

This guideline reviews services that require prior authorization. It is a guideline, not a complete listing. Please verify eligibility and benefits prior to rendering any service regardless of the need for authorization. All authorizations are contingent on the member's eligibility at the time the service is rendered.

Services requiring Prior Authorization (*Supporting documentation is required for the following services*):

1. All hospital, inpatient hospice, and inpatient psychiatric admissions, skilled nursing facilities within 24 hours
2. All elective surgeries & procedures performed in an outpatient/inpatient facility & non-emergent observation
3. NON-emergent Transportation
4. ***Any service provided by a non-contracted provider or facility***
5. Any service that is not medically necessary and/or not a Medicare covered benefit
6. Chiropractic services
7. Dialysis—Notification only
8. Disability Evaluations
9. Durable Medical Equipment (*refer to Provider Manual for specifics*)
10. Formulary Exceptions
11. Home Health and Hospice (Hospice is for notification only)
12. Injectables and Infusion services (*listed on J and Q, code list, "Attachment I"*)
13. In Office Procedures (*listed on CPT code list, "Attachment II"*)
14. Mental Health Services (including substance abuse services)—Follow up visits only (consults do NOT require prior authorization)
15. Nutritional Feedings
16. Orthotics and Prosthetics (*listed on L code list, "Attachment II"*)
17. Personal Home Monitoring System (Initial set up and monthly service)
18. PT/ST/OT:
 - PT and ST—Follow up visits only
 - OT – Initial evaluation and follow up visits
19. Radiology services requiring prior auth:
 - CTs, MRAs, MRIs, PET Scans
 - Any procedure NOT performed at a preferred site (*see ancillary provider list*)
20. Sleep Studies
21. Total OB Care
22. Transplants
23. Consults and follow-ups for the following specialties: Allergy, Chiropractic, Dermatology, Gastric Bypass, Pain Management, Plastic Surgery and Podiatry (*Note: an in office procedure that does not require authorization may also be performed, as long as there is an open visit authorization on file at the time of the procedure.*)

J and Q Codes Requiring Prior Authorization In Office

“*” indicates 2007 codes

Code	Description
J0128	INJECTION, ABARELIX 10 MG
J0129*	INJECTION, ABATACEPT 10 MG (Orencia)
J0130	INJECTION, ABCIXIMAB, 10MG
J0132	INJECTION, ACETYLCYSTEINE, 100 MG
J0133	INJECTION, ACYCLOVIR, 5 MG
J0135	INJECTION, ADALIMUMAB 20 MG
J0180	INJECTION ,AGALSIDASE BETA 1 MG
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS
J0215	INJECTION, ALEFACEPT, 0.5 MG
J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR -
J0348*	INJECTION, ANIDULAFUNGIN 1 MG (Eraxis)
J0364*	INJECTION, APOMORPH HYDROCHLORID 1 MG (Apokyn)
J0365	INJECTION, APROTONIN, 10,000 KIU
J0480	INJECTION, BASILIXIMAB, 20 MG (SIMULECT)
J0585	BOTULINUM TOXIN TYPE A, PER UNIT
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS
J0594*	INJECTION BUSULFAN 1 MG (Busulfex)
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS
J0740	INJECTION, CIDOFOVIR, 375MG
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MCG
J0878	INJECTION DAPTOMYCIN 1 MG
J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)--Aransep
J0882	INJECTION, DARBEPOETIN ALFA, 1 MCG (FOR ESRD ON DIALYSIS)
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
J0886	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)
J0894*	INJECTION DECITABINE 1 MG (Dacogen)
J1324*	INJECTIONEN FUVIRTIDE 1 MG (Fuzeon)
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG
J1438	INJECTION, ETANERCEPT, 25 MG
J1451	INJECTION, FOMEPIZOLE, 15 MG
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG
J1457	INJECTION GALLIUM NITRATE 1 MG
J1458*	INJECTION GALSUFASE 1 MG (Naglazyme)
J1460 - J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR
J1562*	INJECTION GLOBULIN SUBQ 100 MG (Vivaglobin)
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOB
J1566 - J1567	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G
J1570	INJECTION, GANCICLOVIR SODIUM, (CYTOVENE) 500 MG
J1640	INJECTION, HEMIN, 1 MG
J1675	INJECTION, HISTRELIN ACETATE, 10 MCG
J1740*	INJECTION IBANDRONATE SODIUM 1MG (Boniva)
J1745	INJECTION INFLIXIMAB, 10 MG
J1785	INJECTION, IMIGLUCERASE, PER UNIT
J1825 - J1830	INJECTION, INTERFERON BETA-1A, 33 MCG
J1931	INJECTION LARONIDASE 0.1 MG
J1945	INJECTION, LEPIRUDIN, 50 MG

J and Q Codes Requiring Prior Authorization In Office

“*” indicates 2007 codes

Code	Description
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION)
J2020	LINEZOLID, 200 MG
J2170*	INJECTION MECASERMIN 1 MG (Iplex, Increlex)
J2248*	INJECTION MICAfungin Sodium 1 MG (Mycamine)
J2278	INJECTION, ZICONOTIDE, 1 MCG
J2315*	INJ NALTREXONE DEPT FORM 1 MG (Vivatro)
J2353 - J2354	INJECTION, OCTREOTIDE
J2357	INJECTION OMALIZUMAB 5 MG
J2355	INJECTION, OPRELVEKIN, 5 MG
J2425	INJECTION, PALIFERMIN, 50 MCG
J2469	INJECTION PALONOSETRON HCL 25 MCG
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG
J2794	INJECTION RISPERIDONE LONG ACTION 0.5 MG
J2805	INJECTION, SINCALIDE, 5 MCG
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG
J2940	SOMATREM 1 MG
J2941	INJECTION, SOMATROPIN, 1 MG
J3110	INJECTION TERIPARATIDE 10 MCG
J3243*	INJECTION TIGECYCLINE 1 MG
J3246	INJECTION TIROFIBAN HCL 0.25 MG
J3285	INJECTION, TREPROSTINIL, 1 MG
J3355	INJECTION, UROFOLLITROPIN, 75 IU
J3396	INJECTION, VERTEPORFIN
J3471	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)
J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS
J3473*	INJ HYALURONIDASE RECOMB 1 USP UNIT
J3490	UNCLASSIFIED DRUGS
J3530	NASAL VACCINE INHALATION
J3590	UNCLASSIFIED BIOLOGICS
J7187*	INJ VONWILLBRND FCT COMPLX HUMN IU
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MCG
J7190 - J7199	CLOTTING FACTORS
J7304	CONTRACEPTIVE SPL HORMONE PATCH EA
J7306	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION,
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT
J7311*	FLUOCINOLONE INTRVITREAL IMPLANT
J7319*	HYALURONAN OR DERIV IA INJ PER INJ
J7340 - J7344	DERMAL AND EPIDERMAL TISSUE OF HUMAN ORIGIN
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOB
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG
J7513	DACLIZUMAB, PARENTERAL, 25 MG
J7518	MYCOPHENOLIC ACID ORAL 180 MG

J and Q Codes Requiring Prior Authorization In Office

“*” indicates 2007 codes

Code	Description
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED
J7622 -J7624	BECLOMETHASONE, INHALATION SOLUTION
J7639	DORNASE ALPHA, INHALATION SOLUTION
J7682	TOBRAMYCIN, UNIT DOSE FORM, 300 MG, INHALATION
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
J8501	APREPITANT ORAL 5 MG
J8540	DEXAMETHASONE, ORAL, 0.25 MG
J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED
J8650*	NABILONE, ORAL, 1 MG
J9010	ALEMTUZUMAB, 10 MG
J9015	ALDESLEUKIN, PER SINGLE USE VIAL
J9025	INJECTION, AZACITIDINE, 1 MG
J9027	INJECTION, CLOFARABINE, 1 MG
J9035	INJECTION BEVACIZUMAB 10 MG
J9041	INJECTION BORTEZOMIB 0.1 MG
J9055	INJECTION BETUXIMAB 10 MG
J9175	INJECTION, ELIOTT'S B SOLUTION, 1 ML
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS
J9219	LEUPROLIDE ACETATE INPLANT, 65 MG
J9225	HISTRELIN IMPLANT, 50 MG
J9261*	INJ. NELARABINE (Arranon)
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG
J9268	PENTOSTATIN, PER 10 MG
J9300	GEMTUZUMAB OZOGAMICIN 5 MG
J9305	INJECTION PEMETREXED 10 MG
J9310	RITUXIMAB, 100 MG
J9350	TOPOTECAN, 4 MG
J9355	TRASTUZUMAB, 10 MG
J9357	VALRUBICIN, INTRAVESICAL, 200 MG
J9600	PORFIMER SODIUM, 75 MG
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER
Q0181	UNSPECIFIED ORAL DOSAGE FORM ANTI-EMETIC
Q3025 - Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG

New CPT codes effective after the publication date of this guideline require prior authorization until further notice. Non-covered codes are not listed. For those specialties that require authorization for consults and follow-up visits, an in office procedure that does not require authorization may also be performed, as long as there is an open visit authorization on file at the time of the procedure.

Procedures Requiring Prior Authorization In Office:

Type of Service	CPT Code Range
Skin and Nails	10021, 11004 - 11008, 11055 – 11057, 11200 – 11201, 11400 – 11446, 11719 – 11721, 11900 – 11983, 13160 – 15922, 15933 – 15937, 15941 – 15946, 15951 –16036, 17106 – 17249, 17311– 17999, 19105, 19110 – 19499
Musculoskeletal	20005 – 20205, 20225, 20245 – 20251, 20525, 20692 – 20938, 20955 – 21299, 21330 – 21335, 21338 – 21344, 21346 – 21395, 21407 – 21408, 21422 – 21436, 21445, 21454 – 21470, 21485 – 21490, 21495 – 21499, 21502 – 21510, 21556 – 21750, 21805 – 21810, 21825 – 21899, 21925, 21935 – 22226, 22318 – 23044, 23066 – 23077, 23120 – 23222, 23331 – 23491, 23515, 23530 – 23532, 23550 – 23552, 23585, 23615 – 23616, 23630, 23660, 23670, 23680 – 23929, 23935 – 24164, 24201 – 24498, 24515 – 24516, 24538 – 24546, 24566 – 24575, 24579 – 24587, 24615, 24635, 24665 – 24666, 24685 – 25023, 25035 – 25040, 25066 – 25492, 25515, 25525 – 25526, 25545, 25574 – 25575, 25606 – 25609, 25628, 25645, 25670, 25676, 25685, 25695 – 25999, 26034 – 26110, 26116 – 26428, 26434 – 26596, 26615, 26665, 26685 – 26686, 26715, 26735, 26746, 26765, 26785 – 26989, 26992 – 27036, 27041 – 27080, 27087 – 27187, 27194, 27202 – 27218, 27222 – 27228, 27235 – 27236, 27240 – 27245, 27248, 27252 – 27254, 27257 – 27259, 27266 – 27299, 27303 – 27320, 27324 – 27370, 27380 – 27499, 27506 – 27507, 27509, 27511 – 27514, 27519, 27524, 27535 – 27536, 27540, 27552 – 27558, 27566 – 27602, 27605 – 27612, 27614 – 27745, 27756 – 27759, 27766, 27784, 27792, 27814, 27822 – 27823, 27825 – 27829, 27832, 27846 – 27899, 28003 – 28035, 28045 – 28175, 28193 – 28360, 28415 – 28420, 28445, 28465, 28485, 28505, 28525, 28531, 28555, 28585, 28615, 28645, 28675 – 28899, 29590, 29799 – 29909
Respiratory	30118 – 30220, 30125 – 30160, 30210 – 30220, 30310 – 30630, 30999, 31020 – 31230, 31299 – 31420, 31526 – 31527, 31531 – 31571, 31580 – 31584, 31587 – 31601, 31610 – 31899, 32002 – 32999
Cardiovascular	33010 – 36299, 36450 – 36550, 36598, 36620 – 38200, 38230 – 38241, 38305 – 38382, 38510 – 38790, 38999 – 39561
GI	40510 – 40530, 40700 – 40799, 40806, 40818 – 40820, 40840 – 40899, 41115, 41120 – 41155, 41500 – 41599, 41820 – 41899, 42120 – 42145, 42200 – 42299, 42335 – 42340, 42405 – 42408, 42410 – 42550, 42665 – 42699, 42815 – 42955, 42961 – 42962, 42971 – 43217, 43259 – 43425, 43460 – 43659, 43770 – 44346, 44388 – 44979, 45020, 45110 – 45170, 45378 – 45505, 45540 – 45999, 46045, 46060 – 46080, 46200 – 46320, 46505, 46700 – 46705, 46710 – 46712; 46715 – 46762, 46934 – 49040, 49060 – 49999
Urinary	50010 – 50389, 50394 – 50395, 50400 – 50684, 50690 – 50980, 51020 – 51597, 51715, 51800 – 51999, 52315 – 52318, 52325 – 52334, 52342 – 53515, 53665, 53850 – 53852
Male Genital	53899, 54015, 54105, 54112, 54125 – 54205, 54230 – 54235, 54250 – 54440, 54505 – 54699, 54860 – 54861, 54865, 55040 – 55060, 55110, 55150 – 55680, 55705 – 55899
Female Genital	56442, 56620 – 56700, 56800 – 56810, 57000 – 57010, 57106 – 57135, 57200 – 57410, 57530 – 57556, 57558 57720 – 57820, 58110 – 58285, 58321 – 58770, 58805 – 58820, 58825 – 58999
Maternity	59012 – 59020, 59050 – 59051, 59120 – 59812, 59821 – 59899
Endocrine	60210 – 60699
Nervous System	61020 – 61055, 61105 – 62230, 62256 – 62263, 62280 – 64402, 64408 – 64999
Eye	65091 – 65175, 65273, 65285 – 65290, 65420 – 65426, 65436 – 65815, 65850 – 67599, 67710 – 67715, 67808, 67830 – 67840, 67875 – 67924, 67950 – 67999, 68040, 68110 – 68130, 68320 – 68399, 68440 – 68505, 68540 – 68770, 68811
Auditory	68850 – 68899, 69140 – 69155, 69205, 69222 – 69405, 69424, 69436 – 69990
Other	(continued on next page)
Other	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540 70554, 70555, 71270, 71271, 71273-71275, 72125-72129, 72130, 72131-72133, 72191-72194, 72292, 73200-73206, 73700, 73701-73706, 74150, 74160, 74170, 74175, 75635, 75989, 76376, 76377, 76380, 76497, 77011-77014, 77021, 77022, 77058, 77059, 77078, 77079, 77084, 77422 – 77423, 90281 – 90287, 90291, 90378 – 90379, 90399 – 90581, 90633 – 90634 (if patient > 5 yrs. old), 90665, 90717,

<p>90725 – 90727, 90735, 90749, 90779, 90804 – 90911, 90999, 91022, 91110 – 91111, 91299, 92025, 92065 – 92070, 92287 – 92342, 92354 – 92371, 92502, 92506 – 92508, 92548, 92559 – 92565, 92571 – 92577, 92584, 92585 – 92587 (if patient < 3 mo. old), 92590 – 92700, 92953, 92970 – 92998, 93317 – 93318, 93501 – 93727, 93745 – 93799, 94452 – 94453, 94660 – 94664, 94762 - 94799, 95004 – 95830, 95860 – 95923, 95950 – 96105, 96111 - 96155, 96542 - 99002, 99500 - 99602</p>
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A and L Codes Requiring Prior Authorization (All Places of Service):

A6513 – A6549, A8000-A8004, L0112, L0130, L0150 – L0200, L0220 – L0492, L0621 – L0861, L0999 – L1755, L1831 – L1900, L1904, L1907 – L3649, L3670 – L3677, L3702, L3710 – L3907, L3910, L3912 – L3916, L3918 – L3922, L3924 – L3930, L3933 – L4210, L4360, L4392 – L4394, L5000 – L7520, L8001 – L8002, L8020 – L8310, L8400 – L9900