

# Allwell Prior Authorization List



FROM



The following procedures, tests and medications require Prior Authorization. For complete CPT/HPCPS code listing, please see our Online Prior Authorization Tool. Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the members eligibility at the time service is rendered. Non-par providers and non-par facilities require authorization for all HMO services except where indicated. The following information was updated February of 2020.

Service Category	Services / Procedures
Acupuncture (CA Only)	An alternate form of medicine in which thin needles are inserted into the body.
Ambulance: Non-emergent Fixed Wing Only	Requires prior authorization before transport.
Behavioral Health Services	<ul style="list-style-type: none"> <li>• Day Treatment</li> <li>• Inpatient Psychiatric</li> <li>• Neuropsychological Testing</li> <li>• Psychological Testing</li> <li>• Electroconvulsive Therapy (ECT)</li> <li>• Intensive Outpatient Therapy</li> <li>• Partial hospitalization</li> <li>• Substance Use Disorder Treatment / Rehabilitation</li> </ul>
Bronchial Thermoplasty	Outpatient procedure for the treatment of asthma.
Chiropractor Services	Medicare coverage for chiropractic services extends only to treatment by means of manual manipulation of the spine to correct a subluxation, provided such treatment is reasonable and medically necessary.
Clinical Trials: Notification Only	A clinical trial is one type of clinical research that follows a pre-defined plan or protocol.
Chochlear Implants & Surgery	Provides direct electrical stimulation to the auditory nerve, bypassing the usual transducer cells that are absent or nonfunctional in deaf cochlea.
Cosmetic Procedures / Dermatology	Includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member including, but not limited to the following: Chemical exfoliation, electrolysis, dermabrasion/chemical peel, laser skin treatment, skin injections or implants.
Drug Testing	Quantitative tests for drugs of abuse.
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> <li>• BIPAP</li> <li>• Bone Growth Stimulator</li> <li>• Hospital Bed/Mattress</li> <li>• Infusion Pumps</li> <li>• Ventilators</li> <li>• TENS Units</li> <li>• Vagus Nerve Stimulator</li> <li>• Wheelchairs, Custom</li> <li>• Lift Devices including Hoyer</li> <li>• Wheelchairs, Power</li> <li>• Wound Vacuum (Negative Pressure) Devices</li> <li>• Implantable Neurostimulator</li> <li>• Continuous Glucose Monitor</li> </ul>
Enhanced External Counterpulsation (EECP)	The noninvasive outpatient treatment for patients with coronary artery disease (CAD).
Experimental / Investigational Services	Any item or service potentially considered investigational or experimental must be authorized in advance.



FROM



Service Category	Services / Procedures
Gender Reassignment	General term to describe a surgery or surgeries that affirm a person's gender identity.
Genetic Counseling and Testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes or proteins.
Home Health Services	<ul style="list-style-type: none"> <li>• Home Health Aide</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Skilled Nursing Visits</li> <li>• Social Work Visits</li> <li>• Speech Therapy</li> </ul>
Hospice: Notification Only	Home or Inpatient
Hyperbaric O2 Therapy	Includes HBO therapy administered in a chamber.
Infertility	Drug Therapy, Testing Treatment
Hospital Admission	<ul style="list-style-type: none"> <li>• Acute Inpatient Hospital</li> <li>• Long Term Acute Care Hospital (LTAC)</li> <li>• Inpatient Rehabilitation Hospital</li> <li>• Skilled Nursing Facility (SNF)</li> </ul>
Neuropsychological Testing	Evaluations for members with a history of psychological, neurologic or medical disorders known to impact cognitive or neurobehavioral functioning.
Nutritional Supplements and / or Services	Formula administered via an enteral feeding tube.
Observation Stay	Prior Authorization required if > 48 hours
Outpatient Therapy	<ul style="list-style-type: none"> <li>• Occupational Therapy (OT)</li> <li>• Speech-Language Therapy (ST)</li> <li>• Physical Therapy (PT)</li> </ul> Requires Authorization <b>after</b> 12 combined visits.
Pain Management	<ul style="list-style-type: none"> <li>• Epidural Injections</li> <li>• Facet Injections</li> <li>• Median Branch Block</li> <li>• Radio Frequency Ablation</li> <li>• Trigger Point</li> <li>• Sacroiliac Joint Injection (SI)</li> </ul>
Radiation Therapy	<ul style="list-style-type: none"> <li>• Stereotactic Radiotherapy</li> <li>• Intensity Modulated Radiotherapy (IMRT)</li> <li>• Proton Beam Therapy</li> <li>• Neutron Beam Therapy</li> </ul>
Radiology <i>Visit <a href="http://www.radmd.com">www.radmd.com</a></i>	<ul style="list-style-type: none"> <li>• MRI</li> <li>• MRA</li> <li>• PET Scan</li> <li>• CT</li> <li>• Cardiac Imaging</li> </ul>
Sleep Studies	Surgery and treatment.



Service Category	Services / Procedures
Surgeries, regardless of place of service	<ul style="list-style-type: none"> <li>• Abortion</li> <li>• Blepharoplasty</li> <li>• Breast Reduction</li> <li>• Capsule Endoscopy</li> <li>• Cochlear Implant</li> <li>• Hysterectomy</li> <li>• Mastectomy for Gynecomastia</li> <li>• Otoplasty</li> <li>• Rhinoplasty</li> <li>• Scar Revision</li> <li>• Spinal Surgeries including Fusion, Stabilization, Discectomy,</li> <li>• Uvulopalatopharyngoplasty/ Uvulopharyngoplasty</li> <li>• X-Stop: Spinal Surgery</li> <li>• Bariatric Surgery</li> <li>• Breast Augmentation (except following mastectomy)</li> <li>• Chondrocyte Implants</li> <li>• Facial Osteotomy</li> <li>• Joint Replacements</li> <li>• Oral Surgery - Temporomandibular Joint Surgery</li> <li>• Reconstructive and Plastic Surgery</li> <li>• Sacral Nerve Neuromodulation</li> <li>• Septoplasty</li> <li>• Veins (ablation, ligation, stripping, sclerotherapy)</li> </ul>
Transplants	All transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search and transplant procedure.

## Step Therapy Medicare Part B Drugs (Biopharmacy)

Procedure Code	Procedure Description	Procedure Code	Procedure Description
C9050	EMAPALUMAB-LZSG	J1562	IMMUNE GLOBULIN 105 5 GRAMS, INJECTION
J0129	ABATACEPT INJECTION	J1566	IMMUNE GLOBULIN, POWDER
J0178	AFLIBERCEPT INJECTION	J1568	OCTAGAM INJECTION
J0584	BUROSUMAB-TWZA 1M	J1569	GAMMAGARD LIQUID INJECTION
J0585	ONABOTULINUMTOXINA	J1599	IVIG NON-LYOPHILIZED
J0717	CERTOLIZUMAB PEGOL INJ 1MG	J1572	FLEBOGAMMA INJECTION
J0718	CERTOLIBUMAB PEGOL, INJ	J1575	HYQVIA 100MG IMMUNEGLOBULIN
J0800	CORTICOTROPIN INJECTION	J1599	IVIG NON-LYOPHILIZED, NOS
J0897	DENOSUMAB INJECTION	J1602	GOLIMUMAB FOR IV USE 1MG
J1300	ECULIZUMAB INJECTION	J1745	INFLIXIMAB (REMICADE)
J1428	ETEPLIRSEN, 10 MG	J1930	LANREOTIDE INJECTION
J1459	IVIG PRIVIGEN 500 MG	J2323	NATALIZUMAB INJECTION
J1555	CUVITRU, 100 MG	J2350	OCRELIZUMAB, 1 MG
J1556	IMM GLOB BIVIGAM, 500MG	J2353	OCTREOTIDE INJECTION, DEPOT
J1557	GAMMAPLEX INJECTION	J2357	OMALIZUMAB INJECTION
J1559	HIZENTRA INJECTION	J2503	PEGAPTANIB SODIUM INJECTION
J1561	GAMUNEX-C/GAMMAKED	J2778	RANIBIZUMAB INJECTION



## Step Therapy Medicare Part B Drugs (Biopharmacy) Continued

Procedure Code	Procedure Description	Procedure Code	Procedure Description
J3262	TOCILIZUMAB, 1 MG	J7329	HYALURONAN DERIVATIVE; TRIVISC IA 1 MG
J3304	TRIAMCINOLONE ACE XR 1MG	J7331	HYALURONAN DERIVATIVE;SYNOJOYNT IA 1MG
J3357	USTEKINUMAB SUB CU 1 MG	J7332	HYALURONAN DERIVATIVE; TRILURON IA I MG
J3380	VEDOLIZUMAB	J9022	ATEZOLIZUMAB,10 MG
J3396	VERTEPORFIN INJECTION	J9145	INJECTION DARATUMUMAB 10 MG
J7318	DUROLANE 1 MG	J9173	DURVALUMAB, 10 MG
J7320	GENVISC 850, 1MG	J9176	ELOTUZUMAB, 1MG
J7321	HYALGAN SUPARTZ VISCO-3 DOSE	J9308	RAMUCIRUMAB
J7322	HYMOVIS INJECTION 1 MG	J9312	RITUXIMAB, HYALURONIDASE
J7323	EUFLEXXA INJ PER DOSE	Q2041	AXICABTAGENE CILOLEUCEL CAR+
J7324	ORTHOVISC INJ PER DOSE	Q2042	TISAGENLECLEUCEL CAR-POS T
J7325	SYNVISC OR SYNVISC-ONE	Q2043	SIPULEUCEL-T AUTO CD54+
J7326	GEL-ONE	Q5103	INFLIXIMAB (INFLECTRA)
J7327	MONOVISC INJ PER DOSE	Q5104	INFLIXIMAB (RENFLEXIS)
J7328	GELSYN-3 INJECTION 0.1 MG	Q5109	INFLIXIMAB-QBTX BIOSIMILAR 10 MG

## Medicare Part B Drugs (Biopharmacy)

Procedure Code	Procedure Description	Procedure Code	Procedure Description
A9513	LUTETIUM LU 177 DOTATAT THER	C9134	FACTOR XIII A-SUBUNIT RECOMB
C9035	ARISTADA INITIO	C9136	FACTOR VIII (ELOCTATE)
C9036	PATISIRAN	C9399	UNCLASSIFIED DRUGS OR BIOLOG
C9037	RISPERIDONE	J0135	ADALIMUMAB INJECTION
C9038	MOGAMULIZUMAB-KPKC	J0179	BROLUCIZUMAB-DBLL I MG
C9040	FREMANEZUMAB-VFRM, 1MG	J0180	AGALSIDASE BETA INJECTION
C9043	LEVOLEUCOVORIN	J0202	ALEMTUZUMAB
C9044	CEMIPLIMAB-RWLC	J0220	ALGLUCOSIDASE ALFA INJECTION
C9045	MOXETUMOMAB PASUDOTOX-TD-FK	J0221	LUMIZYME INJECTION
C9049	TAGRAXOFUSP-ERZS	J0222	PATISIRAN, 0.1 MG
C9051	OMADACYCLINE	J0256	ALPHA 1 PROTEINASE INHIBITOR
C9054	LEFAMULIN XENLETA 1 MG	J0257	GLASSIA INJECTION
C9055	BREXANOLONE 1 MG	J0364	APOMORPHINE HYDROCHLORIDE
C9130	IVIG BIVIGAM	J0490	BELIMUMAB INJECTION
C9133	FACTOR IX RECOMBINANT	J0517	BENRALIZUMAB, 1 MG



## Medicare Part B Drugs (Biopharmacy) Continued

Procedure Code	Procedure Description	Procedure Code	Procedure Description
J0567	CERLIPONASE ALFA 1 MG	J1743	IDURSULFASE INJECTION
J0570	BUPRENORPHINE IMPLANT 74.2MG	J1744	ICATIBANT INJECTION
J0584	BUROSUMAB-TWZA 1 MG	J1746	IBALIZUMAB-UIYK, 10 MG
J0586	ABOBOTULINUMTOXINA	J1786	IMUGLUCERASE INJECTION
J0587	RIMABOTULINUMTOXINB	J1817	INSULIN FOR INSULIN PUMP USE
J0588	INCOBOTULINUMTOXIN A	J1931	LARONIDASE INJECTION
J0593	LANADELUMAB-FLYO, 1 MG	J2170	MECASERMIN INJECTION
J0598	C-1 ESTERASE, CINRYZE	J2182	MEPOLIZUMAB, 1MG
J0599	HAEGARDA 10 UNITS	J2212	METHYLNALTREXONE INJECTION
J0604	CINACALCET ORAL I MG	J2315	NALTREXONE, DEPOT FORM
J0606	ETELCALCETIDE, 0.1 MG	J2355	OPRELVEKIN INJECTION
J0630	CALCITONIN SALMON INJECTION	J2440	PAPAVERIN HCL INJECTION
J0638	CANAKINUMAB INJECTION	J2505	PEGFILGRASTIM 6MG
J0641	LEVOLEUCOVORIN INJECTION	J2507	PEGLOTICASE INJECTION
J0642	LEVOLEUCOVORIN (KHAPZORY) 0.5 MG	J2562	PLERIXAFOR INJECTION
J0775	COLLAGENASE, CLOST HIST INJ	J2783	RASBURICASE
J0881	DARBEPOETIN ALFA, NON-ESRD	J2786	RESLIZUMAB, 1MG
J0885	EPOETIN ALFA, NON-ESRD	J2793	RILONACEPT INJECTION J2796
J0888	EPOETIN BETA NON ESRD	J2796	ROMIPLOSTIM INJECTION
J0894	DECITABINE INJECTION	J2797	ROLAPITANT, 0.5 MG
J1190	DEXRAZOXANE HCL INJECTION	J2820	SARGRAMOSTIM INJECTION
J1301	EDARAVONE, 1 MG	J2840	SEBELIPASE ALFA 1 MG
J1324	ENFUVIRTIDE INJECTION	J2840	SEBELIPASE ALFA 1 MG
J1438	ETANERCEPT INJECTION	J2940	SOMATREM INJECTION
J1439	FERRIC CARBOXYMALTOS 1MG	J2941	SOMATROPIN INJECTION
J1442	FILGRASTIM EXCL BIOSIMIL	J3095	TELAVANCIN INJECTION
J1443	FERRIC PYROPHOSPHATE CIT	J3110	TERIPARATIDE INJECTION
J1458	GALSULFASE INJECTION	J3111	ROMOSOZUMAB-AQQG 1 MG
J1628	GUSELKUMAB, 1 MG	J3140	TESTOSTERONE SUSPENSION INJ
J1640	HEMIN, 1 MG	J3240	THYROTROPIN INJECTION
J1645	DALTEPARIN SODIUM	J3245	TILDRAKIZUMAB 1 MG
J1675	HISTRELIN ACETATE	J3262	TOCILIZUMAB I MG



## Medicare Part B Drugs (Biopharmacy) Continued

Procedure Code	Procedure Description	Procedure Code	Procedure Description
J3285	TREPROSTINIL INJECTION	J7203	FACTOR IX RECOMB GLY REBINYN
J3316	TRIPTORELIN XR 3.75 MG	J7207	FACTOR VIII PEGYLATED RECOMB
J3385	VELAGLUCERASE ALFA	J7208	JIVI 1 IU
J3397	VESTRONIDASE ALFA-VJBK	J7209	FACTOR VIII NUWIQ RECOMB 1IU
J3398	LUXTURNA 1 BILLION VEC G	J7311	FLUOCINOLONE ACETONIDE IMPLT
J3591	ESRD ON DIALYSI DRUG/BIO NOC	J7312	DEXAMETHASONE INTRA IMPLANT
J7170	EMICIZUMAB-KXWH 0.5 MG	J7313	FLUOCINOL ACET INTRAVIT IMP
J7175	FACTOR X, (HUMAN), 1IU	J7314	YUTIQ, 0.01 MG
7177	FIBRYGA, 1 MG	J7401	MOMETASONE FUROATE SINUS IMP
J7179	VONVENDI INJ 1 IU VWF:RCO	J7518	MYCOPHENOLIC ACID
J7180	FACTOR XIII ANTI-HEM FACTOR	J7527	ORAL EVEROLIMUS
J7181	FACTOR XIII RECOMB A-SUBUNIT	J7677	REVEFENACIN INH NON-COM 1MCG
J7182	FACTOR VIII RECOMB NOVOEIGHT	J7686	TREPROSTINIL, NON-COMP UNIT
J7183	WILATE INJECTION	J8565	GEFITINIB ORAL
J7185	XYNTHA INJ	J8650	NABILONE ORAL
J7186	ANTIHEMOPHILIC VIII/VWF COMP	J8705	TOPOTECAN ORAL
J7187	HUMATE-P, INJ	J9015	ALDESLEUKIN INJECTION
J7188	FACTOR VIII RECOMB OBIZUR	J9017	ARSENIC TRIOXIDE INJECTION
J7189	FACTOR VIIA	J9019	ERWINAZE INJECTION
J7190	FACTOR VIII	J9023	AVELUMAB, 10 MG
J7191	FACTOR VIII (PORCINE)	J9027	CLOFARABINE INJECTION
J7192	FACTOR VIII RECOMBINANT NOS	J9034	BENDEKA 1 MG
J7193	FACTOR IX NON-RECOMBINANT	J9035	BEVACIZUMAB INJECTION
J7194	FACTOR IX COMPLEX	J9036	BELRAPZO/BENDAMUSTINE
J7195	FACTOR IX RECOMBINANT NOS	J9039	BLINATUMOMAB
J7196	ANTITHROMBIN RECOMBINANT	J9041	VELCADE 0.1 MG
J7197	ANTITHROMBIN III INJECTION	J9042	BRENTUXIMAB VEDOTIN INJ
J7198	ANTI-INHIBITOR	J9043	CABAZITAXEL INJECTION
J7199	HEMOPHILIA CLOT FACTOR NOC	J9044	BORTEZOMIB, NOS, 0.1 MG
J7200	FACTOR IX RECOMBINAN RIXUBIS	J9047	CARFILZOMIB, 1 MG
J7201	FACTOR IX ALPROLIX RECOMB	J9055	CETUXIMAB INJECTION
J7202	FACTOR IX IDELVION INJ	J9057	COPANLISIB, 1 MG



FROM



## Medicare Part B Drugs (Biopharmacy) Continued

Procedure Code	Procedure Description	Procedure Code	Procedure Description
J9118	CALASPARGASE PEGOL-MKNL	J9395	FULVESTRANT
J9153	DAUNORUBICIN, CYTARABINE	J9400	ZIV-AFLIBERCEPT, 1MG
J9199	GEMCITABINE HCL INFUGEM	J9999	CHEMOTHERAPY DRUG
J9203	INJ GEMTUZUMAB OZOGAMICIN 0.1 MG	Q0138	FERUMOXYTOL, NON-ESRD
J9205	IRINOTECAN LIPOSOME 1 MG	Q0515	SERMORELIN ACETATE INJECTION
J9212	INTERFERON ALFACON-1 INJ	Q2026	RADIESSE INJECTION
J9213	INTERFERON ALFA-2A INJ	Q2027	SCULPTRA INJECTION
J9215	INTERFERON ALFA-N3 INJ	Q2028	SCULPTRA, 0.5MG
J9216	INTERFERON GAMMA 1-B INJ	Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD
J9225	VANTAS IMPLANT	Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD
J9226	SUPPRELIN LA IMPLANT	Q2050	DOXORUBICIN INJ 10MG
J9228	IPILIMUMAB INJECTION	Q3025	IM INJ INTERFERON BETA 1-A
J9229	INOTUZUMAB OZOGAM 0.1 MG	Q3026	SUBC INJ INTERFERON BETA-1A
J9261	NELARABINE INJECTION	Q3027	BETA INTERFERON IM 1 MCG
J9262	OMACETAXINE MEP, 0.01MG	Q4074	ILOPROST NON-COMP UNIT DOSE
J9264	PACLITAXEL PROTEIN BOUND	Q5103	INFLECTRA
J9266	PEGASPARGASE INJECTION	Q5104	RENFLIXIS
J9271	PEMBROLIZUMAB	Q5107	MVASI 10 MG
J9285	OLARATUMAB, 10 MG	Q5108	FULPHILA
J9299	NIVOLUMAB	Q5111	UDENYCA 0.5 MG
J9301	OBINUTUZUMAB INJ	Q5112	ONTRUZANT 10 MG
J9303	PANITUMUMAB INJECTION	Q5113	HERZUMA 10 MG
J9305	PEMETREXED INJECTION	Q5114	OGIVRI 10 MG
J9306	PERTUZUMAB, 1 MG	Q5115	TRUXIMA 10 MG
J9309	POLATUZUMAB VEDOTIN-PIIQ 1 MG	Q5116	TRAZIMERA 10 MG
J9311	RITUXIMAB INJECTION	Q5117	KANJINTI 10 MG
J9352	TRABECTEDIN 0.1MG		
J9354	ADO-TRASTUZUMAB EMT 1MG	Q9991	BUPRENORPH XR 100 MG OR LESS
J9355	TRASTUZUMAB INJECTION	Q9992	BUPRENORPHINE XR OVER 100 MG
J9356	HERCEPTIN HYLECTA, 10MG	S0145	PEG INTERFERON ALFA-2A/180