CPT Codes Requiring PA

KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
Medicare, Medicaid and Market Place Revenue Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicaid Only Procedure Code	Medicare, Medicaid and Market Place Revenue Codes	Medicare, Medicaid and Market Place	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare Only Type of Bill Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market Place Type of Bill	Medicare, Medicaid and Market Place Procedure Codes	Medicaid Only	Market Place	Medicare Only Revenue Codes	Medicaid Only Procedure Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market PlaceMedicare & Medicaid	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market Place Revenue Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare & Medicaid Revenue Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market Place All Orthopedic Footwear, Orthotics, Foot Inserts	Medicare, Medicaid and Market Place Rehab Revenue Code	Medicare, Medicaid and Market Place Revenue Codes	Medicare, Medicaid and Market Place Revenue Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market Place Procedure Codes	Medicare, Medicaid and Market Place Code	Non Covered Medicare codes
0114	98940	5651	00170	0634	A4639	0019T	81201	032X	E0779	081X	70336	NM & TX	New Mexico Only	0022	S5100	95951		B4034	0430	10060	10021	G0260	0420	59000	E0457	0943	0519	0440	32850	A0426	01999	0413	S9960
0124	98941	11921		0635	A7025	0042T	81202	033X	E0780	082X	70450	A4520	52402	0024	S5101	95956		B4035	0431	11200	10022	20552	0421	59001	E1800	Medicare, Medicaid and Market Place Rehab Procedure	0740	0441	32851	A0428	15999	Medicare, Medicaid and Market Place Procedure Codes	S9961
0134	98942	11922		0636	A8000	0051T	81203	034X	E0781	Medicare, Medicaid and Market Place	70460	A4554	55500	Medicare, Medicaid and Market Place	S5102	96101		B4036	0432	11201	10040	20553	0422	59012	E1801	77293	0920	0442	32852	A0430	17999	97597	
0144	Medicaid Only Procedure Code	11950		0820	A8001	0052T	81209	Medicare Only Revenue Codes	E0791	0115	70470	T4521	55530	0100	S5105	96102		B4102	0433	11720	10061	27096	0423	59015	E1802	93797	0929	0443	32853	A0431	19499	97598	
0154	98943	11951		0821	A8002	0053T	81211	0023	K0455	0125	70480	T4522	55535	0101	S5125	96103		B4103	0434	11721	10080	62263	0424	59020	E1805	93798	Medicare, Medicaid and Market Place	0444	32854	Medicaid Only Procedure Codes	20999	97602	
0190		11952		0822	A8003	0054T	81212	027X	Medicaid Only Procedure Codes	0135	70481	T4523	55550	0110	S5126	96116		B4104	0439	11730	10081	62264	0429	59025	E1806	94669	95782	0449	32855	S0215	21089	97605	
0204		11954		0823	A8004	0055T	81213	029X	S5497	0145	70482	T4524	55870	0111	S9122	96118		B4149	Medicare, Medicaid and Market Place Procedure Codes	11732	10120	62280	Medicare, Medicaid and Market Place	59030	E1818	G0422	95783	0470	32856	S9960	21299	97606	
0901		15775		0824	E0184	0058T	81214	042X	S5498	0155	70486	T4525	58345	0112	T1019	96119		B4150	97010	11740	10121	62281	97010	59050	E1825	G0423	95800	0471	33930	S9961	21499	99183	
0910		15776		0825	E0186	0059T	81215	043X	S5501	0235	70487	T4526	58559	0113	T1020	96120		B4152	97012	11750	10140	62282	97012	59051	E1840	Medicare, Medicaid and Market Place Pulmonary Rehab	95801	0472	33933	T2049	21899	E2402	
0911		15780		0829	E0193	0071T	81216	044X	S5502	0650	70488	T4527	58660	0114	T1021	96125		B4153	97014	11752	10160	62310	97014	59120	E1841	0948	95805	0479	33935		22899	G0456	
0912		15781		0830	E0194	0072T	81217	055X	S5517	0651	70490	T4528	58662	0116				B4154	97016	11755	10180	62311	97016	59121	L0112	Medicare & Medicaid Pulmonary Rehab Procedure Codes	95806	Medicare, Medicaid and Market Place Procedure Codes	33940		22999	G0457	
0913		15782		0831	E0196	0073T	81229	056X	S5518	0652	70491	T4529	58672	0117				B4155	97018	11762	11000	62319	97018	59130	L0113	G0424	95807	92507	33944		23929	G0460	
0914		15783		0832	E0197	0075T	81321	057X	S5520	0655	70492	T4530	58673	0118				B4157	97022	11765	11001	62350	97022	59135	L0170	Medicare Only-CORF	95808	92508	33945		24999		
0915		15788		0833	E0198	0076T	81322	060X	S5521	0657	70496	T4531	58740	0119				B4158	97024	11900	11004	62351	97024	59136	L0174	Type of Bill 75X	95810	92524	38205		25999		
0916		15789		0834	E0217	0085T	81323	062X	S5523	0658	70498	T4532	58760	0120				B4159	97026	11901	11005	62355	97026	59140	L0180		95811	92526	38206		26989		
0917		15792		0835	E0225	0092T	81324	Medicare, Medicaid and Market PlaceProcedure Codes	S9325	0659	70540	T4533	58800	0121				B4160	97028	12001	11006	62360	97028	59150	L0190		G0398	92606	38230		27299		
0919		15793		0839	E0239	0095T	81325	Including but not limited to:	S9326	Medicaid Only Procedure Codes	70542	T4534	58805	0122				B4161	97032	12002	11008	62361	97032	59151	L0200		G0399	92609	38240		27599		
1001		15820		0840	E0255	0098T	81326	G0151	S9327	S0271	70543	T4535	58920	0123				B4162	97033	12004	11010	62362	97033	59160	L0454		G0400	95800	38241		27899		
1002		15821		0841	E0256	0099T	81500	G0152	S9328	T2042	70544	T4536		0124				B4164	97034	12041	11011	62363	97034	59200	L0455			95801	38242		28899		
2006		15822		0842	E0260	0100T	81503	G0153	S9329	T2043	70545	T4537		0126				B4168	97035	12042	11012	62367	97035	59300	L0456			95806	38243		29799		
Medicare, Medicaid and Market Place Procedure/Service Codes		15823		0843	E0261	0101T	81504	G0154	S9330	T2044	70546	T4539		0127				B4172	97036	17110	11042	62368	97036	59400	L0457			97533	44132		29999		
90832		15824		0844	E0265	0102T	81287	G0155	S9331	T2045	70547	T4540		0128				B4176	97110	17111	11043	63650	97110	59409	L0458			97535	44133		30999		
90833		15825		0845	E0266	0103T	81506	G0156	S9335	T2046	70548	T4541		0129				B4178	97112	17250	11044	63655	97112	59410	L0460			Medicaid Only Procedure Codes	44135		31299		
90836		15826		0849	E0277	0106T	86812	G0157	S9336		70549	T4542		0130				B4180	97113	17270	11045	63661	97113	59412	L0462			S9128	44136		31599		
90834		15828		0850	E0292	0107T	86813	G0158	S9338		70551	T4543		0131				B4185	97116	17271	11046	63662	97116	59414	L0464			S9152	44137		31899		
90837		15829		0851	E0293	0108T	86816	G0159	S9340		70552			0132				B4189	97124	17272	11047	63663	97124	59425	L0467				44715		32999		
90838		15832		0852	E0294	0109T	86817	G0160	S9341		70553			0133				B4193	97140	17273	11308	63664	97140	59426	L0466				44720		33999		
90845		15833		0853	E0295	0110T	88230	G0161	S9342		70554			0134				B4197	97150	17274	11313	63685	97150	59430	L0468				44721		36299		
90846		15834		0854	E0296	0111T	88233	G0162	S9343		70555			0136				B4199	97530	17276	11400	63688	97530	59510	L0469				47133		37501		
90847		15835		0855	E0297	0123T	88237	G0163	S9345		70557			0137				B4216	97533	20550	11401	64400	97533	59514	L0470				47135		37799		
90849		15836		0859	E0300	0126T	88239	G0164	S9346		70558			0138					97535	20551	11402	64405	97535	59515	L0472				47136		38129		
90853		15837		0880	E0301	0159T	88240	Medicaid Only Procedure Codes	S9347		70559			0139				B5100	97537	20552	11403	64408	97537	59610	L0480				47140		38589		
90865		15838		0881	E0302	0163T	88241	S0270	S9348		71250			0140				B5200	97542	20553	11404	64410	97542	59612	L0482				47141		38999		
90880		15839		0882	E0303	0164T	88245	S0271	S9349		71260			0141				B9000	97760	20600	11406	64412	97760	59614	L0484				47142		39499		
Medicare, Medicaid and Market Place Electroconvulsive (ECT) Therapy		15847		0889	E0304	0165T	88249	S0272	S9351		71270			0142				B9002	97761	20605	11420	64413	97761	59618	L0486				47143		39599		
90870		15876		Medicare, Medicaid and Market Place Procedure Codes	E0328	0169T	88283	S0280	S9353		71275			0143				B9004	97762	20612	11421	64415	97762	59620	L0488				47144		40799		
96111		15877		90955	E0329	0171T	88285	S0281	S9355		71550			0144				B9006	G0281	20615	11422	64416	G0281	59622	L0490				47145		40899		
Medicaid Only Procedure Codes		15878		90937	E0371	0172T	88289	S9110	S9357		71551			0146				B9998	G0283	27767	11423	64417	G0283		L0491				47146		41599		
96110		15879		90945	E0372	0174T	88291	S9123	S9359		71552			0147				B9999	G0329	28001	11424	64418	G0329		L0492				47147		41899		
H0004		17380		90947	E0373	0175T	88363	S9124	S9361		71555			0148					Medicaid Only Procedure Codes	28010	11426	64420	Medicaid Only Procedure Codes		L0622				48550		42299		
H0005		19300		90951	E0431	0178T	84999 (Including Oncotype DX)	T1000	S9363		72125			0149					S9129	28124	11440	64421	S9131		L0627				48551		42699		
H0012		19316		90952	E0445	0179T	Medicaid Only Procedure Codes	T1002	S9364		72126			0150						28190	11441	64430			L0631				48552		42999		
H0016		19318		90953	E0450	0180T	0004M	T1003	S9365		72127			0151						28220	11442	64435			L0633				48554		43289		
H0017		19324		90954	E0460	0181T	S0265	T1021	S9366		72128			0152						28230	11443	64445			L0635				48556		43499		
H0020		19325		90955	E0461	0182T	S3000	T1022	S9367		72129			0153						28232	11444	64446			L0636				50300		43659		
H0022		19328		90956	E0462	0184T	S3834	T1030	S9368		72130			0154						28272	11446	64447			L0637				50320		43999		
H0039		19330		90957	E0463	0185T	S3841	T1031	S9370		72131			0156						28430	11450	64448			L0638				50323		44238		
H0047		19340		90958	E0464	0188T	S3842		S9372		72132			0157						28450	11451	64449			L0639				50325		44799		
H0050		19342		90959	E0470	0189T	S3846		S9373		72133			0158						28455	11462	64450			L0640				50327		44899		
H2010		19350		90960	E0471	0190T	S3846		S9374		72141			0159						28470	11463	64479			L0641				50328		44979		
H2012		19355		90961	E0472	0191T	S3849		S9375		72142			0160						28475	11470	64480			L0642				50329		45499		
H2013		19357		90962	E0480	0195T	S3850		S9376		72146			0164						28490	11471	64483			L0643				50340		45999		
H2014		19361		90963	E0482	0196T	S3852		S9377		72147			0167						28495	11500	64484			L0649				50360		46999		
H2015		19364		90964	E0483	0197T	S3853		S9379		72148			0169						28530	11601	64490			L0650				50365		47279		
H2016		19366		90965	E0562	0198T	S3854		S9490		72149			0170						28540	11602	64491			L0651				50370		47399		
H2017		19367		90966	E0565	0199T	S3855		S9494		72156			0171						28570	11603	64492			L0700				50380		47579		
H2018		19368		90967	E0601	0200T	S3861		S9497		72157			0172						28600	11604	64493			L0710				50547		47999		
H2019		19369		90968	E0610	0201T	S3865		S9500		72158			0173						28630	11606	64494			L1000				Medicaid Only Procedure Codes		48999		
H2020		19370		90969	E0615	0202T	S3866		S9501		72159			0174						28660	11620	64495			L1005				48160		49329		
H2021		19371		90970	E0617	0205T	S3870		S9502		72191			0179						28890	11621	64505			L1110				S2053		49659		
H2022		19380		90997	E0618	0206T			S9503		72192			0200						64450	11622	64508			L1200				S2054		49999		
H2023		19396		G0365	E0619	0207T			S9504		72193			0201						64455	11623	64510			L1210				S2055		50549		
H2024		30400		J0882	E0620	0208T					72194			0202						64632	11624	64517			L1220				S2060		50949		
H2025		30410		J0888	E0627	0209T					72195			0203						64640	11626	64520			L1230				S2061		51999		
H2026		30420		Q4081	E0628	0210T					72196			0204							11640	64530			L1300				S2065		53899		
H2027		30430			E0629	0211T					72197			0206							11641	64600			L1310				S2140		54699		
H2030		30435			E0636	0212T					72198			0207							11642	64605			L1640				S2142		55559		
H2031		30450			E0640	0213T					73200			0208							11643	64610			L1650				S2150		55899		
H2032		30460			E0650	0214T					73201			0209							11644	64611			L1652				S2152		58578		
H2033		30462			E0651	0215T					73202			0210							11646	64612			L1680						58579		
H2035		42145			E0652	0216T					73206			0211							11769	64613			L1685						58679		
H2036		64612			E0656	0217T					73218			0212							11770	64614			L1686						58999		
S5145		67345			E0657	0218T					73219			0213							11771	64615			L1690						59897		
S5146		67900			E0667	0219T					73220			0214							11772	64620			L1700						59898		
S9445		67901			E0668	0220T					73221			0219							11976	64630			L1710						59899		
S9480		67902			E0670	0221T					73222										11980	64632			L1720						60659		
T1007		67903			E0671	0222T					73223										11981	64633			L1730						60699		
T1016		67904			E0672	0223T					73225										11982	64634			L1755						64999		
T1017		67906			E0673	0224T					73700										12000	64635			L1832						66999		
		67908			E0675	0225T					73701										12006	64636			L1834						67299		

CPT Codes Requiring PA

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Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
		69300			E0691	0226T					73702										12007	64640			L1840						67399		
		J0586			E0692	0227T					73706										12013	64650			L1843						67599		
					E0693	0228T					73718										12014	64653			L1844						67999		
					E0694	0229T					73719										12014	64680			L1845						68399		
					E0731	0230T					73720										12015	64681			L1846						68899		
					E0740	0231T					73721										12016	64802			L1847						69399		
					E0747	0232T					73722										12017	64804			L1850						69799		
					E0748	0233T					73723										12018	64809			L1860						69949		
					E0749	0234T					73725										12020	64818			L1900						69979		
					E0760	0235T					74150										12021	64820			L1904						76496		
					E0762	0236T					74160										12031	64821			L1907						76497		
					E0764	0237T					74170										12032	64822			L1910						76498		
					E0782	0238T					74174										12034	64823			L1920						76499		
					E0783	0239T					74175										12035	77003			L1930						76999		
					E0794	0240T					74176										12036	E0782			L1932						77299		
					E0785	0241T					74177										12037	E0783			L1940						77399		
					E0786	0243T					74178										12044	Medicaid Only Procedure Codes			L1945						77499		
					E0849	0244T					74181										12045	97810			L1950						77799		
					E0855	0245T					74182										12046	97811			L1951						78099		
					E0947	0246T					74183										12047	97813			L1960						78199		
					E0948	0247T					74185										12051	97814			L1970						78299		
					E0983	0248T					74261										12052				L1971						78399		
					E0984	0249T					74262										12053				L1980						78499		
					E0986	0253T					74263										12054				L1990						78599		
					E0988	0254T					75557										12055				L2000						78699		
					E1002	0255T					75559										12056				L2005						78799		
					E1003	0262T					75561										12057				L2010						78899		
					E1004	0263T					75563										13100				L2020						79999		
					E1005	0264T					75565										13101				L2030						81099		
					E1006	0265T					75571										13102				L2034						81479		
					E1007	0266T					75572										13120				L2036						81599		
					E1008	0267T					75573										13121				L2037						84999		
					E1010	0268T					75574										13122				L2038						85999		
					E1014	0269T					75635										13131				L2050						86486		
					E1020	0270T					76376										13132				L2060						86849		
					E1029	0271T					76377										13133				L2080						86999		
					E1030	0272T					76380										13151				L2090						87999		
					E1035	0273T					76497										13152				L2106						88099		
					E1036	0274T					76498										13153				L2108						88199		
					E1161	0275T					77058										13160				L2126						88299		
					E1225	0278T					77059										15040				L2128						88399		
					E1226	0281T					77078										15110				L2132						88749		
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					E1230	0283T					78071										15115				L2136						89398		
					E1232	0284T					78072										15116				L2232						90399		
					E1233	0285T					78205										15130				L2250						90749		
					E1234	0286T					78206										15131				L2280						90899		
					E1235	0287T					78320										15135				L2300						90999		
					E1236	0288T					78414										15136				L2310						91299		
					E1237	0289T					78428										15150				L2320						92499		
					E1238	0290T					78451										15151				L2330						92700		
					E1296	0291T					78452										15152				L2335						93799		
					E1298	0292T					78453										15155				L2340						93998		
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					E1700	0295T					78466										15852				L2380						95999		
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					E2120	0297T					78469										16000				L2387						96549		
					E2201	0298T					78472										16035				L2390						96999		
					E2202	0299T					78473										16036				L2395						97039		
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					E2204	0301T					78483										17003				L2500						97799		
					E2227	0302T					78491										17260				L2510						99199		
					E2228	0303T					78492										17261				I2520						99429		
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					E2292	0305T					78496										17263				L2526						99600		
					E2293	0306T					78607										17264				L2530						A0999		
					E2294	0307T					78608										17266				L2540						A4649		
					E2295	0308T					78609										17280				L2550						A4913		
					E2310	0309T					78647										17283				L2570						A9999		
					E2311	0310T					78710										17282				L2580						B9999		
					E2312	0311T					78803										17283				L2600						E0769		
					E2313	0312T					78807										17284				L2610						E0770		
					E2321	0313T					78811										17286				L2620						E1699		
					E2322	0314T					78812										17311				L2622						E2599		
					E2325	0315T					78813										17312				L2624						J1599		
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					E2327	0317T					78815										17314				L2628						J3590		
					E2328	0319T					78816										17315				L2630						J7199		
					E2329	0320T					96020										19000				L2640						J7599		
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					E2340	0322T					Medicaid Only Procedure Code										19020				L2755						K0899		
					E2341	0323T					A9586										19030				L2768						L0999		
					E2342	0324T					S8042										19100				L2800						L1499		
					E2343	0325T					S8092										19101				L3000						L2999		
					E2351	0326T															19110				L3001						L3649		
					E2366	0327T															19112				L3002						L3999		
					E2367	0328T															19120				L3003						L5999		
					E2368	0329T															19125				L3010						L7499		
					E2369	0330T															19126				L3020						L8039		
					E2370	0331T															19297				L3030						L8499		
					E2371	0332T															19298				L3031						L8699		
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					E2375	0334T															20100				L3674						Q0508		
					E2376	0335T															20101				L3702						Q0509		
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					E2402	0339T															20200				L3760						V5299		
					E2500	0340T															20205				L3763						Medicaid Only Procedure Codes		
					E2502	0341T															20206				L3764						D0502		
					E2504	0342T															20220				L3765						D0999		
					E2506	0343T															20225				L3766						D2999		
					E2508	0344T															20240				L3806						D3999		
					E2510	0345T															20245				L3807						D4999		
					E2511	0346T															20250				L3808						D5899		
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					E2606	20985															20500				L3901						D6199		
					E2607	22856															20501				L3904						D6999		
					E2608	22857															20520				L3905						D7999		
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					E2612	22864															20527				L3915						D9999		
					E2613	22865															20610				L3919						J8499		
					E2614	27412															20650				L3921						T5999		
					E2615	27415															20660				L3933								
					E2616	27416															20661				L3935								

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KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
					E2617	29866															20662				L3960								
					E2620	34806															20663				L3961								
					E2621	82016															20664				L3962								
					E2622	82017															20665				L3967								
					E2623	83987															20670				L3971								
					E2624	84145															20680				L3973								
					E2625	86316															20690				L3975								
					E2626	86343															20692				L3976								
					E2627	89240															20693				L3977								
					E2628	90867															20694				L3978								
					E2629	90868															21073				L4000								
					E2630	91132															21110				L4010								
					E2631	91133															21315				L4020								
					K0008	92700															21120				L4030								
					K0009	92970															21325				L4040								
					K0010	92971															21330				L4045								
					K0011	93982															21335				L4050								
					K0012	95803															21336				L4055								
					K0014	95980															21337				L4060								
					K0108	J2010															21338				L4070								
					K0455	J7330															21339				L4080								
					K0606	L5856															21340				L4090								
					K0609	L5858															21343				L4100								
					K0730	L6880															21344				L4130								
					K0800	L6945															21345				L4205								
					K0801	L6950															21346				L4210								
					K0802	L6955															21347				L4631								
					K0806	L6965															21348				L5000								
					K0807	L6970															21355				L5010								
					K0808	L6975															21356				L5020								
					K0813	L7180															21360				L5050								
					K0814	L7181															21365				L5060								
					K0815	Medicaid Only Procedure Code															21366				L5100								
					K0816	0329T															21385				L5105								
					K0820	0330T															21386				L5150								
					K0821	0331T															21387				L5160								
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					K0823	0333T															21395				L5210								
					K0824	0334T															21400				L5220								
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					K0826																21406				L5250								
					K0827																21407				L5270								
					K0828																21408				L5280								
					K0829																21421				L5301								
					K0830																21422				L5312								
					K0831																21423				L5321								
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					K0836																21432				L5341								
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					K0838																21435				L5505								
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					K0840																21440				L5520								
					K0841																21445				L5530								
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					K0859																21497				L5616								
					K0860																21501				L5617								
					K0861																21502				L5618								
					K0862																21510				L5620								
					K0863																21550				L5622								
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					K0868																21556				L5626								
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					K0879																21825				L5634								
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					K0884																21925				L5637								
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					L4040																22318				L5645								
					L4360																22319				L5646								
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					L5671																23605				L5700								
					L5688																23615				L5701								
					L5695																23616				L5703								
					L5700																23620				L5704								

CPT Codes Requiring PA

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Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
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					L5704																23630				L5706								
					L5705																23650				L5707								
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					L5711																23660				L5711								
					L5712																23665				L5712								
					L5714																23670				L5714								
					L5716																23675				L5716								
					L5718																23680				L5718								
					L5722																23700				L5722								
					L5724																23930				L5724								
					L5726																23931				L5726								
					L5728																23935				L5728								
					L5780																24006				L5780								
					L5785																24065				L5781								
					L5790																24066				L5782								
					L5810																24075				L5785								
					L5811																24076				L5790								
					L5812																24077				L5795								
					L5814																24500				L5810								
					L5816																24505				L5811								
					L5818																24515				L5812								
					L5822																24516				L5814								
					L5824																24530				L5816								
					L5826																24535				L5818								
					L5828																24538				L5822								
					L5830																24545				L5824								
					L5840																24546				L5826								
					L5848																24560				L5828								
					L5856																24565				L5830								
					L5857																24566				L5840								
					L5858																24575				L5845								
					L5910																24576				L5848								
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					L8400																25565				L6010								
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					Q5002																26320				L6680								
					Q5003																26340				L6682								
					Q5004																26600				L6684								
					Q5006																26605				L6686								
					S8540																26607				L6687								
					S8423																26608				L6688								
					S8425																26615				L6689								
					S8426																26641				L6690								
					V2530																26645				L6691								
					V2531																26650				L6692								
					Medical Only Codes																26665				L6693								
					E0481																26670				L6694								
					L8692																26675				L6695								
					V5030																26676				L6696								
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CPT Codes Requiring PA

KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
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CPT Codes Requiring PA

KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
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CPT Codes Requiring PA

KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
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CPT Codes Requiring PA

KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

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CPT Codes Requiring PA

KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
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KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
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CPT Codes Requiring PA

KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
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CPT Codes Requiring PA

KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
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KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
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CPT Codes Requiring PA

KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

Behavioral Health Mental Health, Alcohol & Chemical Dependency Services	Chiropractic Services	Cosmetic, Plastic & Reconstructive Procedures (in any setting)	Dental General Anesthesia	Dialysis Notification Only	Durable Medical Equipment	Experimental, Investigational	Genetic Counseling & Testing	Home Healthcare: After 3 skilled nursing visits	Home Infusion	Hospice & Palliative Care Notification Only	Imaging	Incontinent Supplies	Infertility	Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)	Long Term Services and Supports (per state benefit)	Neuropsychological & Psychological Testing and Therapy	Non-Par Providers/Facilities: Office Visits, Procedures,Labs, Diagnostic Studies, Inpatient Stays	Nutritional Supplements & Enteral Formulas	Occupational Therapy	Office Based Surgical Procedures DO NOT Require Authorization except for Podiatry Surgical Procedures	Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures These codes are exempt and DO NOT REQUIRE PA	Pain Management Procedures	Physical Therapy	Pregnancy & Delivery Notification Only	Prosthetics/Orthotics	Rehabilitation Outpatient Services Including Cardiac, Pulmonary and Comprehensive Outpatient Rehab Facility (CORF) CORF services for Medicare only	Sleep Studies	Speech Therapy	Transplant Evaluation and Services including Solid Organ and Bone Marrow	Transportation	Unlisted & Miscellaneous Codes	Wound Therapy including Wound Vacs & Hyperbaric Wound Therapy	Medicare Exceptions
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																					Note: The following radiology codes are associated with Cardiovascular Intra-Arterial/Intra-Aortic Catheter surgical procedures & do not require PA. They are included for clarification. Radiology codes requiring PA are listed under the heading													
																					75600													
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CPT Codes Requiring PA

KEY: MEDICARE/MEDICAID & MKT PLACE - MEDICAID ONLY - MEDICARE ONLY - MARKET PLACE ONLY - Multiple States

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																						C9734												
																						C9735												
																						C9736												
																						Medicaid Only Procedure Codes												
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																						52066												
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Drugs Requiring Prior Authorization

Non-Covered Drugs May Be Covered Under Part D (For Part D Determinations Contact Molina Medicare Pharmacy at extension 179796).

DRUG BRAND NAMES BY CONDITION	HCPCS CODE	HCPCS DESCRIPTION/GENERIC NAME
BEHAVIORAL HEALTH		
Adasuve loxapine	C9497	Loxapine, inhalation powder, 10 mg
Aripiprazole	J0401	Injection, aripiprazole, extended release, 1 mg (aripiprazole extended release is indicated for schizophrenia (extended-release injection only) for the treatment of schizophrenia in adults.
CONTRACEPTION - Device		
Skyla (Levonorgestrel)	J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
HEMOPHILIA, VON WILLEBRAND DISEASE, & RELATED BLEEDING DISORDERS		
Advate	J7192	Factor VIII (antihemophilic factor, recombinant) per IU
Alphanate	J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human) per factor VIII i.u.
Alphanine SD	J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU
Bebulin VH	J7194	Factor IX complex, per IU
Benefix	J7195	Factor IX (antihemophilic factor, recombinant) per IU
Corifact	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU (Corifact)
Feiba VH Immuno	J7198	Antiinhibitor, per IU
Helixate FS	J7192	Factor VIII (antihemophilic factor, recombinant) per IU
Hemofil M	J7190	Factor VIII (antihemophilic factor, human) per IU
Humate-P	J7187	Injection, von Willebrand factor complex (Humate-P) per IU vWF-RCO
Hyate:C	J7191	Factor VIII (antihemophilic factor (porcine), per IU.
Koate-DVI	J7190	Factor VIII (antihemophilic factor, human) per IU
Autoplex T	J7198	Antiinhibitor, per IU
Kcentra	C9132	Prothrombin complex concentrate (human), Kcentra, per i.u. of Factor IX activity
Kogenate FS	J7192	Factor VIII (antihemophilic factor, recombinant) per IU
Monarc M	J7190	Factor VIII (antihemophilic factor, human) per IU
Monoclate P	J7190	Factor VIII (antihemophilic factor, human) per IU
Mononine	J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU
NovoSeven	J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 mcg
Profilnine SD	J7194	Factor IX complex, per IU
Proplex T	J7194	Factor IX complex, per IU
Recombinate	J7192	Factor VIII (antihemophilic factor, recombinant) per IU
Refacto	J7192	Factor VIII (antihemophilic factor, recombinant) per IU
Rixibus	C9133	Factor IX (antihemophilic factor, recombinant), rixibus, per i.u.
Vitrasert	J7195	Factor IX (antihemophilic factor, recombinant) per IU
Xyntha	J7185	Injection, factor VIII (antihemophilic factor, recombinant) (XYNTHA) per IU
Wilate	J7183	Injection, von Willebrand factor complex (human), Wilate, per 100 IU VWF:RCO
Hemophilia clotting factor, not otherwise specified	J7199	Hemophilia clotting factor, not otherwise classified
Not Covered: Hemophilia, Von Willebrand Disease, & Related Bleeding Disorders (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Stimate Not covered-self administered		Desmopressin acetate (Nasal spray)
IMMUNE DEFICIENCIES & RELATED DISORDERS ***IV Immune globulins***		
Immune Globulin	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
Baygam	J1460	Injection, gamma globulin, intramuscular, 1 cc. Use this code for GamaSTAN SD.

Baygam	J1560	Injection, gamma globulin, intramuscular, over 10cc Use this code for GamaSTAN SD.
Berinert	J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units
Carimune	J1566	J1566: Injection, immune globulin, intravenous, lyophilizd (e.g., powder), not otherwise specified, 500 mg. Use this code for Carimune.
Carimune NF	J1566	Injection, immune globulin, intravenous, lyophilizd (e.g., powder), not otherwise specified, 500 mg. Use this code for Carimune.
Cytogam	J0850	J0850: Injection cytomegalovirus immune globulin intravenous (human), per vial. Use this code for Cytogam.
Flebogamma	J1572	J1572: Injection, immune globulin, (FlebogammaFlebegamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
Gamastan S/D	J1460	J1460-Injection, gamma globulin, intramuscular, 1 cc. Use this code for GamaSTAN SD.
GamaStan S/D	J1560	Injection, gamma globulin, intramuscular, over 10 cc. Use this code for GamaSTAN SD.
Gammagard Liquid	J1569	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg
Gammagard S/D	J1560	Injection, gamma globulin, intramuscular, over 10 cc
Gammaplex	J1557	Injection, immune globulin, (Gammaplex), intravenous, non-Lyophilized (e.g. Liquid), 500 mg. Use this code for Gammaplex.
Gammar-P I.V.	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg.
Gamunex	J1561	J1561: Injection, immune globulin, (Gamunex) intravenous, nonlyophilized (e.g., liquid), 500 mg.
HepaGam B	J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml.
HepaGam B	J1573	Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml.
Hizentra	J1559	Injection, immune globulin (Hizentra), 100 mg
Immune globulin (bivigam),	J1556	Injection, immune globulin (bivigam), 500 mg
Iveegam EN	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg.
Kalbitor	J1290	Injection ecallanide, 1 mg.
Octagam	J1568	J1568: Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid) 500 mg.
Panglobulin	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg.
Panglobulin NF	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg.
Polygam S/D	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg.
Privigen	J1459	J1459: Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g.,liquid), 500 mg.
Rhophylac	J2791	Injection, Rho (DF) immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU. Use this code HypRho SD, WINRho SDF.
Venoglobulin-S	J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
Vivaglobin Not covered if self administered	J1562, 90284	J1562: Injection, immune globulin (Vivaglobin), 100 mg. 90284: Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each.
WinRho SDF	J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU. Use this code for WinRho SDF.
IMMUNOSUPPRESSIVE DRUGS		
Ado-trastuzumab emtansine	J9354	Injection, ado-trastuzumab emtansine, 1 mg ado-trastuzumab emtansine (KADCYLA for injection) is approved for metastatic breast cancer (as a single agent for the treatment of patients with human epidermal growth factor receptor 2 (HER2)–positive, metastatic breast cancer who previously received trastuzumab (Herceptin) and a taxane, separately or in combination.
Atgam Not covered when administered in a home setting	J7504	Lymphocyte immune globulin, antithymocyte globulin equine, parenteral, 250 mg. Use this code for Atgam.

Carfilzomib	J9047	Injection, carfilzomib, 1 mg Carfilzomib (Krypolis) is indicated for the treatment of patients with multiple myeloma who have received at least 2 prior therapies including bortezomib and an immunomodulatory agent and have demonstrated disease progression on or within 60 days of completion of the last therapy.
CellCept	J7517	Mycophenolate mofetil, oral, 250 mg. Use this code for CellCept.
Cytoxan	J8530	Cyclophosphamide; oral 25 mg. Use this code for Cytoxan.
Imuran	J7500	Azathioprine, oral, 50 mg. Use this code for Azasan, Imuran.
Nulogix	J0485	Injection Belatacept 1 mg Use this code for Nulogix
Omacetaxine mepesuccinate	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg Omacetaxine mepesuccinate (Synribo) is indicated for the treatment of adult patients with chronic or accelerated phase chronic myeloid leukemia (CML) with resistance and/or intolerance to two or more tyrosine kinase inhibitors (TKI). This indication is based upon response rate.
Orthoclone OKT3	J7505	Muromonab-CD3, parenteral, 5 mg. Use this code for Orthoclone OKT3.
Pertuzumab	J19306	Injection, pertuzumab, 1 mg There are two indications for pertuzumab injection: 1. Breast cancer, metastatic: Treatment of human epidermal growth factor receptor 2 (HER2)–positive metastatic breast cancer (in combination with trastuzumab and docetaxel) in patients who have not received prior anti-HER2 therapy or chemotherapy to treat metastatic disease. 2. Breast cancer, neoadjuvant treatment: Neoadjuvant treatment of locally advanced, inflammatory, or early stage HER2-positive breast cancer (either greater than 2 cm in diameter or node positive) in combination with trastuzumab and docetaxel (as part of a complete treatment regimen for early breast cancer).
Prednisone See description for brand names	J7506	Prednisone, oral, per 5 mg. Use this code for Deltasone, Liquid Pred Syrup, Levoxyl, Predone, Prednicot, Sterapred.
Prednosolone See description for brand names	J7510	Prednisolone, oral, per 5 mg. Use this code for Delta-Cortef, Cotolone, Pediapred, Prednoral, Prelone.
Prograf J7525 not covered when administered in a home setting	J7507, J7525	J7507: Tacrolimus, oral, per 1 mg. Use this code for Prograf. J7525: Tacrolimus, parenteral, 5 mg. Use this code for Prograf.
Sandimmune J7516 not covered when administered in a home setting See description for other brand names	J7502, J7515, J7516	J7502: Cyclosporine, oral, 100 mg. Use this code for Neoral, Sandimmune, Gengraf, Sangcya. J7515: Cyclosporine, oral, 25 mg. Use this code for Neoral, Sandimmune, Gengraf, Sangcya. J7516: Cyclosporine, parenteral, 250 mg Use this code for Neoral, Sandimmune, Gengraf, Sangcya.
Zenapax J7513 not covered when administered in a home setting	J7513	Daclizumab, parenteral, 25 mg. Use this code for Zenapax.
Zortress	J7527	Everolimus oral, 0.25 mg Use this code for Zortress
GROWTH HORMONE & RELATED DISORDERS ***Growth Hormone***		
Not Covered: Growth Hormone & Related Disorders **Growth Hormone** **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**		
Genotropin Not covered for self administration	J2941	Injection, somatropin, 1 mg
Genotropin Miniquick Not covered for self administration	J2941	Injection, somatropin, 1 mg
Humatrope Not covered for self administration	J2941	Injection, somatropin, 1 mg
Norditropin Not covered for self administration	J2941	Injection, somatropin, 1 mg
Norditropin Nordiflex Not covered for self administration	J2941	Injection, somatropin, 1 mg
Nutropin Not covered for self administration	J2941	Injection, somatropin, 1 mg
Nutropin AQ Not covered for self adminsitration	J2941	Injection, somatropin, 1 mg
Nutropin AQ Pen Not covered for self administration	J2941	Injection, somatropin, 1 mg

Omnitrope Not covered for self administration	J2941	Injection, somatropin, 1 mg
Protropin Not covered for self administration	J2940	Injection, somatrem, 1 mg. Use this code for Protropin.
Saizen Not covered for self adminsitration	J2941	Injection, somatropin, 1 mg
Saizen Click.Easy Not covered for self administration	J2941	Injection, somatropin, 1 mg
Tev-Tropin Not covered for self administration	J2941	Injection, somatropin, 1 mg
Zorbtive Not covered for self administration	J2941	Injection, somatropin, 1 mg
HEPATITIS C		
Not covered: Hepatitis C (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Copegus		Ribavirin (Oral medication, tablets)
Infergen Not covered for self administration	J9212	Injection, interferon alfacon-1, recombinant, 1 mcg. Use this code for Infergen.
Interferon beta-1a	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Interferon beta-1a	Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use
Pegasys Not covered for self administration	J3490 (Unlisted Drug)	Peginterferon Alfa-2a
Peg-Intron Not covered for self administration	J3490 (Unlisted Drug)	Peginterferon Alfa-2b
Peg-Intron Redipen Not covered for self administration	J3490 (Unlisted Drug)	Peginterferon Alfa-2b
Rebetol Not covered-oral		Ribavirin (Oral medication, capsules, liquid, tablets)
Rebetron Not covered-oral		Ribavirin (Oral medication, capsules, liquid, tablets)
Riba Pak Not covered-oral		Ribavirin (Oral medication, tablets)
Ribavirin Not covered-oral		Ribavirin (Oral medication, capsules, liquid, tablets)
MULTIPLE SCLEROSIS		
Avonex Covered when administered under direct supervision of a physician Not covered for self administration	Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use Use this code for Avonex, Rebif
Betaseron Covered when administered under direct supervision of a physician Not covered for self administration	J1830	Injection interferon beta-1b, 0.25 mg. Use this code for Betaseron.
Mitoxantrone	J9293	Injection, mitoxantrone HCl, per 5 mg. Use this code for Navantrone.
Novantrone	J9293	Injection, mitoxantrone HCl, per 5 mg. Use this code for Navantrone.
Tysabri	J2323	Injection, natalizumab, 1 mg. Use this code for Tysabri.
Not Covered: Multiple Sclerosis (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
J1826 & Q3026 are invalid codes for Medicare		
Avonex	J1826	Injection, interferon beta-1a, 11 mcg for intramuscular use Use this code for Avonex, Rebif.
Copaxone Not covered for self administration	J1595	Injection, glatiramer acetate, 20 mg. Use this code for Copaxone.
Rebif	J1826	Injection, interferon beta-1a, 11 mcg for intramuscular use Use this code for Avonex, Rebif.
OSTEOARTHRITIS		
Euflexxa	J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose.
Gel-One	J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose.
Hyalgan	J7321	Hylauronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose. (Injected into knee joint to treat pain caused by osteoarthritis)
Orthovisc	J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection,per dose
Supartz	J7321	Hylauronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose. (Injected into knee joint to treat pain caused by osteoarthritis)

Synvisc	J7325	Hyaluronan or derivative, Synvisc, for intra-articular injection,per dose
Zoledronic Acid	J3489	Injection, zoledronic acid, 1 mg
OSTEOPOROSIS		
Not Covered: Osteoporosis (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Forteo Not covered for self administration	J3110	Injection, teriparatide, 10 mcg. Use this code for Forteo.
RHEUMATOID ARTHRITIS		
Actemra	J3262	Injection, tocilizumab, 1 mg
Enbrel Not covered for self administration This code may be used for Medicare when administered under the direct supervision of a physician, not for use when self administered.	J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered). Use this code for Enbrel.
Golimumab	J1602	Injection, golimumab, 1 mg, for intravenous use SIMPONI ARIA is indicated for the treatment of adult patients with moderately to severely active Rheumatoid Arthritis in combination with methotrexate
Orencia Not covered for self administration This code may be used for Medicare when administered under the direct supervision of a physician, not for use when self administered.	J0129	Injection, abatacept, 10 mg.(code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered). Use this code for Orencia.
Remicade	J1745	Injection, infliximab 10 mg. Use this code for Remicade.
Rituximab	J9310	Injection, rituximab, 100 mg **Note**: This requires PA for rheumatoid arthritis DX (714.0). No PA required for cancer diagnosis.
Not Covered: Rheumatoid Arthritis (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Humira Not covered for self administration	J0135	Injection, adalimumab, 20 mg. Use this code for Humira.
Kineret Not covered for self administration	J3590 Unclassified Drug	
RSV		
Synagis	90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each
ALLERGIC ASTHMA		
Xolair	J2357	Injection, omalizumab, 5 mg. Use this code for Xolair.
HEMATOPOETICS		
Aranesp	J0881 (Non-ESRD)	J0881-Injection, darbepoetin alfa, 1 mcg (non-ESRD use) Use this code for Aranesp.
Epogen	J0885 (Non-ESRD)	J0885: Injection, epoetin alfa, (for non-ESRD use), 1000 units. Use this code for Epogen/Procrit.
Procrit	J0885 (Non-ESRD)	J0885: Injection, epoetin alfa, (for non-ESRD use), 1000 units. Use this code for Epogen/Procrit.
HIV MEDICATIONS		
Not Covered: HIV Medications (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Intelence	J3490	Etravirine tablets
Fuzeon Not covered for self administration	J1324	Injection, enfuvirtide, 1 mg. Use this code for Fuzeon.

Serostim Not covered for self adminsitration	J2941	Injection, somatropin, 1 mg. Use this code for Humatrope, Genotropin Nutropin, Biotropin, Genotropin, Genotropi Miniquick, Norditropin, Nutropin AQ, Saizen, Saizen Somatropin RDNA Origin, Serostim, Serostim RDNA Origin, Zorbtive.
HORMONAL THERAPIES		
Acthar	J0800	Injection, corticotropin, up to 40 units. Use this code for H.P. Acthar gel.
Eligard Not covered for self administration	J9217	Leuprolide acetate (for depot suspension), 7.5 mg. Use this code for Lupron Depot, Eligard.
Lupron Depot Not covered for self administration	J9217, J1950	J9217: Leuprolide acetate (for depot suspension), 7.5 mg. Use this code for Lupron Depot, Eligard. J1950: Injection, leuprolide acetate (for depot suspension), per 3.75 mg. Use this code for Eliguard, Lupron, Lupron-3, Lupron-4, Lupron Depot.
Lupron Depot-Ped	J1950	J1950: Injection, leuprolide acetate (for depot suspension), per 3.75 mg. Use this code for Eliguard, Lupron, Lupron-3, Lupron-4, Lupron Depot.
Supprelin LA - Implant	J9226	Histrelin implant (Supprelin LA), 50 mg.
Trelstar Depot	J3315	Injection, triptorelin pamoate, 3.75 mg. Use this code for Trelstar Depot, Trelstar Depot Plus Debioclip Kit, Trelstar LA.
Trelstar LA	J3315	Injection, triptorelin pamoate, 3.75 mg. Use this code for Trelstar Depot, Trelstar Depot Plus Debioclip Kit, Trelstar LA.
Vantas	J9225	Histrelin implant (Vantas), 50 mg.
Viadur	J9219	Leuprolide acetate implant, 65 mg. Use this code for Lupron Implant.
Zoladex	J9202	Goserelin acetate implant, per 3.6 mg. Use this code for Zoladex
Not Covered: Hormonal Therapies **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**		
Lupron Not covered for self administration	J9218	Leuprolide acetate, per 1 mg. Use this code for Lupron.
Supprelin LA Not covered for self administration	J1675	J1675: Injection, histrelin acetate, 10 mcg. Use this code for Supprelin LA.
INFERTILITY		
Not Covered: Infertility **(Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)**		
Bravelle	J3355	Injection, Urofollitropin, 75 IU; Use this code for Metrodin, Bravelle, Fertinex.
Cetrotide	J3490 (Unlisted Drug)	Cetrorelix acetate for injection 0.25 mg and 3 mg for subcutaneous use only.
Chorionic Gonadotropin	J0725	Injection, chorionic gonadotropin, per 1,000 USP units.
Follistim AQ	J3490 (Unlisted Drug)	Injection, urofollitropin, 75 IU. Use this code for Metrodin, Bravelle, Fertinex.
Ganirelix Acetate Antagon	J3490 (Unlisted Drug)	Ganirelix acetate injection for subcutaneous use only
Gonal-F	J3490 (Unlisted Drug)	Injection, urofollitropin, 75 IU. Use this code for Metrodin, Bravelle, Fertinex.
Gonal-F RFF	J3490 (Unlisted Drug)	Follitropin Alfa (Systemic)
Luveris	J3490 (Unlisted Drug)	Lutropin alpha
Menopur	J3490 (Unlisted Drug)	Menotropins
Novarel	J0725	Injection, chorionic gonadotropin, per 1,000 USP units.
Ovidrel	J3490 (Unlisted Drug)	Choriogonadotropin alfa injection
Pregnyl	J0725	Injection, chorionic gonadotropin, per 1,000 USP units.
Profasi HP	J0725	Injection, chorionic gonadotropin, per 1,000 USP units.
Repronex	J3490 (Unlisted Drug)	Menotropins for injection.
LYSOSOMAL STORAGE DISEASES		
Aldurazyme	J1931	Injection, laronidase, 0.1 mg. Use this code for Aldurazyme.
Cerezyme	J1786	Injection, imiglucerase, 10 units. Use this code for Cerezyme.
Elaprase	J1743	Idursulfase, 1 mg. Use this code for Elaprase.
Fabrazyme	J0180	Injection, agalsidase beta, 1 mg. Use this code for Fabrazyme.

Lumizyme	J0221	Injection, alglucosidase alfa, 10 mg. Use this code for Lumizyme.
Myozyme	J0220	Injection, alglucosidase alfa, 10 mg. Use this code for Myozime.
Naglazyme	J1458	Injection, galsulfase, 1 mg. Use this code for Naglazyme.
MACULAR DEGENERATION		
Eylea	J0178	Injection, aflibercept, 1 mg
Lucentis	J2778	Injection, ranibizumab, 0.1 mg. Use this code for Lucentis.
Macugen	J2503	Injection, pegaptanib sodium, 0.3 mg. Use this code for Mucagen.
Visudyne	J3396	Injection, verteporfin, 0.1 mg. Use this code for Visudyne.
ONCOLOGY - ORAL		
Not Listed as Covered by Medicare: Oncology Oral (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Gleevec	J8999 (Unlisted Drug-oral chemotherapeutic),	Imatinib Mesylate (used to treat chronic myeloid leukemia)
Nexavar	J8999 (Unlisted Drug-oral chemotherapeutic)	Sorafenib (Used to treat renal cell carcinoma)
Oforta	J8562	Fludarabine phosphate, oral, 10 mg Use this code for Oforta
Revlimid	J8499 (Unlisted Drug-non chemotherapeutic)	Lenalidomide (Used to treat anemia in patients with a certain type of myelodysplastic syndrome called 5q MDS)
Sprycel	J8999 (Unlisted Drug-oral chemotherapeutic)	Dasatinib (Treatment for chronic myeloid leukemia and acute lymphoblastic leukemia)
Sutent	J8999 (Unlisted Drug-oral chemotherapeutic)	Sunitinib malate (treatment of gastointestinal stromal tumor and treatment of advanced renal cell cancer)
Tarceva	J8999 (Unlisted Drug-oral chemotherapeutic)	Erlotinib (Non-small cell lung cancer)
Tasigna	J8999 (Unlisted Drug-oral chemotherapeutic)	Nilotinib (Indicated for treatment of chronic phase and accelerated phase Philadelphia chromosome positive chronic myelogenous leukemia)
Thalomid	J8499 (Unlisted Drug-non chemotherapeutic)	Thalidomide (oral capsules- Used in combination with dexamethasone for treatment of mutiple myeloma)
Tykerb	J8999 (Unlisted Drug-oral chemotherapeutic)	Lapatinib
Zolinza	J8499 (Unlisted Drug-non chemotherapeutic)	Vorinostat (Used to treat skin problems caused by T-cell lymphoma) Oral capsule
Zortress	J7527	Everolimus, oral, 0.25 mg (Used to treat pancreatic progressive neuroendocrine tumors)
ONCOLOGY - INJECTABLE		
Adcetris	J9042	Injection, brentuximab vedotin, 1 mg. Use this code for Adcetris. (Used to treat Hodgkin lymphoma)
Arzerra	J9302	Injection, ofatumumab, 10 mg Use this code for Arzerra (Used to treat chronic lymphocytic leukemia)
Asparaginase	J9019	Injection, asparaginase (Erwinaze), 1,000 IU (Used to treat leukemia)
Doxorubicin HCL	Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg. Indicated as a treatment for patients with ovarian cancer whose disease has recurred or progressed after platinum-based chemotherapy, and for patients with AIDS-related Kaposi's sarcoma whose disease has progressed on prior combination chemotherapy or who cannot tolerate such therapy.
Folotyn	J9307	Injection, pralatrexate, 1 mg Use this code for Folotyn (Used to treat T cell lymphoma)
Hycamtin	J9351	Injection, topotecan, 0.1 mg Use this drug for Hycamtin (Used to treat ovarian, small cell lung & cervical cancer)
Istodax	J9315	Injection, romidepsin, 1 mg Use this code for Istodax (Used to treat cutaneous T-cell lymphoma)
Kadcyla		Injection, ado-trastuzumab emtansine, 1 mg. Used to treat HER2-positive breast cancer that has spread to other parts of the body in patients who have received prior treatment with Herceptin (trastuzumab) and a taxane chemotherapy.
Provenge	Q2043	Injection, SIPULEUCEL-T AUTO CD54. This drug is an autologous cellular immunotherapy for prostate CA

Synribo		Injection, omacetaxine mepesuccinate, 0.01 mg. For the treatment of adult patients with chronic or accelerated phase chronic myeloid leukemia (CML) with resistance and/or intolerance to two or more tyrosine kinase inhibitors (TKIs); second-line treatment of CML
Not Covered: Oncology - Injectable (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Roferon-A Not covered when self injected	J9213	Injection, interferon alfa-2a,recombinant, 3 million units. Use this code for Roferon A.
Prophylaxix - Organ Rejection		
Tacrolimus	J7508	Tacrolimus, extended release, oral, 0.1 mg tacrolimus extended-release capsules (ASTAGRAF XL) is indicated for the prophylaxis of organ rejection in adult patients receiving a kidney transplant with concomitant use of mycophenolate mofetil and corticosteroids, with or without basiliximab induction
PSORIASIS		
Amevive	J0215	Injection, alefacept, 0.5 mg. Use this for Amevive.
Not Covered: Psoriasis (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Raptiva Not covered when self injected	J3590 Unlisted Drug	Efalizumab
PULMONARY DISEASE		
Aralast	J0256	Injection, alpha 1-proteinase inhibitor-human, 10 mg. Use this code for Prolastin, Zemira.
Aralast NP	J0256	Injection, alpha 1-proteinase inhibitor-human, 10 mg. Use this code for Prolastin, Zemira.
Glassia	J0257	Injection, alpha 1-proteinase inhibitor-human, 10 mg. Use this code for Glassia.
Pulmozyme	J7639	Dornase alpha, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg. Use this code for Pulmozyme.
Tobi	J7682	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administed through DME, per 300 mg. Use this code for Tobi.
PULMONARY ARTERIAL HYPERTENSION		
Epoprostenol Sodium for Injection	J1325	Injection, epoprostenol, 0.5 mg. Use this code for Flolan.
Sterile Diluent for Epoprostenol Sodium for Injection		
Remodulin	J3285	Injection, treprostinil, 1 mg. Use this code for Remodulin.
Flolan	J1325	Injection, epoprostenol, 0.5 mg. Use this code for Flolan.
Flolan Diluent		
Tyvaso	J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg
Ventavis	Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 20 mcg.
Not Covered: Pulmonary Arterial Hypertension (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Letairis Not covered-self administered		Ambrisentan. Oral tablets.
Revatio Not covered-self administered		Sildenafil citrate. Oral tablets.
Tracleer Not covered-self administered		Bosentan. Oral tablets.
RENAL DISEASE		
Not Covered: Renal Disease (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Sensipar Not covered-self administered		Cinacalcet. Oral tablets.
MISCELLANEOUS ADDITIONAL PRODUCTS		

Actimmune Not covered for self administration	J9216	Injection, interferon, gamma 1-b, 3 million units. Use this code for Actimmune.
Aflibercept	J0178	Injection, aflibercept, 1 mg Use this code for Eylea
Alkeran	J9245	Injection, melphalan HCI, 50 mg. Use this code for Alkeran, L-phenylalanine mustard.
Amifostine	J0207	Injection, amifostine, 500 mg
Amniomatrix or biodmatrix	Q4139	Amniomatrix or biodmatrix, injectable, 1 cc AmnioMatrix® is a cryopreserved, allograft liquid wound covering and is most commonly used as a filling agent for soft tissue injuries, hollow regions of bone, and as an anti-inflammatory wound dressing. Other proposed uses include the treatment of skin and soft tissue ulcerations, plantar fasciitis, muscle tears, repetitive motion/overuse injuries, tendinopathies, bone injuries resistant to healing, arthritis, and failed back surgery syndrome due to epidural scar formation.
Arcalyst Not covered for self administration	J2793	Injection, rilonacept, 1 mg
Apligraf	Q4101	Skin substitute, Apligraf, per sq cm.
Atryn	J7196	Injection, antithrombin recombinant, 50 IU
Belimumab	J0490	Injection, belimumab 10 mg.
Botox	J0585	Botulinum toxin type A, per unit. Use this code for Botox.
Botox	J0586	Botulinum toxin type A, 5 units Use this code for Botox.
Cerezyme	J1786	Injection, Imiglucerase, 10 units
Certolizumab pegol	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
DDAVP	J2597	Injection, desmopressin acetate, per 1 mcg. Use this drug for DDAVP.
Denosumab	J0897	Injection Denosumab, 1 mg (PA required for diagnosis of osteoporosis)
Desferal	J0895	Injection, deferoxamine, mesylate, 500 mg. Use this code for Desferal.
Epifix	Q4145	Epifix, injectable, 1 mg EpiFix® Human Amniotic Membrane Allograft is used in the treatment of chronic and acute partial- and full-thickness wounds including, but not limited to: diabetic foot ulcers, venous leg ulcers, arterial ulcers, pressure ulcers, inflammatory ulcers, burns, Mohs and scar revision.
Excellagen	Q4149	Excellagen, 0.1 cc Excellagen is a syringe-based wound care product for the management of diabetic foot ulcers, pressure ulcers, and other dermal wounds. Excellagen is a fibrillar collagen-based gel that is topically applied through pre-filled, single-use 0.5mL syringes.
Injectafer	C9441	Ferric carboxymaltose, Injection 1 mg Injectafer® (ferric carboxymaltose injection) is indicated in the treatment of iron-deficiency anemia in adults with intolerance to oral iron or unsatisfactory response to oral iron; treatment of iron-deficiency anemia in adults with nondialysis-dependent chronic kidney disease.
Filgrastim	J1442	Injection, filgrastim (G-CSF), 1 microgram
Fragmin	J1645	Injection, dalteparin sodium, per 2500 IU. Use this code for Fragmin.
Ganciclovir Implant	J7310	Ganciclovir, 4.5 mg, long-acting implant. Use this code for Vitrasert.
Human Fibrinogen Concentrate	J7178	Injection Fibrinogen concentrate, 1 mg
Icatibant	J1744	Injection, icatibant, 1 mg
Ilaris	J0638	Injection, canakinumab, 1 mg
Incobotulinumtoxin A	J0588	Injection, incobotulinumtoxin A
Interferon alfa-2a	S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml
Interferon alpha-2B	S0148	Injection, pegylated interferon alfa-2B, 10 mcg
Interferon alfa-2b	J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
Invega Sustenna	J2426	Injection, paliperidone palmitate extended release, 1 mg
Kalbitor	J1290	Injection, ecallantide, 1 mg
Leukine	J2820	Leukine, Injection sargramostim (GM-CSF), 50 mcg.
Metvixia	J7309	Methyl aminolevulinate (Mal) for topical administration, 16.8%, 1 gram
Myobloc	J0587	Botulinum toxin type B, per 100 units. Use this code for Myobloc.
Neulasta	J2505	Neulasta, Injection pegfilgrastim, 6 mg.
Ocriplasmin (C9298 Deleted Code - replaced w/J7316)	J7316	Injection, ocriplasmin, 0.125 mg. This drug is a proteolytic enzyme approved for the treatment of symptomatic vitreomacular adhesion (VMA). Ocriplasmin is administered via ophthalmic intravitreal injection only. This is the first drug to receive FDA-approval for the treatment of VMA.

Octreotide Not covered for self administration Covered for intravenous administration	J2353, J2354	J2353: Injection, octreotide, depot form for intramuscular injection, 1 mg. Use this code for Sandostatin LAR. J2354: Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg. Use this code for Sandostatin.
Oprelvekin	J2355	Injection, oprelvekin 5 mg, drug is used to help prevent thrombocytopenia
Orthoclone OKT3	J7505	Muroninab-CD3, parental, 5 mg. Use this code for Orthoclone OKT3.
Ozurdex	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
Peginesatide	J0890	Injection, peginesatide, 0.1 mg
Pegloticase	J2507	Injection, pegloticase, 1 mg
Photofrin	J9600	Injection, porfimer sodium, 75 mg. Use this code for Photofrin.
Priallt	J2278	Injection, ziconotide, 1 mcg. Use this code for Prialt.
Retisert	J7311	Fluocinolone acetonide intravitreal implant. Use this code for Retisert.
Rhogam	J2790, 90384	J2790: Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.). Use this code for ThoGam, Rhophylac. 90384: Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use.
Sandostatin Not covered for self administration Covered for intravenous administration	J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg. Use this code for Sandostatin.
Sandostatin LAR	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg. Use this code for Sandostatin LAR.
Sculptra	Q2028	Injection, sculptra, 0.5 mg
Simulect	J0480	Injection, basiliximab, 20 mg. Use this code for Simulect.
Somatuline Depot	J1930	Injection, lanreotide, 1 mg. Use this code for Somatuline.
Stelara	J3357	Injection, ustekinumab, 1 mg
Supprelin LA	J9226	Histrelin Implant (Supprelin LA), 50 mg.
Taliglucerase Alfa (C9294 deleted code - replaced with J3060)	J3060	Taliglucerase Alfa, 10 U Use this code for Elelyso ELELYSO (taliglucerase alfa) for injection is indicated for long-term enzyme replacement therapy (ERT) for adults with a confirmed diagnosis of Type 1 Gaucher disease.
TBO-fligrastim	J1446	Injection, TBO-filgrastim, 5 micrograms
Thrombate	J7197	Antithrombin III (human), per IU. Use this code for Throbate III, ATnativ.
Thyrogen	J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial. Use this code for Thyrogen.
Vistide	J0740	Injection, cidofovir, 375 mg. Use this code for Vistide.
Vitrasert	J7310	Ganciclovir, 4.5 mg, long acting implant. Use this code for Vitrasert.
Vivitrol	J2315	Injection, naltrexone, depot form, 1 mg. Use this code for Vivitrol.
Xiaflex	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
VPRIV	J3385	Injection, velaglucerase alfa, 100 units
Not Covered: Miscellaneous Additional Products (Non-covered drugs may be covered under Part D. For Part D determinations, contact Molina Medicare Pharmacy at extension 179796.)		
Arixtra Not covered for self administration	J1652	Injection, fondaparinux sodium, 0.5 mg. Use this code for Atrixtra.
Byetta	J3490	Exanatide
Carticel	J7330	Autologous cultured chondrocytes, implant. Use this code for Carticel.
Exjade		Deferasirox (Iron overload-oral tablets)
Geref Not covered for self administration	Q0515	Injection, sermorelin acetate, 1 mcg.
Imitrex	J3030	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered.
Increlex Not covered for self administration	J2170	Injection, mecasermin, 1 mg. Use this code for Iplex, Increlex.
Kuvan		Saproterin dihydrochloride (treatment for PKU-oral)
Lovenox Not covered for self administration	J1650	Injection, enoxaparin sodium, 10 mg. Use this code for Lovenox.
Mirena	J7302	Levonorgestrel-releasing intrauterine system (Contraceptive - example: Mirena) **(Does not** require auth for Market Place LOB)
Papaverine See Description for brand names	J2440	Injection, papaverine HCl, up to 60 mg. Brand names: Papacon, Para-Time S.R., Ravabid Plateau, Pavacot, Pavagen.

Symlin	J3490	Pramlintide acetate
Somavert Not covered for self administration	J3590 (Unclassified biologics)	Pegvisomant.
Synarel	J3490	Nafarelin acetate. Nasal solution.
Testosterone Suspension See the Description for brand names	J3140	Injection, testosterone suspension, up to 50 mg. Andronaq, Testerone Aqueous, Testaqua, Testoject, Histerone.
Testex	J3150	Injection, testosterone propionate, up to 100 mg
Tikosyn	J3490	Dofetilide. Oral capsules