



Below is the preauthorization and notification list for the McLaren Medicare plans (McLaren), including the dual-eligible special needs plan (DSNP).

Please note the term “preauthorization” (prior authorization, precertification, preadmission) when used in this communication is defined as a process through which the physician or other health care provider is required to obtain advance approval from the plan as to whether an item or service will be covered.

Services must be provided according to Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines at www.cms.gov/medicare-coverage-database/.

Investigational and experimental procedures usually are not covered benefits. Please consult the patient’s Evidence of Coverage or contact (McLaren) for confirmation of coverage.

Please note that urgent/emergent services do not require referrals or preauthorizations.

Not obtaining preauthorization for a service could result in financial penalties for the practice and reduced benefits for the patient, based on the healthcare provider’s contract and the patient’s Evidence of Coverage. We recommend that an individual practitioner making a specific request for services or medications verify benefits and preauthorization requirements with McLaren prior to providing services.

Information required for a preauthorization request or notification may include, but is not limited to, the following:

- Member’s ID number, name, and date of birth
- Date of actual service or hospital admission
- Procedure codes
- Date of proposed procedure, if applicable
- Diagnosis codes (primary and secondary)
- Service location
- Inpatient (acute hospital, skilled nursing, hospice)

- Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)
- Tax ID and NPI number of treatment facility (where service is being rendered)
- Tax ID and NPI number of the provider performing the service
- Caller/requestor's name/telephone number
- Attending physician's telephone number
- Relevant clinical information
- Discharge plans

Submitting all relevant clinical information at the time of the request will facilitate a more expeditious determination. If additional clinical information is required, a representative will request the specific information needed to complete the authorization process.

This list is subject to change with notification; however, this list may be modified throughout the year for additions of new-to-market medications or step therapy requirements for medications without notification via U.S. postal mail.

How to request preauthorization:

FAX:

Medicare Inpatient

Toll Free: 855-331-8384

Local: 317-822-7324

Medicare General Prior Authorization

Toll Free: 855-377-3653

Local: 317-822-7323

EMAIL:

MedicarePriorAuthorization@Mclaren.org

<https://secure.healthx.com/mclaren.provider>

Services Requiring Preauthorization - Effective May 1, 2024

Referral Category Name	Definitions
NOC	
Not Otherwise Classified (NOC), unlisted, unspecified codes, and manually priced codes.	Requires preauthorization
Ambulatory Surgery Centers (ASCs)	
Ambulatory Surgery Center Services and Procedures (place of service code 24)	Prior authorization for services performed at an ASC is required for services listed on this grid.
Behavioral Health	
Inpatient Behavioral Health Services and Substance Abuse Treatment	All
Electroconvulsive Therapy	90870
Mental Health Partial Hospitalization Programs	Requires preauthorization
Behavioral Health and Substance Use Residential Treatment Programs	Requires preauthorization
Cosmetic Procedures - Medical Necessity Review Required to Determine Cosmetic vs Reconstructive	
Blepharoplasty	15820, 15821, 15822, 15823, 67904, 67912, 67916, 67917, 67923, 67924
Breast Reconstruction Procedures	19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396
Cosmetic Skin Procedures	11200, 11201, 11950, 11951, 11952, 11954, 11960, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 17106, 17107, 17108, 17340, 17360, 17380, 69090
Cosmetic Tattooing	11920, 11921, 11922
Cosmetic Vein Procedures	36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37760, 37765, 37766, 37780, 37785
Lipectomy	15876, 15877, 15878, 15879
Male Enhancement and Device Procedures	All codes including but not limited to 53445, 54400, 54401, 54405, 54406, 54410, 54411, 54416, 54417, C1813, C2622
Otoplasty	69300
Panniculectomy	15830, 15847
Pectus / Carinatum Reconstructive Repair	21740, 21741, 21742, 21743
Reconstructive Face Procedures	21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21208, 21209, 21230, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270, 21275, 21295, 21296, 21299, 40500, 40510, 40520, 40527, 40530, 67900, 67901, 67902, 67903, 67906, 67908, 67909
Rhinoplasty	30120, 30150, 30160, 30400, 30410, 30420, 30430, 30435, 30450, 30620, 30460, 30462, 30468, 30469, 30540
Septoplasty	30520, 30620
Surgical Treatment for Male Gynecomastia	19300

Dialysis Services	
Dialysis	no authorization needed
Durable Medical Equipment (DME)	
DME Purchase >\$1000 (billed by line) <i>All products which require authorization regardless of fee are listed</i>	A4421, A4459, A4467, A4615, A4619, A4620, A5083, A6412, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6512, A6513, A6545, A6549, A7522, A9999, B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4102, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9004, B9006, B9998, B9999, E0236, E0240, E0241, E0243, E0244, E0245, E0265, E0277, E0301, E0302, E0303, E0304, E0316, E0328, E0329, E0371, E0372, E0373, E0457, E0482, E0625, E0635, E0637, E0638, E0639, E0641, E0642, E0652, E0656, E0657, E0670, E0766, E0953, E0954, E0983, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1012, E1017, E1018, E1161, E1230, E1231, E1232, E1233, E1234, E1235, E1225, E1229, E1239, E1356, E1357, E1399, E1639, E2230, E2291, E2292, E2293, E2294, E2295, E2300, E2301, E2311, E2312, E2313, E2324, E2327, E2328, E2330, E2331, E2358, E2378, E2506, E2508, E2510, E2511, E2512, E2599, E2609, E2617, E2622, E2623, E2624, E2625, K0005, K0009, K0108, K0607, K0608, K0609, K0802, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, S8422, S8423, Q0479, S8425, S8426, S9379, T5001
DME Rental >\$1000 (billed by line) <i>All products which require authorization regardless of fee are listed</i>	A9999, E0236, E0240, E0241, E0243, E0244, E0245, E0277, E0328, E0329, E0371, E0372, E0373, E0439, E0457, E0465, E0466, E0483, E0625, E0635, E0637, E0639, E0641, E0656, E0657, E0670, E0766, E0953, E0954, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1012, E1017, E1018, E1225, E1229, E1239, E1356, E1357, E1399, E1639, E2230, E2291, E2292, E2293, E2294, E2295, E2300, E2301, E2312, E2313, E2324, E2331, E2358, E2378, E2402, E2510, E2511, E2512, E2599, E2609, E2617, E2622, E2623, E2624, E2625, K0009, K0108, K0606, K0607, K0608, K0609, K0812, K0826, K0828, K0829, K0830, K0831, K0839, K0840, K0850, K0851, K0852, K0853, K0854, K0855, K0857, K0858, K0859, K0860, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, S8422, S8423, S8425, S8426, S9379, T5001
Insulin Pumps	A9274, E0784, K0554
Bone Stimulators	E0747, E0748, E0760
Gender Affirmation Procedures	
Gender Affirmation Procedures <i>Codes that are <u>not</u> performed for gender reaffirmation purposes and do not require authorization for another category do not require authorization.</i>	15771, 17380, 17999, 19303, 19318, 19325, 19350, 53400, 53405, 53410, 53415, 53420, 53425, 53430, 54125, 54130, 54135, 54400, 54401, 54405, 54520, 54690, 55175, 55180, 55899, 55970, 55980, 56805, 57335, 58150, 58180, 58260, 58262, 58275, 58290, 58291, 58541, 58542, 58543, 58544, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58700, 58720, 58953, 58956, 58999

Genetic and Molecular Testing	
Genetic and Molecular Testing - <i>All genetic and molecular testing codes, even if the code is not included in this list, require preauthorization.</i>	See Genetic Testing Code List on the following pages
Inpatient Services	
Bariatric Surgery	43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999, 44130
Inpatient Hospital Services - <i>Preauthorization Exception - Routine delivery without sterilization requires</i>	All inpatient stays require authorization EXCEPT deliveries which require notification only.
Inpatient Rehabilitative Services	Requires preauthorization
Long Term Acute Care (LTAC)	Requires preauthorization
Skilled Nursing Facility Services	Requires preauthorization
Neurostimulators	
Neurostimulator <i>Two separate authorizations are required; one for the trial and one for the permanent insertion of neurostimulators. Please ensure to submit authorizations for both procedures.</i>	43647, 43648, 43881, 43882, 61850, 61860, 61863, 61864, 61867, 61868, 61870, 61880, 61885, 61886, 61888, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64550, 64561, 64565, 64566, 64568, 64569, 64555, 64570, 64575, 64580, 64581, 64590, 64595
Observation	
Observation Stays	All observation stays <i>out-of-network</i> require authorization
Oral Procedures	
Oral Surgery/Mandibular Surgery/Orthognathic Surgery	21025, 21026, 21029, 21030, 21031, 21032, 21040, 21044, 21045, 21046, 21047, 21048, 21049, 21081, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21206, 21208, 21210, 21215, 21244, 21245, 21246, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21081, 21440, 21445, 21497, 30545, 30560, 40804, 40805, 40806, 40818, 40840, 40842, 40843, 40844, 40845, 41500, 41510, 41820, 41821, 41822, 41823, 41825, 41826, 41827, 41828, 41830, 41850, 41870, 41872, 41874, 42120, 42299, 42300, 42305, 42310, 42320, 42330, 42335, 42340, 42400, 42405, 42408, 42409
Procedures to Correct Obstructive Sleep Apnea	0466T, 0467T, 0468T, 21193, 21194, 21195, 21196, 21198, 21199, 21685, 41512, 41530, 41599, 42145, 42299, 61886, 61888, 64569, 64570, 64568, 64582, 64583, 64584, 64585, S2080
Temporomandibular Joint Syndrome (TMJ) Treatment	21050, 21060, 21070, 21073, 21110, 21116, 21240, 21242, 21243, 21247, 21248, 21249, 21480, 21485, 21490, 29800, 29804

Out-of-Network (OON) Services	
Out-of-Network Services, Supplies, and Procedures (all) <i>Note: Members with a Medicare Inspire Flex plan do not require prior authorization for plan covered out-of-network services unless services are otherwise listed on this grid; members may be subject to higher copays or coinsurance. Refer to the member's Evidence of Coverage for more details.</i>	All out-of-network services, supplies, and procedures require authorization
Prosthetics and Orthotics	
All Purchase or rental items >\$1000 (billed by line)	all codes for items >\$1000 L1685, L1686, L3915, L3916, L5848, L5856, L5857, L5858, L5859, L5987
Pharmacy (Part B and Injectable Medications)	
See list on next page	
Rehabilitation and Therapy Services	
Medical Rehabilitation	93668
Procedures to Treat Asthma	31660, 31661

Reproductive Services	
Termination of Pregnancy	59812, 59820, 59821, 59830, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, 59870, 59897, 59898, 59899
Transplant Services	
Cornea Transplant	00144, 65710, 65730, 65750, 65755, 65756
Heart Transplant	33927, 33928, 33929, 33933, 33944, 33945
Intestine Transplant	44715, 44720, 44721, 44132 , 44133 , 44135 , 44136 , 44137
Islet Transplant	48160, G0341, G0342, G0343
Kidney Transplant	50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380
Liver Transplant	47135, 47136, 47143, 47144, 47145, 47146, 47147
Lung Transplant	32850, 32851, 32852, 32853, 32854, 32855, 32856, 33933
Marrow Transplant	38240, 38241, 38242
Pancreas Transplant	48550, 48551, 48552, 48554, 48556
Stem Cell Transplant	38205, 38206, 38207, 39208, 38209, 38210, 38211, 38212, 38213, 38214, 38215 , 38240, 38241, 38242
Transportation Services	
Emergency Air Ambulance - <i>Requires retro medical necessity review</i>	A0430, A0431, A0435, A0436
Ambulance Services (Medicare-covered <i>non-emergency</i> transport by Ambulance)	A0021, A0426, A0428, A0380, A0382, A0384, A0390, A0392, A0394, A0396, A0398, A0420, A0422, A0424, A0425, A0432, A0433, A0434, A0888, A0999, A0021, A0426, A0428

Genetic and Molecular Testing Codes

All genetic testing codes, even if the code is not included in this list, require Medical Director review and preauthorization.

Procedure Code	Notes
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Procedure Code	Notes
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81220	no auth required, Medicaid, Community, and Health Advantage
81221	
81222	Medicaid only - no auth required
81223	Medicaid only - no auth required
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Procedure Code	Notes
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83950	No auth required if billed with a cancer diagnosis
83951	No auth required if billed with a cancer diagnosis
83986	
84157	
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86146*	No auth required for pregnant women over the age of 40 and services are provided in-network for Medicaid, Community, and Health Advantage
86147*	No auth required for pregnant women over the age of 40 and services are provided in-network for Medicaid, Community, and Health Advantage
86148*	No auth required for pregnant women over the age of 40 and services are provided in-network for Medicaid, Community, and Health Advantage
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Procedure Code	Notes
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88187	No auth required if billed with a cancer diagnosis
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88189	No auth required if billed with a cancer diagnosis
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88360	No auth required if billed with a cancer diagnosis
88361	No auth required if billed with a cancer diagnosis
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Procedure Code	Notes
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Procedure Code	Notes
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Procedure Code	Notes
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Procedure Code	Notes
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0294U	
0296U	
0297U	
0298U	
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Procedure Code	Notes
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0403U	
0405U	
0409U	
0410U	
0411U	
0413U	
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0417U	
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Procedure Code	Notes
0422U	
0423U	
0424U	
0425U	
0426U	
0428U	
0433U	
0434U	
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0438U	
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Procedure Code	Notes
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Authorization Guidelines:

This is not a complete listing of services that may require preauthorization, and all services must be medically necessary. The Provider Referral and Preauthorization Form, Certificate of Coverage, Plan Document or Policy includes more detailed information on covered services, limitations and preauthorization requirements per line of business.

MHP reserves the right to perform ad hoc audits post-payment to determine medical necessity and/or industry standard treatment protocols for medical and pharmacy services. Any procedure or service cosmetic in nature will be subject to clinical review at any time.

Any medication prescribed against FDA/manufacturer guidelines requires preauthorization.

This list is updated at least quarterly. The most current version is available on our website at McLarenHealthPlan.org. Please contact MHP Customer Service at

Medicare Advantage Part B Drug Prior Authorization List

***Step therapy through preferred therapy(ies) required as part of prior authorization review.**

Brand	Generic	Code (s)	Step therapy required?*
Unclassified/ Non-specific Codes \$ PA Required if billed amount exceeds \$500	Unclassified drugs or biologicals	C9399 \$	
	Unclassified drugs	J3490 \$	
	Unclassified biologics	J3590 \$	
	Prescription drug, oral, non-chemotherapeutic, nos	J8499 \$	
	Not otherwise classified, antineoplastic drugs	J9999 \$	
	Unclassified drug or biological used for esrd on dialysis	J3591 \$	
	Immunosuppressive drug, not otherwise classified	J7599 \$	
	Not otherwise classified drugs, other than inhalation drugs, administered through dme	J7799 \$	
	Compounded drug, not otherwise classified	J7999 \$	
Abecma	idecabtagene vicleucel	Q2055	Y
Abraxane	paclitaxel-nab	J9264	Y
Actemra IV	tocilizumab	J3262	Y
Adakveo	crizanlizumab-tmca	J0791	Y
Adcetris	brentuximab vedotin	J9042	Y
Aduhelm	aducanumab-avwa	J0172	
Advate	antihemophilic factor (recombinant)	J7192	
Adynovate	antihemophilic factor (recombinant), PEGylated	J7207	
Afstyla	antihemophilic factor (recombinant) single chain	J7210	
Aldurazyme	laronidase	J1931	
Aliqopa	copanlisib	J9057	Y
Alphanate	antihemophilic factor/von Willebrand factor complex (human)	J7186	
AlphaNine SD	coagulation factor IX (human)	J7193	
Alprolix	coagulation factor IX (recombinant)	J7201	
Amondys-45	casimersen	J1426	
Aralast NP	alpha 1-proteinase inhibitor	J0256	Y
Arcalyst	rilonacept	J2793	
Arzerra	ofatumumab	J9302	
Asceniv	immune globulin	J1554	
Asparlas	calaspargase pegol-mknl	J9118	
Avsola	infliximab-axxq	Q5121	Y
Bavencio	avelumab	J9023	
Bebulin	factor IX complex	J7194	
Beleodaq	belinostat	J9032	
Benefix	coagulatoin factor IX (recombinant)	J7195	
Benlysta	belimumab	J0490	Y
Berinert	c1 esterase inhibitor	J0597	
Besponsa	inotuzumab ozogamicin	J9229	
Bivigam	immune globulin	J1556	

Medicare Advantage Part B Drug Prior Authorization List

***Step therapy through preferred therapy(ies) required as part of prior authorization review.**

Brand	Generic	Code (s)	Step therapy required?*
Blenrep	belantamab mafodotin-blmf	J9037	Y
Blinicyto	blinatumomab	J9039	
Botox	onabotulinumtoxinA	J0585	Y
Breyanzi	lisocabtagene maraleucel	Q2054	Y
Brineura	cerliponase alfa	J0567	
Carimune NF	immune globulin	J1566	
Cerezyme	imiglucerase	J1786	
Cimzia	certolizumab pegol	J0717	Y
Cinqair	reslizumab	J2786	Y
Cinryze	c1 esterase inhibitor (human)	J0598	
Coagadex	coagulation factor X (human)	J7175	
Corifact	factor XIII concentrate (human)	J7180	
Cosela	trilaciclib	J1448	
Crysvita	burosumab-twza	J0584	
Cuvitru	immune globulin	J1555	
Cyramza	ramucirumab	J9308	
Dacogen	decitabine	J0894	
Darzalex	daratumumab	J9145	
Darzalex Faspro	da and hyaluronidase-fihj	J9144	
Durolane	sodium hyaluronate	J7318	Y
Dysport	abobotulinumtoxin A	J0586	
Elaprase	idursulfase	J1743	
Elelyso	taliglucerase alfa	J3060	
Elitek	rasburicase	J2783	
Eloctate	antihemophilic factor (recombinant) , Fc fusion protein	J7205	
Elspar	asparaginase	J9020	Y
Elzonris	tagraxofusp-erzs	J9269	
Empliciti	elotuzumab	J9176	
Enhertu	fam-trastuzumab deruxtecan-nxki	J9358	
Entyvio	vedolizumab	J3380	Y
Erbix	cetuximab	J9055	
Erwinaze	asparaginase erwinia chrysanthemi	J9019	Y
Esperoct	antihemophilic factor (recombinant), glycopegylated-exei	J7204	
Euflexxa	hyaluronate sodium	J7323	Y
Evenity	romosozumab-apqg	J3111	Y
Evkeeza	evinacumab-dgnb	J1305	Y
Exondys 51	eteplirsen	J1428	
Fabrazyme	agalsidase beta	J0180	
Fasenra	benralizumab	J0517	
Faslodex	fulvestrant	J9395	
Feiba NF	anti-inhibitor coagulant complex	J7198	

Medicare Advantage Part B Drug Prior Authorization List

***Step therapy through preferred therapy(ies) required as part of prior authorization review.**

Brand	Generic	Code (s)	Step therapy required?*
Firazyr	icatibant	J1744	
Flebogamma DIF	immune globulin	J1772	
Folotyn	pralatrexate	J9307	
GamaSTAN S/D	immune globulin	J1460, J1559, J1560	
Gamifant	emapalumab-lzsg	J9210	Y
Gammagard	immune globulin	J1569	
Gammagard S/D	immune globulin	J1566	
Gammaked	immune globulin	J1561	
Gammaplex	immune globulin	J1557	
Gamunex-C	immune globulin	J1561	
Gazyva	obinutuzumab	J9301	
Gel-One	sodium hyaluronate	J7326	
Gelsyn-3	sodium hyaluronate	J7328	
Genvisc 850	sodium hyaluronate	J7320	
Glassia	alpha 1-proteinase inhibitor	J0257	
Growth Hormones (Genotropin, Humatrope, Norditropin FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton, Sorbtive)	somatropin	J2941	
H.P. Acthar Gel	corticotropin	J0800	Y
Haegarda	c1 esterase inhibitor subcutaneous	J0599	
Halaven	eribulin mesylate	J9179	Y
Helixate FS	antihemophilic factor (recombinant)	J7192	
Hemlibra	emicizumab-kxwh	J7170	
Hemofil M	antihemophilic factor (human)	j7190	
Herceptin	trastuzumab and hyaluronidase-oysk	J9356	Y
Herzuma	trastuzumab-pkrb, biosimilar	Q5113	Y
Hizentra	immune globulin	J1559	
Humate-P	antihemophilic factor/von Willebrand factor complex (human)	J7187	
Hyalgan	sodium hyaluronate	J7321	Y
Hymovis	sodium hyaluronate	J7322	Y
Hyqvia	immune globulin	J1575	
Idelvion	antihemophilic factor (recombinant)	J7202	
Ilaris	canakinumab	J0638	Y

Medicare Advantage Part B Drug Prior Authorization List

***Step therapy through preferred therapy(ies) required as part of prior authorization review.**

Brand	Generic	Code (s)	Step therapy required?*
Ilumya	tildrakizumab-asmn	J3245	Y
Imfinzi	durvalumab	J9173	Y
Imlygic	talimogene laherparepvec	J9325	
Inflectra	infliximab-dyyb	Q5103	Y
Infliximab	infliximab	J1745	Y
Istodax	romidespin	J9319	Y
Ixempra	ixabepilone	J9207	Y
Ixifi	infliximab-qbtx, biosimilar	Q5109	Y
Ixinity	coagulation factor IX (recombinant)	J7195	
Jemperli	dostarlimab-gxly	J9272	Y
Jevtana	ixabepilone	J9043	Y
Jivi	antihemophilic factor (recombinant), PEGylated-auci ¹	J7208	
Kadcyla	ado-trastuzumab emtansine	J9354	Y
Kalbitor	ecallantide	J1290	
Kanjinti	trastuzumab-anns, biosimilar	Q5117	Y
Kanuma	sebelipase alfa	J2840	
Keytruda	pembrolizumab	J9271	Y
Koate-DVI	antihemophilic factor (human)	J7190	
Kogenate FS	antihemophilic factor (recombinant)	J7192	
Kovaltry	antihemophilic factor (recombinant)	J7211	
Krystexxa	pegloticase	J2507	Y
Kymriah	tisagenlecleucel	Q2042	Y
Kyprolis	carfilzomib	J9047	Y
Lartruvo	olaratumab	J9285	
Lemtrada	alemtuzumab	J0202	Y
Leukine	sargramostim	J2820	
Libtayo	cemiplimab-rwlc	J9119	
Lumizyme	alglucosidase alfa	J0220, J0221	
Lumoxiti	moxetumomab pasudotox-tdfk	J9313	Y
Luxturna	voretigene neparvovec-rzyl	J3398	
Margenza	margetuximab-cmkb	J9353	Y
Marqibo	vincristine sulfate	J9371	Y
Mepsevil	vestronidase alfa-vjvk	J3397	
Monjuvi	tafasitamab-cxlx	J9349	
Monoclate-P	antihemophilic factor (human)	J7190	
Mononine	coagulation factor IX (human)	J7193	
Monovisc	sodium hyaluronate	J7327	Y
Mozobil	plerixafor	J2562	
Mylotarg	gemtuzumab ozogamicin	J9203	
Myobloc	ramabotulinumtoxinB	J0587	
Naglazyme	galsulfase	J1458	

Medicare Advantage Part B Drug Prior Authorization List

***Step therapy through preferred therapy(ies) required as part of prior authorization review.**

Brand	Generic	Code (s)	Step therapy required?*
Novantrone	mitoxantrone hydrochloride	J9293	
NovoEight	Factor VIII, (antihemophilic factor, recombinant)	J7182	
NovoSeven RT	coagulation factor (VIIa (recombinant)	J7189	
Nucala	mepolizumab	J2182	Y
Nulojix	belatacept	J0485	
Nuwiq	simoctocog alfa	J7209	
Obizur	antihemophilic factor (recombinant), porcine sequence	J7188	
Ocrevus	ocrelizumab	J2350	Y
Octagam	immune globulin	J1568	
Ogivri	trastuzumab-dkst, biosimilar	Q5114	Y
Oncaspar	pegaspargase	J9266	
Onivyde	irinotecan liposome injection	J9205	Y
Onpattro	patisiran	J0222	
Ontruzant	trastuzumab-dttb, biosimilar	Q5112	Y
Opdivo	nivolumab	J9299	
Orencia IV	abatacept	J0129	Y
Orthovisc	sodium hyaluronate	J7324	Y
Oxlumo	lumasiran	J0224	
Padcev	enfortumab vedotin-ejfv	J9177	Y
Panxyga	immune globulin	J1599	
Pepaxto	melphalan flufenamide	J9247	Y
Perjeta	pertuzumab	J9306	
Phesgo	pertuzumab, trastuzumab, and hyaluronidase-zzxf	J9316	
Photofrin	porfimer sodium	J9600	
Polivy	polatuzumab vedotin-piiq	J9309	Y
Portrazza	necitumumab	J9295	
Poteligeo	mogamulizumab-kpkc	J9204	Y
Privigen	immune globulin	J1459	
Profilnine	factor IX complex	J7194	
Prolastin-C	alpha 1-proteinase inhibitor	J0256	
Prolia	denosumab	J0897	Y
Provenge	sipuleucel-T	Q2043	Y
Radicava	edaravone	J1301	Y
Rebinyn	coagulation factor IX (recombinant) GlucoPEGylated	J7203	
Reblozy	luspatercept-aamt	J0896	
Reclast	zoledronic acid	J3489	
Remicade	infliximab	J1745	Y
Remodulin	treprostinil (injection)	J3285	
Renflexis	infliximab-abda	Q5104	Y
Riabni	rituximab-arrx, biosimilar	Q5123	Y
Rituxan	rituximab	J9312	Y

Medicare Advantage Part B Drug Prior Authorization List

***Step therapy through preferred therapy(ies) required as part of prior authorization review.**

Brand	Generic	Code (s)	Step therapy required?*
Rituxan Hycela	rituximab/hyaluronidase human	J9311	Y
Rixubis	coagulation factor IX (recombinant)	J7200	
Romidespin	romidespin	J9318	Y
Ruconest	c1 esterase inhibitor	J0596	
Ruxience	rituximab-pvvr, biosimilar	Q5119	Y
Rybrevant IV	amivantamab-vmjw	J9061	Y
Rylaze	asparaginase erwinia chrysanthemi (recombinant)-rywn	J9021	Y
Sandostatin LAR	octreotide	J2353	
Sarclisa	isatuximab-irfc	J9227	Y
Scenesse	afamelanotide	J7352	
SevenFact	coagulation factor VII (recombinant)-jncw	J7212	
Signifor LAR	pasireotide	J2502	
Simponi ARIA	golimumab	J1602	Y
Soliris	eculizumab	J1300	Y
Somatuline Depot	lanreotide	J1930	
Spinraza	nusinersen	J2326	
Spravato	esketamine	S0013	Y
Stelara (IV only)	ustekinumab (IV only)	J3358	Y
Sylvant	siltuximab	J2860	
Synagis	palivizumab	90378, S9562	
Synribo	omacetaxine mepesuccinate	J9262	Y
Synvisc/Synvisc One	hylan G-F 20	J7325	Y
Takhzyro	lanadelumab-flyo	J0593	
Tecartus	brexucabtagene autoeucel	Q2053	
tecentriq	atezolizumab	J9022	
Tepezza	teprotumumab-trbw	J3241	
Testopel	testosterone pellet	S0189	Y
Thrombate III	antithrombin III (human)	J7197	
Torisel	temsirolimus	J9330	
Trazimera	trastuzumab-qyyp, biosimilar	Q5116	Y
Tretten	coagulation factor XIII A-subunit (recombinant)	J7181	
Triluron	hyaluronate sodium	J7332	Y
TriVisc	sodium hyaluronate	J7329	Y
Trodelyv	sacituzumab govitecan-hziy	J9317	Y
Truxima	rituximab-abbs, biosimilar	Q5115	Y
Tysabri	natalizumab	J2323	Y
Tyvaso	treprostinil (inhaled)	J7686	
Ultomiris	ravulizumab-cwvz	J1303	
Uplizna	inebilizumab-cdon	J1823	
Valstar	valrubicin	J9357	
Vectibix	panitumumab	J9303	Y

Medicare Advantage Part B Drug Prior Authorization List

***Step therapy through preferred therapy(ies) required as part of prior authorization review.**

Brand	Generic	Code (s)	Step therapy required?*
Velcade	bortezomib	J9041	Y
Veletri	epoprostenol	J1325	
Ventavis	iloprost (inhaled)	Q4074	
Vidaza	azacitidine	J9025	
Vilteproso	viltolarsen	J1427	Y
Vimizim	elosulfase alfa	J1322	
Visco-3	sodium hyaluronate	J7321	Y
Visudyne	verteporfin	J3396	Y
Vonvendi	von Willebrand factor (recombinant)	J7179	
Vpriv	velaglucerase alfa	J3385	
Vyepti	eptinezumab-jjmr	J3032	Y
Vyondys 53	golodirsen	J1429	Y
Vyxeos	daunorubicin/cytarabine	J9153	
Wilate	von Willebrand factor/coagulation factor VIII complex (hum	J7183	
Xembify	immune globulin	J1558	
Xeomin	incobotulinumtoxin A	J0588	
Xgeva	denosumab	J0897	Y
Xiaflex	collagenase clostridium histolyticum	J0775	
Xolair	omalizumab	J2357	Y
Xyntha/Xyntha Solufus	antihemophilic factor (recombinant)	J7185	
Yervoy	ipilimumab	J9228	
Yescarta	axicabtagene ciloleucel	Q2041	Y
Yondelis	trabectedin	J9352	Y
Zaltrap	ziv-aflibercept	J9400	Y
Zemaira	alpha 1-proteinase inhibitor	J0256	
Zepzelca	lurbinectedin	J9223	Y
Zevalin	ibritumomab tiuxetan	A9543	Y
Zinplava	bezlotoxumab	J0565	Y
Zirabev	bevacizumab-bvzr, biosimilar	Q5118	Y
Zolgensma	onasemnogene abeparvovec-xioi	J3399	
Zometa	zoledronic acid	J3489	
Zulresso	brexanolone	J1632	
Zynlonta	loncastximab tesirine-lpyl	C9084	Y

PA Required			
Category	2023	2024	Comments
Inpatient Hospital-Acute	Y	Y	Normal delivery does not require auth
Inpatient Hospital Psychiatric	Y	Y	
Skilled Nursing Facility (SNF)	Y	Y	
Partial Hospitalization	Y	Y	
Opioid Treatment Program Services	Y	Y	inpatient only
Diagnostic Procedures/Tests	Y Genetic Testing Only	Y	Genetic and molecular pathology testing only excluding CPT codes 81420, 81329, 81220
Lab Services	Y Genetic testing only	Y Genetic testing only	All genetic and molecular pathology testing only excluding CPT codes 81420, 81329, 81220
Therapeutic Radiological Services	N	N	
Outpatient Hospital Services	Y	Y*	*See list of procedures/codes in referral categories
Ambulatory Surgical Center (ASC) Services	Y	Y*	*See list of procedures/codes in referral categories
Ground Ambulance Services	Y non- emergency transport only	Y non- emergency transport only	
Durable Medical Equipment (DME)	Y over \$1000, insulin pumps & bone stimulators	Y* over \$1000, insulin pumps & bone stimulators	*See list of services/codes in referral categories
Prosthetic Devices	Y over \$1000	Y* over \$1000	*See list of services/codes in referral categories
Outpatient Therapy PT/OT/ST	Y	N	

Part B Medications	Y	Y*	*See list of medications in Pharmacy section
Cardiac Rehabilitation	N	N	
Pulmonary Rehabilitation	N	N	
Emergency	N	N	
Urgent Care	N	N	
Home Health	N	N	
PCP	N	N	
Chiropractic Services	N	N	
Specialist	N	N	
Mental Health Specialty Services	N	N	
Podiatry Services	N	N	
Other Health Professionals	N	N	
Psychiatric Services	N	N	
Additional Telehealth Services	N	N	
Diabetic Supplies and Services	N	N	
Acupuncture Services (Medicare-covered)	N	N	
Meals After Discharge	N	N	
Annual Physical Exam	N	N	
Nutritional/Dietary Benefit	N	N	
Enhanced Disease Management	N	N	
Kidney Disease Education	N	N	
Dental	N	N	
Eye Exams	N	N	
Eyewear	N	N	
Hearing Exams	N	N	
Hearing Aids	N	N	
Glaucoma Screening	N	N	
Diabetest Self-Management Training	N	N	
Barium Enemas	N	N	
Digital Rectal Exams	N	N	
EKG following Welcome Visit	N	N	