7/1/2024	J9220	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	Healthcare Administered Drugs	Ť			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Dertinent evaluations from other booth core practitioners and providered.</li> </ul>	Third Party Proprietary	
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:		
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	·Pertinent diagnostic testing results, operative and/or pathological reports;		
7/1/2024	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis_direct request to Evolent_For	• Pertinent psychosocial history;	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics	•Perunent evaluations from other health care practitioners and providers;		
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns			
7/1/2024	J9228	INJECTION IPILIMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
								<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
						~Applies only to plans partnered with Evolent	•Clinical exam;		
7/1/2024	J9229		C Healtheare Administered Drugs	V	v	(see nealthpian scope inclusion list in columns to the right). For Adults >18 with cancer	•Treatment plan and progress notes;	Third Party Propriatory	
// 1/2024	J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 M		T	1~	Idiadnosis direct request to Evolent For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent eherte, graphs or photographic information, as appropriate;</li> </ul>	Third Party Proprietary	
							•Pertinent chans, graphs of photographic information, as appropriate,		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
						~Applies only to plans partnered with Evolent	erinent diagnostic testing results, operative and/or pathological reports;		
7/1/2024	J9230	INJECTION MECHLORETHAMINE HCL 10 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics	•Pertinent evaluations from other health care practitioners and providers;		
						• •	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(see healthplan scope inclusion list in columns to the right). For Adults $\geq$ 18 with cancer	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;		
7/1/2024	J9245	INJECTION MELPHALAN HCI NOS 50 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary	
						inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
						~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or nathological reports;		
7/1/2024	J9246	INJECTION MELPHALAN EVOMELA 1 MG	Healthcare Administered Drugs	$\mathbf{v}$	Y~	to the hyperbolic role $Autility = 10$ with cancel	<ul> <li><sup>3</sup> •Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary	
111/2027	U324U					Inpatient, non cancer diagnosis, and pediatrics	Information and concultations with the treating prestitioner:		
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adapted, patient bioteny related to the requested convises such as affine and beenitel records).</li> </ul>		
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
							•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;		
7/1/2024	J9247	INJECTION, MELPHALAN FLUFENAMIDE, 1 MC	G Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis_direct request to Evolent_For	• Pertinent psychosocial history;	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics	•Information and consultations with the treating practitioner:		
						send request to nealthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
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Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	Evolent PA Required PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9248	INJECTION, MELPHALAN (HEPZATO), 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	Third Party Proprietary
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
7/1/2024	J9249	INJECTION MELPHALAN APOTEX 1 MG	Healthcare Administered Drugs	~ Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports,</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					send request to healthplan.	<ul> <li>Pertinent evaluations from other fleattricate practitioners and providers,</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
					~Applies only to plans partnered with Evolent	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam;	
7/1/2024	J9255	INJ, METHOTREXATE (ACCORD)	Healthcare Administered Drugs	~ Y~	(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>•Pertinent diagnostic testing results, operative and/or pathological reports,</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
					send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
					~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column	<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
4/1/2025	J9259	Injection, paclitaxel protein-bound particles (american regent), not therapeutically equivalent to j9264, 1 mg		~ Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
7/1/2024	J9260	INJECTION METHOTREXATE SODIUM 50 MG	Healthcare Administered Drugs	~ Y~	<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.</li> </ul>	<ul> <li>•Pertinent diagnostic testing results, operative and/or pathological reports,</li> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
					~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J9261	INJECTION NELARABINE 50 MG	Healthcare Administered Drugs	~ Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	Third Party Proprietary
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
7/1/2024	J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
					~Applies only to plans partnered with Evolent	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports:	
7/1/2024	J9263	INJECTION OXALIPLATIN 0.5 MG	Healthcare Administered Drugs	~ Y~	(see healthplan scope inclusion list in column to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric send request to healthplan.	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> <li>•Information and consultations with the treating practitioner;</li> <li>•Pertinent evaluations from other health care practitioners and providers;</li> <li>•Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	Third Party Proprietary
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

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Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						<ul> <li>Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns)</li> </ul>	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Healthcare Administered Drugs	Y	Y~	to the light). For Adults $\geq$ to with cancel diagnosis, direct request to Evolent. For	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Innationt non cancer diagnosis and pediatrics	•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam;	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	eportinant diadnostic tasting rasults, operative and/or nationodical reports.	
7/1/2024	J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent. For	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Party Proprietary
							•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
						<ul> <li>Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns</li> </ul>	•Dertinent diagnestic testing results, enerative and/or nothelegical reports:	
7/1/2024	J9267	INJECTION PACLITAXEL 1 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults $\geq$ 18 with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Innationt non cancer diagnosis and pediatrics	•Perlinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						<ul> <li>Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns</li> </ul>	Deutineut die voestie teetine veervlte, everetive evel/ev vetbelevieel veverter	
7/1/2024	J9268	INJECTION PENTOSTATIN 10 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent eherte, graphe or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
		269 INJECTION TAGRAXOFUSP-ERZS 10 MCG	ZS 10 MCG Healthcare Administered Drugs				•History of the presenting problem •Clinical exam:	
					Y~		•Portinent diagnostic testing results, enerative and/or nothelegical reports:	Third Party Proprietary
7/1/2024	J9269			Y		to the light). For Adults $\geq$ to with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	
							•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns		
7/1/2024	J9271	INJECTION PEMBROLIZUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Pertinent evaluations from other health care practitioners and providers;	
							•Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						Applice only to plane next and with E	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or nathological reports:	
7/1/2024	J9272	INJECTION, DOSTARLIMAB-GXLY,10MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						•	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see nealthpian scope inclusion list in columns	•Dertinent diagnestic testing results, enerative and/or nethological reports:	
7/1/2024	J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MC	G Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	refutient evaluations from other health care practitioners and providers,	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
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Third Party Proprietary Criteria

Criteri	Documentation Requirements	MHI Code Notes	Evolent PA Required Cardiology & Oncology	PA Required	Service Category	Description	Code	Effective Date
	nformation generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;	~Applies only to plans partnered with Evolent	Oncology					
Third Party Propri	Treatment plan and progress notes; Pertinent psychosocial history;	to the right). For Adults ≥18 with cancer	Y~	Y	Healthcare Administered Drugs	INJ TEBENTAFUSP-TEBN 1 MCG	J9274	7/1/2024
	Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;	send request to healthplan.						
	Information regarding the local delivery system; and Patient characteristics and information.							
	nformation generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam;							
Third Party Propri	Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;			Y	Healthcare Administered Drugs	Injection, cosibelimab-ipdl, 2 mg	J9275	7/1/2025
	Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;							
	Information regarding the local delivery system; and Patient characteristics and information. nformation generally required to support authorization decision making includes, but not limited to:							
	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam;							
	Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	Y~	Y	ii, Healthcare Administered Drugs	Replaces code C9302. Injection, zanidatamab-hrii,	J9276	7/1/2025
	Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;	Inpatient, non cancer diagnosis, and pediatrics				2 mg	00210	1112020
	Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.							
	nformation generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem							
Third Dorty Droot	Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent payabasesial bistom <i>i</i>	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults >18 with cancer	Y~		Healthcare Administered Drugs		10280	7/1/2024
Third Party Propri	Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charte, graphs or photographic information, as appropriate;	Inpatient, non cancer diagnosis, and pediatrics	1~	~		INJECTION MITOMYCIN 5 MG	J9280	// 1/2024
	Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Retient characteristics and information							
	Patient characteristics and information. nformation generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem							
	Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults >18 with cancer				MITOMYCIN PYELOCALYCEAL INSTILLATION,		
Third Party Propri	Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;	diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthnian	Y~	Y	Healthcare Administered Drugs	1 MG	J9281	7/1/2024
	Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Retient characteristics and information							
	Patient characteristics and information. nformation generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem							
	Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;	~Applies only to plans partnered with Evolent						
Third Party Propri	Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;	to the right). For Adults ≥18 with cancer diagnosis_direct request to Evolent_For	Y~	Y	Healthcare Administered Drugs	INJECTION OLARATUMAB 10 MG	J9285	7/1/2024
	Pertinent evaluations from other health care practitioners and providers, Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and							
	Patient characteristics and information. nformation generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;							
	History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;	~Applies only to plans partnered with Evolent						
Third Party Propri	Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner;	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	Y~	Y	Healthcare Administered Drugs	INJ, GLOFITAMAB-GXBM, 2.5 MG	J9286	7/1/2024
	Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;	send request to healthplan.						
	Information regarding the local delivery system; and Patient characteristics and information. nformation generally required to support authorization decision making includes, but not limited to:							
	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam;							
Third Party Propri	Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history;			Y	Healthcare Administered Drugs	Injection, nivolumab, 2 mg and hyaluronidase-	J9289	7/1/2025
	Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;							
	Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.							

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Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
					Checkby		Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
1/1/2025	J9292	INJ, PEMETREXED (AVYXA), NOT THERAPEUTICALLY EQUIVALEN TO J9305, 10 MG	NT Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	• Pertinent psychosocial history;	Third Party Proprietary
						Innationt non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns		
7/1/2024	J9293	INJECTION MITOXANTRONE HCL PER 5 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan	•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION, PEMETREXED (HOSPIRA) NOT				(see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J9294	THERAPEUTICALLY EQUIVALENT TO J9305, 1 MG	10 Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns to the right) For Adults >18 with cancer	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J9295	INJECTION NECITUMUMAB 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
7/4/0004	10000	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	, 10 Healthcare Administered Drugs	Y	Y~	(see nealthplan scope inclusion list in columns	• I reatment plan and progress notes;	Third Party Proprietary
7/1/2024	J9296					diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or nathological reports;	
7/1/2024	J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 1	10 Healthcare Administered Drugs	Y	Y~	to the right). For Adults $\geq$ 18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
	00201	MG			•	alaonosis, direct request to Evolent. For	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent eherte, graphe or photographic information, or eparapriate;</li> </ul>	ring ranger topholary
							•Perlinent charts, graphs or photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	Perunent diagnostic testing results, operative and/or pathological reports,	
7/1/2024	J9298	INJ NIVOLUMAB AND RELATLIMAB-RMBW 3	Healthcare Administered Drugs	Y	Y~	to the hyperbolic FOR Addits $\geq$ to with called	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		MG/1 MG				Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner:	
						send request to nealthplan.	•Pertinent charts, graphs or photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
7/1/2024	J9299	INJECTION NIVOLUMAB 1 MG	Healthcare Administered Drugs	v	Y~	to the right). For Adults $\geq$ 18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietany
	00200					Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner:	Third Party Proprietary
						send request to healthplan.	•Pertinent charts, graphs or photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	Evolent PA Re PA Required Cardiolog Oncolog	y & MHI Code Notes	Documentation Requirements	Criteria
7/1/2024	J9301	INJECTION OBINUTUZUMAB 10 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolen (see healthplan scope inclusion list in colum to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatri send request to healthplan.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietar
7/1/2024	J9302	INJECTION OFATUMUMAB 10 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolen (see healthplan scope inclusion list in colum to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatri send request to healthplan.	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam;</li> </ul>	Third Party Proprieta
7/1/2024	J9303	INJECTION PANITUMUMAB 10 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolen (see healthplan scope inclusion list in colum to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatri send request to healthplan.	<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprieta
7/1/2024	J9304	INJECTION PEMETREXED (PEMFEXY) 10 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolen (see healthplan scope inclusion list in colum to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatri send request to healthplan.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprieta
7/1/2024	J9305	INJECTION PEMETREXED 10 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolen (see healthplan scope inclusion list in colum to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatri send request to healthplan.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and	Third Party Proprieta
7/1/2024	J9306	INJECTION PERTUZUMAB 1 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolen (see healthplan scope inclusion list in colum to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatri send request to healthplan.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	Third Party Proprieta
7/1/2024	J9307	INJECTION PRALATREXATE 1 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolen (see healthplan scope inclusion list in colum to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatri send request to healthplan.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	Third Party Proprieta
7/1/2024	J9308	INJECTION RAMUCIRUMAB 5 MG	Healthcare Administered Drugs	Y Y~	~Applies only to plans partnered with Evolen (see healthplan scope inclusion list in colum to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatri send request to healthplan.		Third Party Proprieta

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns		
7/1/2024	J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
- // /2222 /						(see healthplan scope inclusion list in columns to the right). For Adults $\geq$ 18 with cancer	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	J9312	INJECTION RITUXIMAB 10 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
7/1/2024	J9313	INJECTION MOXETUMOMAB PASUDOTOX-	Healthcare Administered Drugs	Y	Y~	to the right). For Adults $\geq$ 18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
17172024	00010	TDFK 0.01 MG	Thealtheare Administered Drugs			Interview of the second s	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent eberts, graphs or photographic information, as appropriate;</li> </ul>	Third Fully Frephotary
							•Pertinent charts, graphs of photographic information, as appropriate,	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
			EVA) 10MG Healthcare Administered Drugs Y		~Applies only to plans partnered with Evolent	·Pertinent diagnostic testing results, operative and/or pathological reports;		
7/1/2024	J9314	INJ PEMETREXED (TEVA) 10MG		Y	Y Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						(see nealthpian scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or nathological reports:	
7/1/2024	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Portinent eborts, graphs or photographic information, as appropriate;</li> </ul>	
							•Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns		
7/1/2024	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						-Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION, ROMIDEPSIN, NONLYOPHILIZED,				(see healthplan scope inclusion list in columns to the right). For Adults $\geq$ 18 with cancer	• Treatment plan and progress notes;	
7/1/2024	J9318	0.1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Evolent PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
					Checkey		Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9319	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		MG				inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent		
7/1/2024	J9320	INJECTION STREPTOZOCIN 1 G	Healthcare Administered Drugs	~	Y~	to the right). For Adults $\geq$ to with cancel	•Pertinent psychosocial history;	Third Party Proprietary
.,	00020					Inpationt, non cancer diagnosis, and podiatrics	Information and consultations with the treating practitioner:	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
7/4/0004	10004				Y~		•Treatment plan and progress notes;	Third Dants Draw is taken
7/1/2024	J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Party Proprietary
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthnlan scope inclusion list in columns		
7/1/2024	J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT	T Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					Applies only to place perturbed with Evelopt	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(see nealthpian scope inclusion list in columns		
7/1/2024	J9323	INJECTION, PEMETREXED DITROMETHAMINE	E, Healthcare Administered Drugs	Y	Y~	to the light). For Adults $\geq$ to with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	•Pertinent evaluations from other health care practitioners and providers;	
						• •	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
							•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9324	INJ, PEMETREXED (PEMRYDI RTU), 10 MG	DI RTU), 10 MG Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent eherte, graphe or photographic information, as appropriate;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Perlinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		PLAQUE F U				Inpatient, non cancer diagnosis, and pediatrics	Information and concultations with the treating prestitioner:	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
7/1/2024	10000		Healthcare Administored Drugs		Y~	to the right). For Adults $\geq$ 18 with cancer	•Treatment plan and progress notes;	Third Dorts / Drow to
1/1/2024	J9328	INJECTION TEMOZOLOMIDE 1 MG	Healthcare Administered Drugs	~	r~	diagnosis direct request to Evolent For	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Party Proprietary
						send request to healthplan.	•Pertinent charts, graphs or photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
10/1/2024	J9329	Tevimbra Injection, tislelizumab-jsgr, 1 mg	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						• •	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	J9330	INJECTION TEMSIROLIMUS 1 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient non-concerdiagnosis and podiatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J9331	INJECTION, SIROLIMUS PROTEIN-BOUND	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		PARTICLES, 1 MG				diagnosis, direct request to Evolent. For	<ul> <li>Information and consultations with the treating practitioner.</li> </ul>	
						send request to healthpian.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations; •Information regarding the local delivery system; and	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/4/20204	10000			X			•Treatment plan and progress notes;	
7/1/2024	J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations; •Information regarding the local delivery system; and	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	J9333	INJ, ROZANOLIXIZUMAB-NOLI, 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	J9334	INJ, EFGARTIGIMOD ALFA, 2 MG AND HYALURONIDASE-QVFC	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2025	J9341	Injection, thiotepa (tepylute), 1 mg	Healthcare Administered Drugs	Y	Y~	For ALL ages with cancer diagnosis, direct	•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		· · · · · · · · · · · · · · · · · · ·				diagnosis send request to healthnlan	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							•Pertinent charts, graphs or photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							•Clinical exam;	
74/0005					.,	~Applies only to plans partnered with Evolent.	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	Third Party Proprietary
7/1/2025	J9342	Injection, thiotepa, not otherwise specified, 1 mg	Healthcare Administered Drugs	Y	Y~	request to Evolent. For Inpatient, non cancer	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	
						diagnosis, send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
							•History of the presenting problem •Clinical exam;		
						<ul> <li>Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns</li> </ul>	•Pertinent diagnostic testing results, operative and/or nathological reports:		
7/1/2024	J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	Healthcare Administered Drugs	Y	Y~	to the light). For Adults $\geq$ to with cancel diagnosis direct request to Evolent. For	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Party Proprietary	
							•Pertinent evaluations from other health care practitioners and providers;		
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
								<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(coo boolthnlan coopo inclusion list in columns	eportinant diadnostic tasting rasults, operative and/or nationodical reports.		
7/1/2024	J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(coo boolthnlan coopo inclusion list in columns			
7/1/2024	J9348	INJECTION NAXITAMAB-GQGK 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							•Patient characteristics and information.		
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>		
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer			
7/1/2024	J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	SITAMAB-CXIX, 2 MG Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							Patient characteristics and information.		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(coo booltholog scope inclusion list in columns			
7/1/2024	J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	Healthcare Administered Drugs	Y	Y Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							•Patient characteristics and information.		
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>		
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(see healthplan scope inclusion list in columns			
7/1/2024	J9351	INJECTION TOPOTECAN 0.1 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							•Patient characteristics and information.		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(see healthplan scope inclusion list in columns			
7/1/2024	J9352	INJECTION TRABECTEDIN 0.1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							•Rehabilitation evaluations;		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						Applice only to plane pertoaned with Free last	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(see nealthpian scope inclusion list in columns	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>		
7/1/2024	J9353	INJECTION MARGETUXIMAB-CMKB 5 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history; •Information and consultations with the treating practitioner:	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	refutient evaluations from other health care practitioners and providers,		
						,	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							•ralient characteristics and information.		

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>		
							•History of the presenting problem		
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports;		
7/1/2024	J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Healthcare Administered Drugs	Y	Y~	to the right) For Adults >18 with cancer	• Pertinent psychosocial history;	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Pertinent evaluations from other nearth care practitioners and providers;		
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
								<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>		
							•History of the presenting problem •Clinical exam:		
						<ul> <li>Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns)</li> </ul>	•Pertinent diagnostic testing results, operative and/or pathological reports;		
7/1/2024	J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~		<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Pertinent evaluations from other nearth care practitioners and providers;		
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>		
							•History of the presenting problem		
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	·Pertinent diagnostic testing results, operative and/or pathological reports;		
7/1/2024	J9356	INJECTION TRASTUZUMAB 10 MG AND	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary	
		HYALURONIDASE-OYSK				Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner.		
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
						•	<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
						~Applies only to plans partnered with Evolent	<ul> <li>•Clinical exam;</li> <li>•Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>		
7/1/2024	J9357	INJECTION VALRUBICIN INTRAVESICAL 200	Healthcare Administered Drugs	~	Y~	(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary	
1/1/2024	09007	MG	Treattreate Administered Drugs	~	1~	diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinant shorts, graphs or photographic information, as appropriate;</li> </ul>	Third Farty Frophetary	
						send request to healthplan.	•Pertinent charts, graphs of photographic information, as appropriate;		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>		
						~Applies only to plans partnered with Evolent	•Clinical exam;		
_///		INJECTION, FAM-TRASTUZUMAB				(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	• I reatment plan and progress notes;		
7/1/2024	J9358	DERUXTECAN-NXKI, 1 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary	
						send request to healthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>		
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>		
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>		
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>		
						(see healthplan scope inclusion list in columns			
7/1/2024	J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL 0.075 MG	-' Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•Pertinent evaluations from other health care practitioners and providers;		
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;		
							•History of the presenting problem		
						~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns	•Pertinent diagnostic testing results, operative and/or pathological reports:		
7/1/2024	J9360	INJECTION VINBLASTINE SULFATE 1 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary	
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	•renument evaluations from other health care practitioners and providers,		
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>		
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>		
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>		
							•History of the presenting problem		
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>		
7/1/2024	J9361	INJ, EFBEMALENOGRASTIM ALFA-VUXW, 0.5	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary	
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>		
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>		
							•Information regarding the local delivery system; and		
							•Patient characteristics and information.		

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Effective Date	Code	Description	Service Category	PA Required	Evolent PA Required? Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
7/1/2024	J9370	VINCRISTINE SULFATE 1 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	Pertinent psychosocial history;     Information and consultations with the treating practitioner:	Third Party Proprieta
7/1/2024	J9376	INJECTION, POZELIMAB-BBFG, 1 MG	Healthcare Administered Drugs	Y			Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and	Third Party Proprieta
7/1/2024	J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	Healthcare Administered Drugs	Y	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprieta
7/1/2024	J9381	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	Healthcare Administered Drugs	Y			<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	Third Party Proprieta
7/1/2025	J9382	Injection, zenocutuzumab-zbco, 1 mg	Healthcare Administered Drugs	Y			Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprieta
7/1/2024	J9390	INJECTION VINORELBINE TARTRATE 10 MG	Healthcare Administered Drugs	~	Y~	~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam;	Third Party Proprieta

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Effective Date	Code	Description	Service Category	PA Required	Evolent PA Required? Cardiology & Oncology	MHI Code Notes
7/1/2024	J9393	INJ, FULVESTRANT (TEVA)	Healthcare Administered Drugs	Y	Y~	<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>Inform Pertine Pertin</li></ul>
7/1/2024	J9394	INJ, FULVESTRANT (FRESENIUS)	Healthcare Administered Drugs	Y	Y~	<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>Informetion</li> <li>Pertine</li> <li>P</li></ul>
7/1/2024	J9395	INJECTION FULVESTRANT 25 MG	Healthcare Administered Drugs	~	Y~	<ul> <li>~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>Informetion</li> <li>Pertine</li> <li>P</li></ul>

formation generally required to support authorization decision making includes, but not limited to: surrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; istory of the presenting problem

linical exam;

ertinent diagnostic testing results, operative and/or pathological reports;

reatment plan and progress notes;

ertinent psychosocial history;

formation and consultations with the treating practitioner;

ertinent evaluations from other health care practitioners and providers; ertinent charts, graphs or photographic information, as appropriate;

ehabilitation evaluations;

formation regarding the local delivery system; and

atient characteristics and information.

ormation generally required to support authorization decision making includes, but not limited to:

urrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; istory of the presenting problem

linical exam;

ertinent diagnostic testing results, operative and/or pathological reports;

eatment plan and progress notes;

ertinent psychosocial history;

formation and consultations with the treating practitioner;

ertinent evaluations from other health care practitioners and providers; ertinent charts, graphs or photographic information, as appropriate;

ehabilitation evaluations;

formation regarding the local delivery system; and

atient characteristics and information.

ormation generally required to support authorization decision making includes, but not limited to: urrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;

istory of the presenting problem

linical exam;

ertinent diagnostic testing results, operative and/or pathological reports;

reatment plan and progress notes;

ertinent psychosocial history;

formation and consultations with the treating practitioner;

ertinent evaluations from other health care practitioners and providers; ertinent charts, graphs or photographic information, as appropriate;

ehabilitation evaluations;

formation regarding the local delivery system; and

atient characteristics and information.

Criteria	
Third Party Proprietary Criteria	
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Evolent PA Required? Cardiology & MHI Code Notes Oncology	Criteria
<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hosp</li> <li>History of the presenting problem</li> </ul>	;ords;
<ul> <li>Applies only to plans partnered with Evolent</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
Y~ to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	Third Party Proprietary
Inpatient, non cancer diagnosis, and pediatrics send request to healthplan	
<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
•Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hosp</li> <li>History of the presenting problem</li> </ul>	ords;
<ul> <li>Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
Y~ to the right). For Adults ≥18 with cancer diagnosis_direct request to Evolent_For	Third Party Proprietary
Inpatient, non cancer diagnosis, and pediatrics send request to healthplan	
<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hosp</li> <li>History of the presenting problem</li> </ul>	ords;
<ul> <li>Applies only to plans partnered with Evolent</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
to the right). For Inpatient, Pediatrics, or drug not listed in Evolent Scope direct request to•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
<ul> <li>the healthplan. For Adults &gt; 18 with cancer</li> <li>Information and consultations with the treating practitioner;</li> <li>diagnosis for drugs listed in Evolent scope,</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
direct request to Evolent.  •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations;	
<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hosp</li> <li>History of the presenting problem</li> </ul>	ords;
~Applies only to plans partnered with Evolent	
<ul> <li>Y<sub>∼</sub></li> <li>See healthpian scope inclusion list in columns to columns to the right). For Adults ≥18 with cancer</li> <li>Y<sub>∼</sub></li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial bistory;</li> </ul>	Third Party Proprietary
diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan. - Pertinent evaluations from other health care practitioners and providers; - Dertinent evaluations from other health care practitioners and providers;	
•Rehabilitation evaluations;	
Information regarding the local delivery system; and     Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hosp •History of the presenting problem	ords;
<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
Information regarding the local delivery system; and     Patient characteristics and information.	
Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hosp	ords;
<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hosp	ords;
<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
HIV pre-exposure prophylaxis that is self- administered is only covered under the pharmacy banefit. See plan drug list for	Third Party Proprietary
<ul> <li>pharmacy benefit. See plan drug list for coverage details.</li> <li>Pertnent psychosocial history,</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertnent evaluations from other health care practitioners and providers;</li> </ul>	
<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hosp	;ords;
<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
HIV pre-exposure prophylaxis that is self- administered is only covered under the •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes;	
<ul> <li>Pertinent psychosocial history;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Party Proprietary
<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>	
<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q0518	SUPPLY FEE HIV PREP 90-DAYS	Healthcare Administered Drugs	NC		administered is only covered under the	•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						pharmacy benefit. See plan drug list for	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							e Portinont diadnostic tostina rostitic - anorativo ana/ar natinaladical robarte.	
7/1/2024	Q2017	INJECTION TENIPOSIDE 50 MG	Healthcare Administered Drugs	~	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthnlan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	Q2049	INJ DOXORUBICIN HCI LIP IMPORTED LIPODOX 10 MG	Healthcare Administered Drugs	~	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Innationt non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
	• • • • •	INJECTION DOXORUBICIN HCL LIPOSOMAL				(see healthplan scope inclusion list in columns to the right). For Adults $\geq$ 18 with cancer	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	Q2050	NOS 10 MG	Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:     Our path (up to C months) and provide matient biotemumbers of the manual to the manu	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
		Replaces C9301. Obecabtagene autoleucel, up t	0			~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2025	Q2058	400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation	Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
		procedures, per therapeutic dose				send request to healthnlan	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM	Healthcare Administered Drugs	v			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
17172024	Q3021	USE	Thealtheare Administered Drugs				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	Third Farty Frophetary
							<ul> <li>Pertinent evaluations non-other nearth care practitioners and providers,</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
							•History of the presenting problem •Clinical exam;	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q4074	ILOPROST INHAL SOL THRU DME UNIT DOSE	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		TO 20 MCG					<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		Inightion waterkingenab arth (imuldage), biogimilar					<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2025	Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam;	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2025	Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2025	05100	Injection, ustekinumab-kfce (yesintek), biosimilar,	Healthears Administered Drugs	Y			•Treatment plan and progress notes;	Third Dorty Dropriotory
7/1/2025	Q5100	1 mg	Healthcare Administered Drugs	Ŷ			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations; •Information regarding the local delivery system; and	
							•Patient characteristics and information.	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see nealthpian scope inclusion list in columns		
7/1/2024	Q5101	INJECTION FILGRASTIM BIOSIMILAR 1 MCG	Healthcare Administered Drugs	~	Y~	diagnosis direct request to Evolent For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent evaluation graphs or photographic information, as exprendicts;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10	Healthcare Administered Drugs	v			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
11112024	QUIU3	MG	n louisticare Aurinnistereu Diugo				<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	rind Faity Flophetaly
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y			•Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	<sup>•</sup> Pertinent diagnostic testing results, operative and/or pathological reports,	
7/1/2024	Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR	Healthcare Administered Drugs	v	Y~	to the hyper). For Addits $\geq$ to with called	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
., , ,, _V27		1000 U			1.2	Inpatient, non cancer diagnosis, and pediatrics	•Information and consultations with the treating practitioner;	
						send request to healthplan.	•Pertinent evaluations from other realiticate practitioners and providers, •Pertinent charts, graphs or photographic information, as appropriate;	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see nealthpian scope inclusion list in columns	•Dertinent diagnestic testing results, energive and/or nothelegical reports:	
7/1/2024	Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	V.	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthpian.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
					Oncology		Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	Q5108	INJECTION PEGFILGRASTIM-JMDB	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		BIOSIMILAR 0.5 MG	J			Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner.	
						send request to healthpian.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/4/0004	05400	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10		X			•Treatment plan and progress notes;	Third Destry Dress sisters
7/1/2024	Q5109	MG	Healthcare Administered Drugs	ř			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns		
7/1/2024	Q5110	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	Q5111	INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG	Healthcare Administered Drugs	Y	Y~	diagnosis direct request to Evolent For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Destinant charte, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent	·Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner.	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or nathological reports;	
7/1/2024	05440	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR	Healthcare Administered Druge	v	Y~	(see nearringian scope inclusion list in columns to the right). For Adults >18 with cancer	•Treatment plan and progress notes;	Third Douts Drog with the
7/1/2024	Q5113	10 MG	neanneare Auministereu Drugs	ſ	·	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history; •Information and consultations with the treating practitioner;	Third Party Proprietary
						send request to healthplan.	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						(see healthplan scope inclusion list in columns to the right). For Adults $\geq 18$ with cancer	•Pertinent diagnostic testing results, operative and/or pathological reports, •Treatment plan and progress notes;	
7/1/2024	Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						send request to healthplan	<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							•Rehabilitation evaluations;	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem •Clinical exam:	
							•Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
				]				

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
					encercy		Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q5116	INJECTION, TRASTUZUMAG-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						Innatient non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR (KANJINTI), 10 MG	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For	• Pertinent plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		BIOSIMILAR (RANSINTI), TO MG				Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						send request to healthpian.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q5118	INJECTION, BEVACIZUMAB-BVZR,	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		BIOSIMILAR, (ZIRABEV), 10 MG				Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner.</li> </ul>	
						send request to healthpian.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR,	Healthcare Administered Drugs	×	V	to the right) For Adults >18 with cancer	•Treatment plan and progress notes;	Third Party Propriatory
7/1/2024	05119	(RUXIENCE), 10 MG	Healthcare Administered Drugs	T	1~		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						~Applies only to plans partnered with Evolent	•Clinical exam;	
		INJECTION, PEGFILGRASTIM-BMEZ,				(see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer	• I reatment plan and progress notes;	
7/1/2024	Q5120	BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.	
							<ul> <li>Information generally required to support authorization decision making includes, but not limited to:</li> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> </ul>	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	Q5121	IJNECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							•Pertinent evaluations from other health care practitioners and providers;	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Applies only to plans partnered with Evolent</li> <li>(see healthplan scope inclusion list in columns)</li> </ul>	•Pertinent diagnostic testing results, operative and/or pathological reports:	
7/1/2024	Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Healthcare Administered Drugs	Y	Y~	diagnosis, direct request to Evolent. For	•Pertinent psychosocial history;	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	•reniment evaluations from other health care practitioners and providers,	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
					******		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
						~Applies only to plans partnered with Evolent	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10	Healthcare Administered Drugs	Y	Y~	to the right). For Adults ≥18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
						Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner:</li> </ul>	
						send request to nealthplan.	<ul> <li>Pertinent evaluations from other health care practitioners and providers,</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations:</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiolo Oncol		Documentation Requirements	Criteria
				Oncon		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q5124	INJECTION RANIBIZUMAB-NUNA BS BYOOVIZ 0.1 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
					~Applies only to plans partnered with Evolent	•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	
7/1/2024	Q5125	INJ FILGRASTIM-AYOW BIOSIMILAR RELEUKO	Healthcare Administered Drugs	Y Y~	to the right). For Adults ≥18 with cancer	<ul> <li>Treatment plan and progress notes;</li> <li>Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		1 MCG			Inpatient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q5126	BEVACIZUMAB-MALY, BIOSIMILAR	Healthcare Administered Drugs	Y Y~	to the right). For Adults $\geq$ 18 with cancer	•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
					Inpatient, non cancer diagnosis, and pediatrics	Information and consultations with the treating practitioner	
					send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
					~Applies only to plans partnered with Evolent	<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/1/2024	Q5127	INJECTION, PEGFILGRASTIM-FPGK	Healthcare Administered Drugs	v v	(see healthplan scope inclusion list in columns to the right). For Adults >18 with cancer	• I reatment plan and progress notes;	Third Party Propriatory
// 1/2024		(STIMUFEND), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	I I~	OIAONOSIS OIRECHTEQUESI IO EVOIENT FOR	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent charte, graphs or photographic information, as appropriate;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7///2004	05400	INJECTION, RANIBIZUMAB-EQRN (CIMERLI),				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	Q5128	BIOSIMILAR, 0.1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Dertinent evaluations from other health area practitioners and providers;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		INJECTION, BEVACIZUMAB-ADCD			(see healthplan scope inclusion list in columns to the right). For Adults >18 with cancer	•Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	Q5129	(VEGZELMA), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Dertinent charte, graphs or photographic information, as exprepriete:</li> </ul>	Third Party Proprietary
						•Perlinent charts, graphs or photographic information, as appropriate;	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
		INJECTION, PEGFILGRASTIM-PBBK			~Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults >18 with cancer	<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	Q5130	(FYLNETRA), BIOSIMILAR, 0.5 MG	Healthcare Administered Drugs	Y Y~	diagnosis, direct request to Evolent. For	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
					send request to healthplan.	•Pertinent charts, graphs or photographic information, as appropriate;	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> <li>•Clinical exam:</li> </ul>	
						•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes;	
7/1/2024	Q5133 INJECTION, TOCILIZUMAB-BAVI (TOFIDENCE), Healthcare Administered Drugs Y	<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary				
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
				Oncology		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	Q5134	INJECTION, NATALIZUMAB-SZTN (TYRUKO),	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
		BIOSIMILAR, 1 MG				<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
		Tyenne Injection, tocilizumab-aazg (tyenne),				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
10/1/2024	Q5135	biosimilar, 1 mg	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
					~Applies only to plans partnered with Evolent		
10/1/2024	Q5136	Jubbonti/Wyost Injection, denosumab-bbdz	Healthcare Administered Drugs	Y Y~	to the right). For Adults $\geq$ to with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
		(jubbonti/wyost), biosimilar, 1 mg			diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatric	Information and consultations with the treating practitioner.	
					send request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	Q5137	INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, SUBCUTANEOUS, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
7/4/0004	05400	INJ, USTEKINUMAB-AUUB (WEZLANA), BIOSIMILAR, INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	Q5138					<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
1/1/2025	Q5139	INJ, ECULIZUMAB-AEEB (BKEMV), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
1/1/2025	Q5140	INJ, ADALIMUMAB-FKJP, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
1/1/2025	Q5141	INJ, ADALIMUMAB-AATY, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
111/2020						<ul> <li>Pertinent psychosocial history,</li> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	olent PA Required? Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
1/1/2025	Q5142	INJ, ADALIMUMAB-RYVK BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> </ul>	
							Patient characteristics and information.     Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
1/1/2025	Q5143	INJ, ADALIMUMAB-ADBM, BIOSIMILAR, 1 MG	Healthcare Administered Drugs	v			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
1/ 1/2020			Tieditteare / aministered Drugs				<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Farty Frophetary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	
							•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
1/1/2025	Q5144	INJ, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam:</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
1/1/2025	Q5145	INJ, ADALIMUMAB-AFZB (ABRILADA), BIOSIMILAR, 1 MG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to:	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
					~Ap	blies only to plans partnered with Evolent healthplan scope inclusion list in columns	<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
1/1/2025	Q5146	INJ, TRASTUZUMAB-STRF (HERCESSI), BIOSIMILAR, 10 MG	Healthcare Administered Drugs	Y	v- to th	e right). For Adults ≥18 with cancer	<ul> <li>•Treatment plan and progress notes;</li> <li>•Pertinent psychosocial history;</li> </ul>	Third Party Proprietary
					Inpa	tient, non cancer diagnosis, and pediatrics	<ul> <li>Information and consultations with the treating practitioner:</li> </ul>	
					send	l request to healthplan.	<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
							<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
							•Clinical exam;	
74/0005	05450						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2025	Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	Healthcare Administered Drugs	Y			<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
							<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
1/1/2025	Q9996	INJ, USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS, 1 MC	G Healthcare Administered Drugs	Y			•Pertinent psychosocial history;	Third Party Proprietary
							<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
							<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
							<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
							Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
							•History of the presenting problem	
							<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
1/1/2025	Q9997	INJ, USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS, 1 MG	Healthcare Administered Drugs	Y			•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
							<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
							<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
							•Patient characteristics and information.	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	Evolent PA Required? PA Required Cardiology & Oncology	MHI Code Notes	Documentation Requirements	Criteria
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
1/1/2025	Q9998	INJ, USTEKINUMAB-AEKN (SELARSDI), 1 MG	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						•Pertinent charts, graphs or photographic information, as appropriate;	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>•History of the presenting problem</li> </ul>	
						•Clinical exam;	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	S0013	ESKETAMINE, NASAL SPRAY, 1 MG	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	S0122	INJECTION MENOTROPINS 75 IU	Healthcare Administered Drugs	Y		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> </ul>	
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						<ul> <li>Rehabilitation evaluations;</li> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						<ul> <li>History of the presenting problem</li> <li>Clinical exam;</li> </ul>	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	S0126	INJECTION FOLLITROPIN ALFA 75 IU	Healthcare Administered Drugs	Y		•Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/4/2024	80128		Healthears Administered Drugs	Y		•Treatment plan and progress notes;	Third Dorth ( Droprioton)
7/1/2024	S0128	INJECTION FOLLITROPIN BETA 75 IU	Healthcare Administered Drugs	Ŷ		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	
						•History of the presenting problem •Clinical exam:	
						<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2024	S0132	INJECTION GANIRELIX ACETATE 250 MCG	Healthcare Administered Drugs	Υ		•Treatment plan and progress notes; •Pertinent psychosocial history;	Third Party Proprietary
						<ul> <li>Information and consultations with the treating practitioner;</li> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> </ul>	
						<ul> <li>Patient characteristics and information.</li> <li>Information generally required to support authorization decision making includes, but not limited to:</li> </ul>	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						•Clinical exam;	
		INJ PEGYLATED INTERFERON ALFA2A 180				<ul> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> <li>Treatment plan and progress notes;</li> </ul>	
7/1/2024	S0145	MCG PER ML	Healthcare Administered Drugs	Y		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> </ul>	
						<ul> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> <li>Rehabilitation evaluations;</li> </ul>	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	
						Information generally required to support authorization decision making includes, but not limited to:	
						<ul> <li>Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;</li> <li>History of the presenting problem</li> </ul>	
						<ul> <li>Clinical exam;</li> <li>Pertinent diagnostic testing results, operative and/or pathological reports;</li> </ul>	
7/1/2004	004.40	INJECTION PEGYLATED INTERFERON ALFA-	Hoaltheara Administered Drugs	V		•Treatment plan and progress notes;	
7/1/2024	S0148	2B 10 MCG	n canneare Aurinnistereu Drugs	I I I I I I I I I I I I I I I I I I I		<ul> <li>Pertinent psychosocial history;</li> <li>Information and consultations with the treating practitioner;</li> </ul>	Third Party Proprietary
						<ul> <li>Pertinent evaluations from other health care practitioners and providers;</li> <li>Pertinent charts, graphs or photographic information, as appropriate;</li> </ul>	
						•Rehabilitation evaluations;	
						<ul> <li>Information regarding the local delivery system; and</li> <li>Patient characteristics and information.</li> </ul>	

Criteria
Third Party Proprietary Criteria

Effective Date	Code	Description	Service Category	PA Required	Evolent PA Required? Cardiology & Oncology	MHI Code Notes
7/1/2024	S0156	EXEMESTANE 25 MG	Healthcare Administered Drugs	~	Y~	<ul> <li>Applies only to plans partnered with Evolent (see healthplan scope inclusion list in columns to the right). For Adults ≥18 with cancer diagnosis, direct request to Evolent. For Inpatient, non cancer diagnosis, and pediatrics send request to healthplan.</li> <li>Inform Pertine Pertine</li></ul>
7/1/2024	S0157	BECAPLERMIN GEL 0.01PCT 0.5 GM	Healthcare Administered Drugs	Y		Inform •Curre •Histor •Clinic •Pertin •Treatr •Pertin •Inform •Pertin •Rehal •Inform •Patier
7/1/2024	S0189	TESTOSTERONE PELLET 75 MG	Healthcare Administered Drugs	Y		Inform •Curre •Histor •Clinic •Pertin •Treatr •Pertin •Inform •Pertin •Pertin •Rehal •Inform •Patier
7/1/2024	S1091	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM	Healthcare Administered Drugs	Y		Inform •Curre •Histor •Clinic •Pertin •Treatr •Pertin •Inforn •Pertin

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tinent diagnostic testing results, operative and/or pathological reports;	
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Criteria
Third Party Proprietary Criteria

		Evolent PA Required?	
Service Category	PA Required	Cardiology & Oncology	MHI Code Notes

# Criteria

	Evolent PA Required?		
Service Category	PA Required	Cardiology & Oncology	MHI Code Notes

# Criteria