

Procedures and services



Updated 05/15/2026

Groups: Certain Moda Health groups may not require prior authorization for listed services. Please verify prior authorization or medical necessity review requirements by contacting customer service.

Services requiring prior authorization

“Cosmetic & Reconstructive” – Cosmetic surgery is not covered. All reconstructive procedures, including surgical, dental and orthodontic repair of birth defects, must be medically necessary and prior authorized or benefits will not be paid.

Urgent/Emergent Admission	All urgent/emergent admissions to an inpatient facility requires notification to Moda Health within 48 hours of admission and must meet the definition of an "emergency medical condition"
Inpatient Elective Admissions	Prior authorization is required for all inpatient elective admissions to an acute care facility
Skilled Nursing	Prior authorization is required prior to patient admission. As of 1/1/2025 No PA requirement for PeaceHealth, Zoomcare
Inpatient Rehabilitation Facility	Prior authorization is required prior to patient admission
Long Term Acute Care	Prior authorization is required prior to patient admission
Transplants	Prior authorization is required for the transplant evaluation and the transplant event
Advanced Imaging/Echocardiography and Musculoskeletal service are performed by eviCore	Prior authorization is required for members enrolled in eviCore programs for Advanced Imaging and/or Musculoskeletal Services. Authorization is obtained through www.evicore.com . Lists of all the programs and procedure codes requiring prior authorization are located at: https://www.modahealth.com/medical/utilizationmanagement.shtml
Specialty Drugs	Prior authorization is required for select specialty drugs through Prime Therapeutics Management at: https://gatewaypa.com/
Self-Injectable Drugs	Prior authorization for self-injectable medications will be obtained through the Moda Health Pharmacy Benefit - contact Pharmacy Customer Service at: 1/888.361.1610.
Clinical Trials	Prior authorization is required for participation in a clinical trial. The trial number, chart notes, protocol and signed consent should be sent for review by the Medical Director
Therapeutic Drug Monitoring (Urine Drug Testing) (G0480, G0481) Presumptive UDT codes: 80305, 80306, 80307 Not Covered: G0482, G0483, 0082U, 0227U, 0517U, 0518U, 0519U, 0520U	Prior authorization is NOT required but will be reviewed with claim submission for medical necessity and appropriate codes. Limits of 12 presumptive and 12 definitive apply as of 6/1/16. Please refer to Moda Health Medical Necessity Criteria for Therapeutic Drug Monitoring.
Durable Medical Equipment	CMS guidelines are applied for prior authorization unless otherwise stated in Moda Health criteria. Specific codes listed below require prior authorization. You can help your patients save money with the voluntary option of ordering supplies through a preferred DME provider. Our preferred providers have agreed to the best contracted rates and may help new and recurring DME users save money on their orders. Just follow these easy steps to help your patients find a preferred DME provider: 1. Simply call Moda Medical Customer Service at 877-605-3229. 2. Or you can go to modahealth.com and choose Find Care. 3. Search as a guest and select the “Durable Medical Equipment” option under the Specialty drop-down menu. 4. Enter the patient’s ZIP code and Search. This will bring up the list of DME providers. Preferred providers will have a DME badge icon next to the networks where they are available. 5. Your patient can contact a preferred DME provider to discuss their DME needs.
Unlisted or unclassified codes	Prior authorization is not required but will be reviewed with claim submission for medical necessity.
Nutritional Therapy- 97802, 97803, 97804	Reviewed per member handbook language for nutritional therapy plan benefit availability and/or MHMNC -Medical Nutrition Therapy

Therapies and Alternative Care

Oregon and Alaska members	eviCore physical and alternative medicine proce	May apply to members with plans sold in Oregon and Alaska. Log in to Benefit Tracker or call our customer service team toll-free at 800-592-8283 to see if your patients require prior authorization. https://www.modahealth.com/EBTWeb
Texas members	www.ashlink.com	May apply to members with plans sold in and residing in the state of Texas. www.ashlink.com allows you to conveniently verify member eligibility/benefits, submit claims, and access the most current ASH materials.
Therapies: For authorizations regarding intensive outpatient rehabilitation for the treatment of autism spectrum disorder or neurodevelopmental conditions, please contact Moda Health for authorization.	Reviewed for medical necessity by Moda Health - do NOT send requests to eviCore	All requests for intensive outpatient therapy for treatment of ASD/neurodevelopmental conditions are reviewed by Moda Health

Mental Health and Substance Use prior authorizations		
Description	CPT/HCPC Codes	Medical Necessity Criteria
Assertive Community Treatment (ACT)	H0039, H0040	MHMNC - Coordinated Specialty Programs
Cognitive therapy	H2001, H2017, H2018, 99199, 99499	AllMed for SOC review
Disease Management Program for Pain	S0315, S0317	MHMNC - Disease Management for Pain (Pain Schools)
Early Assessment and Support Alliance (EASA)	H2016, H2040, H2041	MHMNC - Coordinated Specialty Programs
Intensive In-home Behavioral Health Treatment (IIBHT)	H0023	MHMNC - Coordinated Specialty Programs
Intensive Outpatient Services & Supports (IOSS)	H0037	MHMNC - Coordinated Specialty Programs
Inpatient Mental Health		LOCUS/CALOCUS for Oregon based plans. MHMNC - Inpatient Mental Health. (Contact Moda within two days of an emergency admission)
Inpatient Substance Use Disorder	H0011	ASAM
Residential Mental Health	H0010, H0017, H0018, H0019 T2048	LOCUS/CALOCUS for Oregon based plans. MHMNC - Psychiatric Residential Treatment-children and adults
Residential Substance Use Disorder	H0011, H0012, H0013	ASAM
Partial Hospitalization Mental Health	H0035, S0201	LOCUS/CALOCUS for Oregon based plans. MHMNC - Mental Health Partial Hospitalization and Intensive Outpatient Treatment
Partial Hospitalization Substance Use Disorder	S0201	ASAM
Intensive Outpatient Treatment--Mental Health	S9480	LOCUS/CALOCUS for Oregon based plans. MHMNC - Mental Health Partial Hospitalization and Intensive Outpatient Treatment
Applied Behavior Analysis	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T	MHMNC - Applied Behavior Analysis
Transcranial Magnetic Stimulation	90867, 90868, 90869	MHMNC – Transcranial Magnetic Stimulation
Nutritional Therapy for Eating Disorders	97802, 97803, 97804	Review per Member Handbook Language for nutritional counseling plan benefit availability and/or MHMNC-Medical Nutrition Therapy
Intensive Outpatient Treatment--Substance Use Disorder, (Out of Network {OON} - Alaska Individual Members plans only)	H0015	ASAM
Medical/Surgical Services Prior Authorization List		
Description	CPT/HCPC Codes	Instructions/Criteria Moda Health Medical Necessity Criteria (MHMNC) or MCG™ Guidelines 28th Edition (MCG)
Achalasia Treatment-Surgical (POEM)	43497	MHMNC Surgical Treatment of Achalasia
Adakveo (crizanlizumab-tmca)	J0791 C9053-facility	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Adakveo (crizanlizumab-tmca)
Adcetris (Brentuximab)	J9042	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Adcetris (Brentuximab)
Advanced Imaging (MRI, MRA, CT, CTA) for authorizations	eviCore advanced imaging procedures	Requests for advanced imaging are being performed by eviCore at www.eviCore.com
Air Transport - Non-emergent	A0430, A0431, A0435, A0436	Requires review by Medical Director
Airway Clearance Devices / Chest Percussors / Vest / Intrapulmonary Percussive Ventilation	A7025, A7026, E0480, E0481, E0482, E0483, E0484, E0469 K1027	MHMNC for High Frequency Chest Wall Oscillation Devices
Aflibercept (Eylea, Eylea Hd, Opuviz, Yesafili, Ahzantive, Enzeevu, Pavblu)	J0177, J0178 <i>effective 4/1/2025 : Q5147, Q5149, Q5150</i> <i>Effective 7/1/2025 : Q5153</i> <i>Effective 10/1/2025 : Q5155</i>	Request for authorization of drug is provided by Prime Therapeutics Management for all fully insured individual and groups. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Aflibercept
Akynzeo - (fosnetupitant/palonosetron)	J1454	Request for authorization of drug is provided by Prime Therapeutics Management for all fully insured individual and groups. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Akynzeo
Allergy Testing - Blood	83516 No PA required as of 2/1/2025: 82785, 86003, 86005, 86008	MHMNC Allergy Testing - Blood

Description	CPT/HCPC Codes	Medical Necessity Criteria
Aldurazyme	J1931	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured individual and groups. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Aldurazyme (Isoniazidase)
Aliqopa (copanlisib)	J9057 C9030-Facility only	Request for authorization is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Aliqopa
Alpha 1 Proteinase Inhibitors - (Glassia®, Aralast NP®, Prolastin®, Prolastin - C®, Zemaira®)	J0256, J0257	Request for authorization is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MCG A-0468 Alpha 1 Proteinase Inhibitor MHMNC Alpha-1 Proteinase Inhibitor
Amondys 45	J1426	Reviewed By Moda Pharmacy/HCS . Considered Experimental or Investigational
Amvuttra	J0225	Request for authorization is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Amvuttra
Anti-amyloid-Beta monoclonal antibodies (Aduhelm, Leqembi)	J0174, J0175 J0172-Aduhelm-drug removed from market 04/22/2024	Reviewed By Moda Pharmacy/HCS . Considered Experimental or Investigational
Artificial Disc Replacement	0095T, 0098T, 0163T, 0164T, 0165T, 22856, 22857, 22858, 22860, 22861, 22862, 22864, 22865, 0375T	MHMNC Intervertebral Disc Prosthesis
Arthroscopy (other than knee)	29805, 29806, 29807, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29870, 29874, 29875, 29876, 29877, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29892, 29893, 29894, 29895, 29897, 29899, 29900, 29901, 29902, 29904, 29905, 29906, 29907, 29999, S2112	MCG S-72 Ankle Arthroscopy MCG S-421 Elbow Arthroscopy MCG S-1220 Wrist Arthroscopy MCG A-0492 TMJ Arthroscopy MCG SG-MS Musculoskeletal Surgery or specific surgery MCG S-1045 Acromioplasty and Rotator Cuff Repair MCG A-0524 SLAP repair MCG A-0525 Bankart Lesion Repair MCG A-0526 Adhesive Capsulitis release MCG S-705 Knee Arthroscopy
Arzerrz (Ofatumab)	J9302	Requests for authorization of drug are provided by Prime Therapeutics Management for all fully insured groups. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Arzerrz (Ofatumab)
Auditory Brainstem Implant (ABI)	S2230, S2235	MHMNC Cochlear Implants and Auditory Brainstem Implants
Balloon Sinuplasty (Sinus surgery)	31295, 31296, 31297, 31298	MHMNC Sinus Surgery
Balloon Dilatation of Eustachian Tube	69705, 69706, 69799, C9745	MHMNC Balloon Dilatation of Eustachian Tube
Bavencio (avelumab)	J9023 C9491 - Facility Only code	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS authorization. MHMNC Bavencio (avelumab)
Beleodaq (Belinostat)	J9032	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Beleodaq (Belinostat)
Bendamustine hcl (Belrapzo, Bendeka, Treanda, Vivimusta)	J9036, J9034, J9033, J9058, J9059, J9056	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Bendamustine: Treanda®, Bendeka®, Belrapzo®, Vivimusta™ (Intravenous)
Benlysta (Belimumab)	Q2044, J0490	Requests for authorization of drug are provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Benlysta (Belimumab)
Beovu (brolocizumab-dblI)	J0179	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Beovu (brolocizumab-dblI)
Berinert C-1 Esterase Inhibitor; Cinryze	J0597, J0598	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Berinert (C-1 Esterase Inhibitor): MHMNC Cinryze (C-1 esterase inhibitor)

Description	CPT/HCPC Codes	Medical Necessity Criteria
Besponsa (inotuzumab ozogamicin)	J9229	Request for authorization is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Besponsa
Bevacizumab- Oncology (Avastin, Mvasi, Zirabev, Alymsys, Vegzelma)	J9035, Q5107, Q5118, Q5126, Q5129 J9999 - Avzivi	Requests for Bevacizumab (Cancer treatment only) authorization of drug is provided by Prime Therapeutics Management for all fully insured groups. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Bevacizumab (Oncology)
Bevacizumab - Intravitreal (Avastin, Mvasi, Zirabev, Alymsys)	J9035, Q5107, Q5118, J7999	Requests for Bevacizumab (Eye treatment only) authorization of drug is provided by Moda Pharmacy/HCS. MHMNC Bevacizumab (Intravitreal)
Blepharoplasty and Brow Lift	15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908	MHMNC Blepharoplasty and Brow Ptosis CPT codes 15820, 15821, and 18524 are considered cosmetic and not covered.
Blinicyto (Blinotumomab)	J9039	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Blinicyto (Blinotumomab)
Bone Growth Stimulators, Ultrasound and Electric	E0747, E0748, E0760, 20979	MCG A-0414 Bone Growth Stimulators, Ultrasonic MHMNC Bone Growth Stimulators, Electrical
Botox Injections (OnabotulinumtoxinA, AbobotulinumtoxinA, RimabotulinumtoxinB, and IncobotulinumtoxinA)	J0585, J0586, J0587, J0588	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Botox (OnabotulinumtoxinA), MHMNC Dysport (AbobotulinumtoxinA), MHMNC Myobloc (RimabotulinumtoxinB), or MHMNC Xeomin (IncobotulinumtoxinA)
BRCA Gene Mutation Testing	81212, 81213, 81214, 81215, 81216, 81217 81162, 81163, 81164, 81165, 81166, 81167, 81479	MCG A-0499 Breast and Ovarian Cancer, Hereditary BRCA 1 and BRCA 2 genes; MCG A-0162 prostate Cancer- BRCA 1 and BRCA 2 Genes MHMNC Genetic Testing
Breast Cancer Gene Expression Assays Oncotype DX, Endopredict, MammaPrint	81519 - Oncotype 81522 - Endopredict 81521 - MammaPrint	MCG A-0532 Breast Cancer Gene Expression Assays
Breast Implant Removal	19328, 19330	MHMNC Breast Implant Removal
Breast Reconstruction Surgery	11920, 11921, 11922, 11970, 11971, 15771, 15772, 15777, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, L8600, Q4100, Q4116, S2066, S2067, S2068	Always covered for reconstruction following mastectomy for breast cancer diagnosis. All other diagnoses are reviewed for medical necessity versus cosmetic. MHMNC Breast Reconstruction
Brineura (Cerliponasa Alfa)	J0567	MHMNC Brineura
Briumvi (ublituximab-xiiv)	J2329	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Briumvi
Cardiac contractility modulation system	Effective 7/1/2025:0408T, 0409T	Reviewed by eviCore. For groups that do not have eviCore - prior authorization are obtained through Moda Health/HCS
Cardiac Rehabilitation	93797, 93798	MCG A-0358 Cardiac Rehabilitation
Cardiac Defibrillator, External/Wearable	93745, E0617, K0606, K0607, K0608, K0609	MHMNC - Cardiac Defibrillators, External
Cardiac Event Monitoring- Mobile Outpatient Cardiac Telemetry (MOCT)	93228, 93229	MHMNC Mobile Outpatient Cardiac Telemetry
Cardiac rhythm monitor insertion or removal	33285, 33286	MCG Ambulatory Care Guidelines A-0122 - Loop Recorder (Cardiac Event Monitor), Implantable
Cardiology service including stress tests, echocardiography, diagnostic angiograms, and pacemakers, prior authorization is required with eviCore	eviCore cardiology procedures and services	As of 4/1/2017 - requests for pacemakers, angiograms, nuclear studies, and echocardiograms are being performed by eviCore at www.eviCore.com
Carotid sinus baroreflex activation device Implantation or replacement	O266T	Reviewed by eviCore. For groups that do not have eviCore - prior authorization are obtained through Moda Health/HCS
Carpal Tunnel Release	29848	MCG A-0211 Carpal Tunnel Decompression
Carvykti	Q2056, J9999 effective 4/1/2025: Q2057	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Carvykti
Capsule endoscopy (Wireless)	91110, 91111, 91113	MCG A-0134 Capsule Endoscopy

Description	CPT/HCPC Codes	Medical Necessity Criteria
Cerezyme (Imiglucerase)	J1786	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Cerezyme (Imiglucerase)
Chelation Therapy - Home Infusion	S9355	Prior authorization required for medical necessity of the chelation therapy MCG A-0618 Infusion Pump
Cinqair (Reslizumab)	J2786	Requests for authorization is provided by Pharmacy RX for Oregon commercial fully insured, including OEBB and PEBB members. Requests for select ASO groups will be provided by Prime Therapeutics Management . Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Cinqair (Reslizumab)
Cinryze (C-1 Esterase Inhibitor)	J0598	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Cinryze (C-1 Esterase Inhibitor)
Cimzia	J0717	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Cimzia (Certolizumab pegol)
Cochlear Implantation/Removal	69930, L8614, L8619, L8694	MHMNC Cochlear Implants and Auditory Brainstem Implants
Colon Cancer Genetic Testing	81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301	MCG A-0533 Lynch Syndrome
Colorectal Cancer-KRAS and NRAS genes	81275, 81276, 81311, 0111U	MCG A-0773 Colorectal Cancer - KRAS and NRAS genes
Colony Stimulating Factors (Subcutaneous/Intravenous)	J1442, J1447, Q5110, Q5125, C9095	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Colony Stimulating Factors- (Neupogen, Nivestym, Releuko, Granix, Zarxio)
Colony Stimulating Factors- Pegfilgrastim (Subcutaneous)	J2505, J2506, J1449, J9361, Q5108, Q5111, Q5120, Q5122, Q5127, Q5130	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Colony Stimulating Factors- Pegfilgrastim: Neulasta, Fulphila, Udenyca, Ziextenzo, Nyvepria, Fynetra, Stimufend, Ryzneuta)
Cooling Devices	E0218, E0236, E1399	MHMNC Cooling Devices Active Cooling devices (i.e. Game Ready) are not covered
Continuous Glucose Monitors	95249, 95250, A9276, A9277, A9278, A4238, E2102, G0308, G0309 Effective 1/1/2023: A4239, E2103	MHMNC Continuous Glucose Monitoring (CGM)
Corneal Collagen X-linking for treatment of Keratoconus	0402T	MHMNC Treatment of Keratoconus
CPAP/AutoPAP/BiPAP	E0470, E0471, E0472, K1027 <i>effective 5/1/2022: Prior authorization NOT required for E0601</i> <i>effective 7/1/2025 : 0964T, 0965T, 0966T</i>	MHMNC Obstructive Sleep Apnea Non-surgical Treatment
Custom Compression Stockings/Garments	A4465, A6549 <i>Effective 4/1/2025: A6515, A6516, A6517, A6518, A6611</i> <i>effective 4/6/2026 : A6521, A6523, A6525, A6527, A6529, A6553, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6567, A6569, A6571, A6573, A6574, A6576, A6577, A6579, A6580, A6610</i>	MHMNC Custom Compression Garments
Cyramza (Ramucirumab)	J9308	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Cyramza (Ramucirumab)
Crysvita - (burosumab-twza)	J0584	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Crysvita (burosumab - twza)
Cytourethroscopy	0499T <i>Effective 1/1/2025 : 0935T</i>	MCG A-0153 Cystoscopy
Darzalex (daratumumab)	J9145	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Darzalex (daratumumab)

Description	CPT/HCPC Codes	Medical Necessity Criteria
Datroway	J9011	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Datroway® (datopotamab deruxtecan-dlnk)
Daxxify (daxibotulinumtoxinA)	effective 4/1/2024: J0589	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Daxxify (daxibotulinumtoxinA)
Denosumab (Prolia/Xgeva)	J0897, Q5136 effective 10/1/2025: Q5157, Q5158, Q5159 effective 4/1/2026: Q5161, Q5162	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Denosumab: Prolia®; Jubbonti®; Ospomyv™; Stoboclo®; Denosumab dssb; Conexence®; Denosumab-bnht; Xgeva®; Wyost®; Xbryk™; Osenvelt®; Bomynta®(Subcutaneous)
Dental procedure(s) requiring Monitored Anesthesia Care (MAC)	41899 Effective 4/4/2024: Prior authorization required for HCPC code G0330 Effective 11/1/2023: No Prior Authorization required for 00170	HCS reviews for authorization
Dynasplint/JAS (or other mechanical stretching device)	E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1812, E1818, E1825, E1831 New effective 1/1/2025: E1803, E1804, E1807, E1808, E1813, E1814, E1822, E1823, E1826, E1827, E1828, E1829	MHMNC Mechanical Stretching Devices
Echocardiography, transesophageal, transthoracic for procedure performed as of 4/1/2017, eviCore will perform prior authorization requests for groups enrolled in eviCore advanced imaging/cardiology	eviCore cardiology procedures and services	Requests for echocardiography and cardiac advanced imaging are performed by eviCore at www.eviCore.com Check EBT for member enrollment
Eculizumab	effective 4/1/2025 : J1299, Q5151, Q5152	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Eculizumab (Soliris, BkemV, Epysqli)
Elahere	J9063	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Elahere
Elaprase (Idursulfase)	J1743	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Elaprase (Idursulfase)
Electrical stimulation device for cancer treatment	E0766, E0767	MCG A-0930 Alternating Electric Field Therapy MCG A-0241 Electrical Nerve Stimulation, Transcutaneous (TENS)
Elelyso (Tagli glucerose Alfa)	J3060	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Elelyso (tagli glucerose alfa)
Elrexio	effective 4/1/2024: J1323	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Elrexio
Empliciti (elotuzumab)	J9176	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Empliciti (elotuzumab)
Encelto	Effective 10/1/2025: J3403	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Encelto™ (revakinogene taroretcel-lwey)
Endovascular repair procedures	34709, 34710, 34711, 34712	review by eviCore
Enjaymo IV	J1302	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Enjaymo
Entyvio (Vedolizumab)	J3380	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Entyvio (Vedolizumab)

Description	CPT/HCPC Codes	Medical Necessity Criteria
Epidural, facet, medial branch blocks and SI joint Injections	64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 27096 62320, 62321, 62322, 62323	MHMNC Spinal Pain Injections
Requests for epidural, facet, medical branch blocks, and SI joint injections will be performed by eviCore. Check EBT for member enrollment in MSK program	eviCore MSK interventional pain management procedures	Requests for pain injections, advanced imaging are being performed by eviCore at www.eviCore.com Check EBT for member enrollment
Erythropoiesis Stimulating Agents (ESAs)	J0881, J0885, J0882, J0887, J0888	Requests for authorization of codes highlighted in red are provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC ESAs (erythropoiesis stimulating agents) ; MHMNC Arasnep (darbepoetin alfa) (SC/IV); MHMNC Epoetin alfa: Epogen, Procrit, Retacrit
Evkeeza	J1305	Requests for authorization of codes highlighted in red are provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Evkeeza
Exondys 51, Vyondys 53, viltolarsen (Viltepso)	J1428, J1429 J3490 viltolarsen (Viltepso) C9071 (Facility Only)	Authorization is required and requests are reviewed by Moda Pharmacy/HCS. Considered Experimental/Investigational Pharmacy criteria
External Counterpulsation (Enhanced External Counterpulsation - EECp)	G0166, 92971	MCG A-0175 - Enhanced External Counterpulsation (EECP)
Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support (ECLS)	Insertion codes: 33946, 33947, 33948, 33949, 33951, 33952, 33953, 33954, 33955, 33956, 33987, 33988	MCG SG-CVS
External infusion insulin pumps	E0784, E0787, A9274	Request for authorization is provided by Moda Pharmacy/HCS MHMNC External infusion insulin pumps
Fabrazyme (Agalsidase Beta)	J0180	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Fabrazyme (Agalsidase Beta)
Facet Neurotomy/Rhizotomy	0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64633, 64634, 64635, 64636	MCG A-0218 Facet Neurotomy
Fasenra (benralizumab)	J0517	Requests for authorization is provided by Prime Therapeutics Management for Oregon commercial fully insured, including OEGB and PEBB members. Requests for select ASO groups will be provided by Prime Therapeutics Management . Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Fasenra (benralizumab) For Group exclusions, please check Moda Health Website
Fusilev (Levoleucovorin calcium); khapzory (Levoleucovorin)	J0641, J0642	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Levoleucovorin: Fusilev, Khapzory
Gastric Bypass/Gastric Restrictive procedure/Office Visits for Obesity Management	43644, 43645, 43659, 43842, 43843, 43845, 43846, 43847, 43848, 43999, 43770, 43771, 43772, 43773, 43774, 43775, 43886, 43887, 43888, C9784, C9785 <i>Effective 1/1/2026 : 43899</i>	MHMNC Obesity: Surgical Management for groups without specific language for coverage in the member handbook. Check member handbook for benefit.
Gastric Stimulation (Electrical)	<i>Effective 11/1/2025:</i> 43647, 43648, 43882, 64590, 64595, 95980, 95981, C1767, C1778, L8679, L8680, L8688	MCG A-0395 Gastric Stimulation (Electrical)
Gazyva (Obinutuzumab)	J9301	Request for authorization is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Gazyva (obinutumumab)

Description	CPT/HCPC Codes	Medical Necessity Criteria
Gender Affirming Surgery	<p>Multiple CPT codes apply with diagnosis codes for GID</p> <p>Female to Male procedures requiring prior authorization: 19301, 19302, 19303</p> <p>Male to Female procedures requiring PA: 19325, 15771, 15772</p> <p>Affirming surgery procedures: 54400, 54401, 54405, 54408, 54410, 54411, 54415, 54416, 54417, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335, 54437, 54438</p> <p>Facial Procedures: 14020, 14021, 14301, 14302, 14060, 14061, 15825, 15828, 15829, 20912, 21025, 21120, 21121, 21122, 21123, 21137, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21188, 21193, 21194, 21195, 21196, 21208, 21270, 21299, 30400, 30410, 30420, 30430, 30460, 30465, 67900</p> <p><i>effective 9/1/2025</i> : 56620</p> <p><i>effective 3/26/26</i> : 15775, 15776</p>	<p>MCG Gender Affirming Surgery or Procedure GRG</p> <p>Covered for all Oregon fully insured groups and individuals. Check member handbook for ASO groups and Alaska benefit language.</p>
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	81161, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81210, 81228, 81229, 81235, 81236, 81240, 81241, 81242, 81243, 81244, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81270, 81277, 81280, 81281, 81282, 81288, 81289, 81290, 81302, 81303, 81304, 81317, 81318, 81319, 81330, 81331, 81321, 81322, 81323, 81324, 81325, 81326, 81237, 81339, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81415, 81416, 81417, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81440, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81519, 81599, 81412, 81432, 81433, 81434, 81437, 81438, 81442, 81535, 81538, 81540, 81545, 81595, 81413, 81414, 81422, 81439, 81539, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81247, 81248, 81249, 81258, 81259, 81269, 81335, 81361, 81362, 81363, 81364, 81448, 81520, 81327, 81349, 81353	<p>MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies</p>
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	81345, 81333, 81596, 81518, 81326, 81237, 81233, 81320, 81305, 83722, 81171, 81172, 81204, 81173, 81174, 81177, 81178, 81183, 81179, 81180, 81181, 81182, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81234, 81239, 81284, 81285, 81286, 81271, 81274, 81312, 81332, 81343, 81344 0084U, 0085U, 0085U, 0086U, 0087U, 0088U, 0089U, 0090U, 0091U, 0094U, 0095U, 0101U, 0102U, 0103U, 0104U	<p>MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies</p>
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	81307, 81308, 81309, 81311, 81315, 81316, 81522, 81542, 81552 0003U, 0009U, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0027U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0040U, 0045U, 0047U, 0048U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0168U, 0169U, 0170U, 0171U, 0172U, 0173U, 0174U, 0175U, 0177U, 0179U, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0195U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U, 0203U, 0204U, 0205U, 0206U, 0207U, 0208U, 0209U, 0210U, 0211U, 0212U, 0213U, 0214U, 0215U, 0216U, 0217U, 0218U, 0219U, 0220U, 0222U, 0016M Unlisted codes for genetic tests: 81479, 81599, 84999	<p>MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies</p>
Genetic Testing - additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	81168, 81191, 81192, 81193, 81194, 81278, 81279, 81338, 81339, 81347, 81348, 81351, 81352, 81357, 81360, 81419, 81523, 81546, 81554, 81560, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0364U, 0242U, 0243U, 0244U, 0245U, 0246U, 0247U, 0248U, 0249U, 0250U, 0252U, 0253U, 0254U, 0017M	<p>MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies</p>

Description	CPT/HCPC Codes	Medical Necessity Criteria
Genetic Testing-additional codes (BRCA 1 and 2, and Colon Cancer testing are listed separately)	0285U, 0286U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0295U, 0296U, 0297U, 0299U, 0300U, 0301U, 0302U, 0306U, 0307U, 0313U, 0314U, 0315U, 0318U, 0319U, 0320U, 0321U, 0326U, 0329U, 0340U, 81441, 81449, 81451, 81456, 84433, 0379U, 0388U, 0389U, 0391U, 0393U, 0395U, 0396U, 0397U, 0399U, 0356U <i>Effective 1/1/2024</i> :81457, 81458, 81459, 81462, 81463, 81464, 0426U <i>Effective 7/1/2024</i> : 0456U, 0470U, 0471U <i>Effective 10/1/2024</i> : 0478U, 0480U, 0481U, 0498U, 0499U <i>Effective 9/1/2025</i> : 81525, 0129U, 0134U <i>Effective 1/1/2026</i> : 81354, 81524	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies
Genetic testing (Autosomal Recessive and X-linked Disease Carrier Screening - Expanded Gene Panels)	81443, 0400U, 81479	Autosomal Recessive and X-linked Disease Carrier Screening - Expanded Gene Panels
Genioplasty	81479, 81599, 84999	MCG SG-HNS Head and Neck Surgery May be included as part of orthognathic surgery, check member handbook. Reviewed for medical necessity versus cosmetic.
Givlaari (givosiran)	J0223	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Givlaari
Grafts, autogenous, autologous	15769, 15771, 15772, 15773, 15774	Wound and Skin Management GRG. Reviewed for authorization by HCS
Granulocyte Colony Stimulating Factors (GCSFs) - Leukine	J2820	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Leukine CSF (sargramostim)
Grenz Ray and Laser Treatment of Psoriasis	96900, 96920, 96921, 96922	MCG A-0255 Phototherapy, Skin; MCG A-0256 Laser Therapy; MHMNC Treatment or Removal of Benign Skin Lesions
Halaven (Eribulin Mesylate)	J9179	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Halaven (Eribulin Mesylate)
Harvest, preparation, application of skin cell suspension autograft	15011, 15012, 15013, 15014, 15015, 15016, 15017, 15018	MCG PG-WS
Hearing Aids/Bone-Anchored Hearing Aids "BAHA"	69710, 69711, 69714, 69715, 69716, 69717, 69718, 69719, 69726, 69727, 69728, 69729, 69730, L8625, L8690, L8691, L8692, L8693, L8694	MCG A-0564 Hearing Aids, Bone Anchored Check member handbook. Hearing aids including BAHA may be a plan exclusion
Hearing Assistive Technology (HATS)	V5268, V5269, V5270, V5271, V5272, V5273, V5274, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V8288, V5289, V5290, E1399 <i>Effective 1/1/2026</i> : 92642	MHMNC- Hearing Assistive Technology
Hemgenix (etranacogene dezaparvovec-drlb)	J1411	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Hemgenix (etranacogene dezaparvovec-drlb)
Hemophilia Factors	J7170, J7175, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7199, J7193 J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7213, J7214 <i>Effective 1/1/2025</i> : J7198	If given by provider - reviewed per Moda Pharmacy/HCS Pharmacy RX reviews if drug provided by Pharmacy MCG - A0451 Antihemophilic Factor MHMNC Extended half-life VIII products MHMNC Extended half-life factor IX products MHMNC Standard half-life factor VIII products MHMNC Standard half-life factor IX products MHMNC Bypassing Agents
Herceptin, Ogivri, Kanjinti, Trazimera, Herzuma, ontruzant, Hecessi	J9355, J9356, Q5114, Q5112, Q5113, Q5116, Q5117	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Trastuzumab IV: Herceptin, Ogivri, Kanjinti, Trazimera, Herzuma, Ontruzant
Hernia Repair	49520, 49521, 49560, 49561, 49565, 49566, 49581, 49570, 49580, 49582, 49585 Effective 10/1/2020: No PA required for Outpatient Surgery	MCG S-1305 Hernia Repair (Non-hiatal) MCG S-540 Hiatal Hernia Repair, Abdominal MCG S-550 Hiatal Hernia Repair- Transthoracic

Description	CPT/HCPC Codes	Medical Necessity Criteria
Hicon	A9517	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Hicon
High Density Lipid Profile /cardiac disease screening	82172, 83718	MHMNC - Cardiac Disease Screening Lipid Profile
High Intensity-focused Ultrasound, ablation of malignant prostate issue, transrectal	55880 Effective 7/1/2025: 0950T	MCG A-0271 High Intensity Focused Ultrasound (HIFU), Prostate
Hip Replacement/Revision Surgery	27090, 27091, 27125, 27130, 27132, 27134, 27137, 27138, S2118	Reviewed for all fully insured group and individual members. Check benefit for provider network restriction and preauthorization requirements. MCG S-560 Hip Arthroplasty
Hip Replacement/Revision Surgery obtained through eviCore for members enrolled in MSK program as of 4/1/2017	eviCore MSK joint surgery procedures	Requests for hip replacements/revisions are performed by eviCore at www.eviCore.com Check EBT for member enrollment
Home Ventilator	E0450, E0460, E0461, E0463, E0464, E0465, E0467	MCG A-0343 Oxygen Therapy, Continuous and Noncontinuous: Home
Hospital Beds - Semi-electric, full electric, extra wide beds	E0260, E0261, E0270, E0294, E0295, E0300, E0301, E0302, E0303, E0304, E0328, E0329	MHMNC Hospital Bed and Accessories for Home Use
Hydroxyprogesterone Caproate (Makena)	J1726, J1729	MHMNC Hydroxyprogesterone Caproate criteria
Hyperbaric Oxygen Therapy (HBOT)	G0277	MHMNC Hyperbaric Oxygen Therapy
Hypoglossal nerve stimulation	64582, 64583, 64584, 95970	MHMNC Obstructive Sleep Apnea - Surgical Treatment
Ilaris (canakinumab)	J0638	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Ilaris® (canakinumab)
Ilumya (tildrakizumab-asmn)	J3245	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Ilumya (tildrakizumab-asmn)
Imjudo (tremelimumab-actl)	J9347	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Imjudo (tremelimumab-actl)
IMYLYGIC (Talimogene laherparepvec)	J9325	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Imlygic (talimogene laherparepvec)
Imfinzi (durvalumab)	J9173	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Imfinzi (durvalumab)
Infliximab (Remicade, Inflectra, Avsola, Infliximab)	J1745, Q5103, Q5109, Q5121	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Infliximab (Remicade, Inflectra, Renflexis, Avsola)
INR Monitor, Home Use	G0249	MCG A-0650 Prothrombin Time (INR) Home Monitoring Device
Interspinous Decompression and Interlaminar Stabilization Devices	22867, 22868, 22869, 22870, C1821	As of 10/1/16, these are no longer covered and are considered investigational. MHMNC Interspinous Decompression and Interlaminar Stabilization Devices
Intralesional injections	11900, 11901 (For possible cosmetic services prior authorization is required)	Review requests with the appropriate Medical policy (MHMNC Treatment or removal of benign skin lesions OR MCG A-0495 Scar revision)
Intraoperative Neurophysiologic Monitoring	95940, 95941, G0453	Medical necessity will be reviewed in claims. MHMNC Intraoperative Neurophysiologic Monitoring
Intravenous Immune Globulin (IVIG), Subcutaneous Immune Globulin (SCIG)	J1459, J1551, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1576, J1599 Effective 1/1/2025: J1552 Effective 4/1/2026: J1553, J1569	Requests for authorization of codes listed under Prime Therapeutics Management are provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC IVIG (Immune Globulins-Intravenous) MHMNC SCIG (immune globulin SQ)

Description	CPT/HCPC Codes	Medical Necessity Criteria
Injectafer, Feraheme, Monoferric	Q0138, Q0139-Feraheme J1437-Monoferric J1439-Injectafer	Requests for authorization of codes listed under Prime Therapeutics Management are provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Monoferric, MHMNC Feraheme , MHMNC Injectafer
IXEMPRA (Ixabepilone)	J9207	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC IXEMPRA (Ixabepilone)
Izervay	effective 4/1/2024: J2782	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Izervay
Jelmyto (Mitomycin)	J9281	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Jelmyto (Mitomycin)
Kadcyla	J9354	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Kadcyla
Kalbitor (ecallantide)	J1290	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Kalbitor (ecallantide)
Kanuma (sebelipase alfa)	J2840	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Kanuma (sebelipase alfa)
Keytruda (Pembrolizumab) Keytruda (Qlex)	J9271 Effective 4/1/2026: J9277	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Keytruda (Pembrolizumab)
Knee Arthroscopy	29868, 29870, 29871, 29873, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	MCG S-705 Knee Arthroscopy
Knee Cartilage Transplant	27412, 27415, 29866, 29867, 29868, J7330	MHMNC Knee Cartilage Transplant
Knee Replacement/Revision Surgery	27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487	MCG S-700 Knee Arthroplasty, Total Medical necessity review required for all fully insured groups and individuals. Some ASO groups do not require prior authorization. Check the member handbook.
Knee surgeries including knee replacements and arthroscopies As of 4/1/2017, prior authorization are obtained through eviCore for groups enrolled in the program.	eviCore MSK joint surgery procedures	Requests for knee replacement and arthroscopies are being performed by eviCore Guidelines available at: www.evicore.com Check EBT for member enrollment
Krystexxa	J2507	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Krystexxa
Kymriah (tisagenlecleucel)	Q2042	Request for authorization is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. If given inpatient, authorization must be obtained prior to inpatient admission. MHMNC Kymriah
Kyphoplasty/Vertebroplasty	22510, 22511, 22512, 22513, 22514, 22515	MHMNC Kyphoplasty/Vertebroplasty
Kyprolis	J9047	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Kadcyla
Lartruvo (olaratumab)	J9285 - As from 12/1/2019 - drug removed from market - policy retired C9485 - Facility only code	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy /HCS for authorization. MHMNC Lartruvo - Policy retired

Description	CPT/HCPC Codes	Medical Necessity Criteria
Treatment of benign skin lesions	11200, 11201, 17106, 17107, 17108, 17110, 17111, 17380 Effective 1/1/2023: No prior authorization required for codes 17106, 17107, 17108, 17110, 17111 if requested with Dx codes D48.5, L57.0, L82.0 Effective 2/1/2020: No prior authorization required for codes 17110, 17111 for Wart removal request with Dx codes B07.0-B07.9, B08.1 and A63.0 NO prior authorization required for: 17000, 17003, 17004	Reviewed for medical necessity vs cosmetic May be used with Gender Affirming procedures MHMNC Treatment/Removal Benign Skin Lesions
Lemtrada (alemtuzumab), Briumvi	J0202, J2329	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Lemtrada (alemtuzumab), MHMNC Briumvi
Left Ventricular Assist Device (LVAD) and Total Artificial Heart Implantation	33979, 33980, 33981, 33982, 33983, 33990, 33991, 33927, 33928, 33929, 33995	MCG-SG-CVS Cardiovascular Surgery or Procedure
Leqvio	J1306	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Leqvio
Lift Chairs/Patient Lift/Transfer Devices	E0627, E0629, E0630, E0635, E0636, E0637, E0639, E0640	MCG A-0885-AC Patient lift or Transfer Devices (Hydraulic or Mechanical) MCG A-0888 Seat Lift Mechanism
Lipectomy	15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15878, 15879	Reviewed for medical necessity versus cosmetic
Lipedema, Lymphedema treatment	15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 38999, 76499 New 1/1/2026: 1019T	MHMNC Lipedema treatment; MHMNC Lymphedema treatment Reviewed for medical necessity versus cosmetic services
Low Air Loss Products (i.e. air mattresses)	E0181, E0182, E0184, E0185, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0199, E0277, E0372	MCG A-0348 Mattress and Mattress Overlay, Active (Dynamic)
Low Dose CT scan for Lung Cancer Screening	71250, 71271	Groups who do not utilize eviCore services refer to - MHMNC Lung Cancer Screening MCG A-0028 Chest CT Scan
Low Level Laser Therapy	Effective 6/1/2026 : 0552T, 1011T	MHMNC Low level laser therapy (LLLT) for Oral Mucositis
Lumizyme (Alglucosidase alfa), Nexviazyme (avalglucosidase alfa-nga)	J0221, J0219 effective 4/1/2024: J1203	Request for authorization is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MCG A-0458 Alglucosidase alfa MHMNC Lumizyme , MHMNC Nexviazyme MHMNC Pombiliti
Lung Volume Reduction Surgery/Pneumonectomy/Lung removal	32480, 32482, 32484, 32486, 32488, 32491	MCG SG-TS Thoracic Surgery
Luxturna (voretigene neparvovec-rzyl)	C9032 - facility only J3398	Requests for prior authorization is provided by Moda Pharmacy/HCS MHMNC Luxturna (voretigene neparvovec-rzyl)
Lymphedema Pump	E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0683 Effective 10/1/2025: E0658, E0659	MCG A-0340 Intermittent Pneumatic Compression with Extremity Pump
Magnetic Resonance Imaging (MRI)	74712, 77046, 77047, 77048, 77049, 76391 76497, 76498	For groups that do not have eviCore - prior authorization are obtained through Moda Pharmacy/HCS MCG A-0055 Pelvic MRI MCG A-0048 Breast MRI
Margenza	J9353	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Margenza (margetuximab-cmkb)
Marqibo (Vincristine liposomal)	J9371	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Marqibo (vincristine liposomal)
Mastectomy	19301, 19302, 19303, 19305, 19306, 19307	MCG S-862 Mastectomy, complete with insertion of breast prosthesis S-860 Mastectomy complete S-864 Mastectomy, complete with tissue flap S-858 Mastectomy, Partial

Description	CPT/HCPC Codes	Medical Necessity Criteria
Mepsevii (vestronidase alfa-vjvk)	J3397	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Mepsevii (vestronidase alfa-vjvk)
Minimal Residual Disease testing	0171U, 0306U, 0307U, 0364U, 81315, 81316, 81479, 81599	MHMNC Minimal Residual Disease (MRD) testing
Monitored Anesthesia for Routine Endoscopic Procedures	00731, 00811, 00813 <i>Effective 12/31/2023</i> : CPT code 00812 does not require prior authorization Groups NOT requiring Prior Authorization: Alaska, Sause Bros, City of Portland, PeaceHealth, Zoomcare	MHMNC Anesthesia for Routine Endoscopic Procedures
MRgFUS treatment for essential tremors	<i>effective 1/1/2025</i> : 61715 replaces 0398T	MHMNC MRgFUS treatment for essential tremors
Multiple Sleep Latency Test	95805	MHMNC Obstructive Sleep Apnea Non-surgical Treatment
Muscle Stimulator/Electrical Stimulation Devices including Functional Electrical Stimulators	64580, A4560, E0744, E0745, E0764, E0770 <i>effective 1/1/2026</i> : 64567	MHMNC Electrical Stimulation Devices
Mylotarg (gemtuzumab ozogamicin)	J9203	Request for authorization is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Mylotarg
Negative Pressure Wound Therapy	E2402, 97605, 97606 Not covered: A9272, 97607, 97608	MHMNC Negative Pressure Wound Therapy
NPLATE (Romiplastin)	<i>effective 1/1/2025</i> : J2802	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC NPLATE (Romiplastin)
Nucala (mepolizumab)	J2182	Requests for authorization is provided by Pharmacy RX for Oregon commercial fully insured, including OEBC and PEBB members. Requests for select ASO groups will be provided by Prime Therapeutics Management . Other groups contact Moda Pharmacy/HCS for authorization MHMNC Nucala (mepolizumab) For Group exclusions, please check Moda Health Website
Nulibry	J1809	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Nulibry® (fosdenopterin)
Obizur(recombinant antihemophilic factor)	J7188	Requests for prior authorization is provided by Moda Pharmacy/HCS . MHMNC recombinant antihemophilic factor (Obizur)
Ocrevus (ocrelizumab)	J2350 <i>effective 4/1/2025</i> : J2351	Requests for authorization is provided by Pharmacy RX for Oregon commercial fully insured, including OEBC and PEBB members. Requests for select ASO groups will be provided by Prime Therapeutics Management . Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Ocrevus (ocrelizumab) For Group exclusions, please check Moda Health Website
Onivyde (Irinotecan liposome injection)	J9205	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Onivyde (Irinotecan liposome injection)
Onpattro (patisiran lipid complex) IV	J0222	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Onpattro
Opdivo (Nivolumab)	J9299	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Opdivo (Nivolumab)
Orencia (Abatacept)	J0129	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Orencia (abatacept)
Orthodontic Treatment for Cranofacial Anomalies	<i>Effective 6/8/2024</i> : 21085, 21088, 21089, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21247, 21255, 40702, 40799	MHMNC Orthodontic Treatment for Cranofacial Anomalies

Description	CPT/HCPC Codes	Medical Necessity Criteria
Orthognathic Services	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21244, 21245, 21246, 21247, 21248, 21249, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7953, D7955, D7960	Check member handbook as may be a benefit exclusion. MCG A-0247 Mandibular Osteotomy MCG A-0248 Maxillomandibular Osteotomy and Advancement
Orthosis, Spinal	L0450, L0452, L0454, L0456, L0458, L0460, L0462, L0464, L0466, L0468, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0648, L0650, L0651, L0710, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L0970, L0972, L0974, L0976, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L0999, L1499 <i>Effective 4/1/2025 : L0720 Effective 10/1/2025 : L1007</i> Prior Authorization required if item is over \$1500	MHMNC Durable Medical Equipment (DME) General Policy MCG A-0880 Lumbar, Lumbosacral and Thoralumbosacral Orthoses
Orthosis, Shoulder, wrist, hand	L3671, L3677, L3702, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3961, L3966, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3806, L3808, L3900, L3901, L3904, L3905, L3906, L3913, L3919, L3921, L3933, L3935, L3999	MHMNC Durable Medical Equipment (DME) General Policy MHMNC Upper Extremities Orthoses
Orthotics	L0622, L0624, L1300, L1310, L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1844, L1845, L1846, L1860, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2650, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820, L2930, L2999	MHMNC Ankle/Foot or Knee Orthotics MCG A-0879 Knee Braces, Custom MCG A-0332 Knee Braces
Orthotics (section 2)	L4030, L4040, L4045, L4050, L4055, L4370, L4380	MHMNC Ankle/Foot or Knee Orthotics
Orthotics	L1900, L1904, L1907, L1920, L1940, L1945, L1950, L1960, L1970, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2040, L2050, L2060, L2070, L2080, L2090, L2126, L2128	MHMNC Ankle-foot/Knee-ankle-foot/Hip-Knee-ankle-foot orthotics
Oxygen - portable	E1390, E0424, E0447	MCG A-0343 Oxygen Therapy, Continous and Noncontinuous: Home
Osteotomy, tibia lengthening device	<i>Effective 1/1/2026 : 27458, 27713</i>	MCG S1132
Paclitaxel Albumin-Bound (Abraxane, Paclitaxel Albumin-bound)	J9264, J9258	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Paclitaxel Albumin-Bound
Pain Infusion Pump Insertion - Epidural / Intrathecal	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362	Moda Health Intrathecal Opioid Therapy for Management of Chronic Pain
Panniculectomy	15830	MHMNC Panniculectomy (Abdominal skin/fat surgery)
Pediatric Wheelchairs	E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0890, K0891	MCA-0352 Wheelchairs Manual, MCG A-0353 Wheelchairs Power
Pedmark	J0208	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Pedmark
Pegloticase	J2507	MCG A-0674 Pegloticase

Description	CPT/HCPC Codes	Medical Necessity Criteria
Pemetrexed: Alimta®; Pemfexy™; Pemrydi RTU Pemetrexed™ (Intravenous)	J9304, J9305, J9314, J9322, J9323, J9294, J9296, J9297 effective 1/1/2024: J9324	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Pemetrexed: Alimta®; Pemfexy™; Pemrydi RTU; Pemetrexed™(Intravenous)
Pepaxto (melphalan flufenamide) <i>Withdrawn from market as of 10/22/2021</i>	J9247 <i>Withdrawn from market as of 10/22/2021</i>	<i>Withdrawn from market 10/2021</i>
Perjeta	J9306	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Perjeta
PET Scans	78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816, G0235, G0252, 78429, 78430, 78431, 78432, 78433, 78434 PA no longer required as of 7/1/2025: 78609	For groups that do not have eviCore - prior authorization are obtained through Moda Health/HCS MCG A-0097 Myocardial Positron Emission Tomography (PET) and PET-CT
PET Scans	eviCore advanced imaging procedures and services	Requests for PET scans are performed by eviCore Guidelines available at: www.evicore.com Check EBT for Member enrollment
Phesgo	J9316	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Phesgo (pertuzumab, trastuzumab and hyaluronidase-zzxf)
Phrenic nerve stimulator	33276, 33277, 33287, 93150	MCG A-0974: Phrenic Nerve Stimulation, Implantable
Portrazza (Necitumumab)	J9295	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Portrazza (Necitumumab)
Port Wine Stain Treatment	17106, 17107, 17108	MCG SG-MS Musculoskeletal Surgery
Poteligeo (mogamulizumab-kpkc)	C9038	New as of 11/2018 requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Poteligeo
Power Operated Vehicle (POV), Scooters	K0800, K0801, K0802, E1230	MCG A-0352 Scooters
Power and Manual Wheelchair Accessories	E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E2329, E2330, E1018, E2351, E2368, E2369, E2370, E0985, E0986, E1030, E1225, E1226, E1399, K0108, E0950	MCG A-0353 Wheelchairs, Power MCG A-0354 Wheelchairs, Manual MHMNC Push-Rim Activated Power-Assist Device for Manual Wheelchair
Power Wheelchair Accessories	E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E2329, E2330, E2374, E2375, E2376, E2377, E1012, E2351, E2368, E2369, E2370, K0108, E1399	MCG A-0353 Wheelchairs, Power
Power Wheelchair Bases	K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0864	MCG A-0353 Wheelchairs, Power
Proleukin (aldesleukin, IL-2)	J9015	Reviewed by Moda Pharmacy/HCS MHMNC Proleukin (Aldesleukin, IL-2)
Prostate Cancer genomic assay	81541, 81542, 0047U, 81479	MHMNC Prostate Cancer Genomic Assay
Prosthetics (including Maxillofacial)	D5911 - D5999, L5000 - L5999, L6000 - L6999, L7000 - L7999, L8501, L8000 - L8698 - L8702, L8901, L9000 - L9900, V2623 - V2629, V5095, L5827, L6028, L6029, L6030, L6031, L6032, L6033, L6037, L6700, L7406 effective 10/1/2025: L5657, L6034, L6035, L6036, L6038, L6039	MHMNC Durable Medical Equipment (DME) General Policy
Provence (Sipuleucel-T)	Q2043, C9273	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Provence (Sipuleucel-T)
Radicava (edaravone)	J1301	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Radicava (edaravone)

Description	CPT/HCPC Codes	Medical Necessity Criteria
Ranibizumab: Lucentis®; Byooviz™; Cimerli™ (Intravitreal)	J2778, Q5124, Q5128	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Ranibizumab: Lucentis®; Byooviz™; Cimerli™ (Intravitreal)
Rebetron (Interferon)	J9214, J9213	MCG A-0309 Interferon and Peginterferon Self-injectable authorized by Pharmacy RX
Reblozyl (luspatercept)	J0896	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Reblozyl (luspatercept)
Renflexis (infliximab-abda)	Q5104	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Infliximab (Remicade, Inflectra, Renflexis, Avsola)
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465	Non cosmetic Rhinoplasty requests - MCG A-0184 Rhinoplasty
Rituxan (Rituximab)	J9312	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Rituximab (Rituxan, Truxima, Ruxience)
Rituxan Hycela (Rituximab and hyaluronidase)	J9311	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Rituxan Hycela
Ruconest (C-1 esterase Inhibitor)	J0596	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Ruconest (C-1 Esterase Inhibitor - recombinant)
Ruxience (rituximab-pwr, biosimilar), Riabni	Q5119, Q5123	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Rituximab (Rituxan, Truxima, Ruxience, Riabni)
Rylaze	J9021	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Rylaze
Ryoncil	Effective 10/1/2025 :J3402	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Ryoncil® (remestemcel-L-rknd) (Intravenous)
Sandostatin	J2353	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Sandostatin
Saphnelo	J0491	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Saphnelo
Sarclisa	J9227	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Sarclisa
Scalp cooling (mechanical)	97007, 97008, 97009	HCS review
Scar revision (includes Kenalog injections)	15786, 31830	MCG A-0495 Scar Revision
Simponi Aria	J1602	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Simponi Aria
Self- Injectables	J0881, J1830, J1438, J3030, J9212, J2820	Self- injectables are authorized by Pharmacy RX (under Pharmacy benefit) - contact Pharmacy Customer Service @ 888. 361.1610 OR Prime Therapeutics Management OR Moda Pharmacy/HCS
Shoulder Replacement (Arthroplasty)	23470, 23472	MCG S-634 Shoulder Arthroplasty
Shoulder Replacement (Arthroplasty) and shoulder surgeries obtained through eviCore for members enrolled in the MSK program as of 4/1/2017	eviCore MSK joint surgery procedures	eviCore guidelines for shoulder surgeries are located at: www.eviCore.com

Description	CPT/HCPC Codes	Medical Necessity Criteria
Signifor LAR (pasireotide)	J2502	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Signifor LAR
Skin Substitutes - Bioengineered Tissue Grafts	Q4100, Q4101, Q4102, Q4104, Q4105, Q4106, Q4107, Q4112, Q4116, Q4122, Q4128, Q4130, Q4132, Q4133, Q4145, Q4186, Q4187, Q4199	MHMNC Skin and Tissue Substitutes - Engineered Please see "Always Not Covered List" for additional Skin Substitute codes
Skyrizi	J2327	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Skyrizi
Sleep Studies - Polysomnogram In lab	95807, 95808, 95810, 95811	Authorization required for all fully insured groups and individuals. Check member handbook for ASO groups MHMNC Obstructive Sleep Apnea Non-surgical Treatment
Specialty Drugs	J2503, J2820, J1440, J1441, J2505, J0885, J1745, J0129, J9041, J9303, J9305, J3262, J1572, J1566, J1568, J1569, J1561, J9179, J1559, J9043, J9354, J9047, J1568, J2353, J9033, J9035, J9055, J9264, J9306, J9310, J9400, J0490, J0585, J0586, J0588, J0597, J0598, J1290, J1599, J9371, J3380, J9308, J9271, J9299, J9032, J9039, J1786, J1743, J3060, J0180, J9207, J0202, J2796, J0596, J9118, J3111, J9119, J9204, J9273, J9359, J2182, J2786, J9034, J9176, J1458, J9309, J9313, J1303, J1932, J1448, J9348, J9269 J1558, J9177, J9358, J9144, J9145, J9037, J9349, Q2053, Q2054, Q2055, J9029, J9350, J9259, J9272, J9021, J9272, J9061, J9298, J9196, J9345, J9064, J9051, J0224, J0801, J0802, J9210 Effective 1/1/2024: J2508, J3401, J9333, J9334, J9321, J9324, J1412, J1413, J9286, J9258, J1304, Q5132 Effective 4/1/2024: G0138, J1202, J1323, J2277, J2782, J3055, J7165, J9376, Q5133, Q5134 Effective 7/1/2024: J2267, J9361, J3393, J3394, J7171, J3247, J3263, J1748 Effective 10/1/2024: J9329, Q5135, Q5136 Effective 5/15/2024: J1930 <i>Withdrawn from market as of 3/1/2026: J1412</i>	Prime Therapeutics Management - Refer to the applicable MHMNC for each drug located at: https://www.modahealth.com/medical/medical_criteria.shtml
Specialty Drugs	Effective 1/1/2025: J3392, J9028, J9292, J1414, Q5146, J9026, C9173, J0870, Q5140, Q5141, Q5142, Q5143, Q5144, Q5145, Q5145, Q5146 Effective 4/1/2025: J1434, J1456, J9393, J9394, C9301, C9302, C9303, C9304, J1072, J9038, J9054, J9161 Effective 7/1/2025: J7172, J1326, J9275, J9276, J9289, J9382, Q2058, C9174 effective 10/1/2025: J7173, J7174, Q5154, Q5155, Q5156, Q5157, Q5158, Q5159 Effective 1/1/2026: C9307, C9308, J0013, J3387, J3389, J9184, J9256, J9282, J9326, Q5126, Q5160 Effective 2/20/2026: J3590 Itvisma Effective 4/1/2026: J9183, J3404, C9309, J9278, J9601	Prime Therapeutics Management - Refer to the applicable MHMNC for each drug located at: https://www.modahealth.com/medical/medical_criteria.shtml
Spevigo® (spesolimab)	J1747	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Spevigo® (spesolimab)
SPECT Scans - Non cardiac	78803, 78830, 78831, 78832 PA no longer required 7/1/2025: 0742T	Contact eviCore for groups with eviCore. Groups without eviCore require PA through Moda Health/HCS

Description	CPT/HCPC Codes	Medical Necessity Criteria
Spinal Surgeries	63003, 63012, 63016, 63017, 63030, 63035, 63042, 63044, 63047, 63055, 63056, 63057, 63064, 63066, 63077, 63078, 63081, 63082, 63085, 63086, 63088, 22532, 22548, 22554, 22590, 22855, 22899, 22551. 63001, 63005, 63015, 63045, 63046, 63048, 63050, 63051, 63077, 63090, 22600, 0202T, 20930, 22851, 22224, 22533, 22830, 22852, 22558, 22610, 22630, 22633, 22634, 22800, 22802, 22804, 22818, 22819, 22612, 63087, 22810, 22100, 22110, 22112, 22114, 22116, 22207, 22208, 22210, 22212, 22216, 22220, 22222, 22226, 22532, 22534, 22548, 22552, 22808, 22812, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849. 22850, 22851, 22865, 63662, 63663, 22206, 63090, 63101, 63102, 63103, 63170, 22214, 22632, 63001, 63015, 63045, 63048, 63050, 63051, 63020, 63040, 63043, 63091, 63185, 63190, 22595, 22556 22853, 22854, 22859, 62380 Effective 1/1/2024: 27278 Effective 1/1/2026 : 63032	MCG S-810 Lumbar Discectomy, Foraminotomy, or Laminotomy MCG S-830 Lumbar Laminectomy MCG S-820 Lumbar Fusion MCG S-5810 Lumbar Spine Surgery MCG S-320 Cervical fusion, Anterior MCG S-330 Cervical Fusion - Posterior MCG S-1056 Spine, Scoliosis, posterior instrumentation MCG Musculoskeletal Surgery or Procedure GRG
Spinal Surgery - for members with eviCore, prior authorization is obtained through eviCore Check EBT for member enrollment in eviCore MSK program	eviCore MSK spine procedures	Authorization for members enrolled in eviCore MSK program are obtained through eviCore. Guidelines are available at: www.evicore.com
Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim)	E0749, 63650, 63655, 63685, 64575, 64580, 64581, 64590, 95970, 95972, L8680, C1823 Effective 1/1/2024: 0784T, 0786T	MHMNC Spinal Cord Stimulators
Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim) for members with eviCore MSK, prior authorization is obtained through eviCore for services	eviCore MSK interventional pain management procedures	As of 4/1/2017, authorization for members enrolled in eviCore MSK program are obtained through eviCore.
Spinraza (nusinersen)	J2326 C9489 - Facility code only	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Spinraza (nusinersen) For Group exclusions, please check Moda Health Website
Spravato (esketamine - nasal spray)	G2082, G2083, J3490 S0013	Referred to Moda Pharmacy/HCS for review
Standers/Standing Frames	E0637, E0638, E0641, E0642	MHMNC Standers/Standing frames
Stereotactic Radiosurgery / Radiotherapy	20982, 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77422, 77423, 77432, 77435, 77520, 77522, 77523, 77525, G0339, G0340 Effective 1/1/2025 : G0562, G0563 Effective 9/1/2025 : 61797 Effective 1/1/2026 : 60660, 60661	MCG A-0423 Stereotactic Radiosurgery MCG A-0718 Radiofrequency Ablation of Tumor MCG A-0694 Stereotactic Body Radiotherapy
Surface radiation therapy	Effective 1/1/2026: 77436, 77437, 77438, 77439	AllMed SOC Medreview
Sustol	J1627	Request for authorization is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Sustol (granisetron)
Susvimo	J2779	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Susvimo
Syfovre	J2781	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Syfovre
Sylvant (Siltuximab)	J2860	Requests for authorization of this drug will be provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Sylvant (Siltuximab)

Description	CPT/HCPC Codes	Medical Necessity Criteria
Synagis for RSV	90378	MCG A-0320 Palivizumab
Synribo	J9262	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Synribo
Talvey	effective 4/1/2024: J3055	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Talvey
Tecentriq (atezolizumab), Tecentriq hybreza (atezolizumab, 5 mg and hyaluronidase-tqjs)	J9022, J9024	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Tecentriq (atezolizumab)
Tecvayli (teclistamab-cqyv)	J9380	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Tecvayli (teclistamab-cqyv)
Tepezza (teprotumumab-trbw)	J3241	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Tepezza® (teprotumumab-trbw)
Tezspire	J2356	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Tezspire
Tissue Transfer or Rearrangement	14301, 14302	MCG PG-WS
Thoracic Sympathectomy (for diagnosis of Hyperhidrosis)	32664	MCG S-1072 Sympathectomy by Thoracoscopy or Laparoscopy
TMJ Splints	21085, 21089, 21100, 21110	MHMNC TMJ Treatment
TMJ Surgeries	29800, 21240, 21242, 21243, 29804	MCG A-0523 - TMJ Joint Arthroplasty MCG A-0492 - TMJ Arthroscopy
Tocilizumab (Actemra, Tofidence, Tyenne)	J3262, Q5133 Effective 10/1/2025: Q5156	All requests for self-injectable will be reviewed by Pharmacy RX . Requests for Intravenous infusion will be reviewed by Prime Therapeutics Management . MCG A-0622 Tocilizumab, MHMNC Tocilizumab
Total Joint Surgery (Elbow, shoulder, ankle, etc) For Total Knee and Total Hip Replacements check specific section Some joint surgeries require PA through eviCore for members enrolled in the MSK program, authorization are obtained through eviCore Please check EBT for enrollment and the provider website for listing of procedures: https://www.modahealth.com/medical/utilizationmanagement.shtml	27700, 27702, 27703, 24360, 24361, 24362, 24363, 23470, 23472, 29899 effective 1/1/2025: 25448	MCG S-420 Elbow Arthroplasty MCG S-634 Shoulder Arthroplasty MCG SG-MS Musculoskeletal Surgery for other joint replacements not listed. For members enrolled in eviCore, as of 4/1/2017, guidelines are available at: www.evicore.com
Transcatheter insertion or removal of pacemaker component	Effective 7/1/2023: 0798T, 0799T, 0800T PA no longer required as of 7/1/2025: 0795T, 0796T, 0797T	Contact eviCore for groups with eviCore. Groups without eviCore require PA through Moda Health/HCS
Transoral Incisionless Fundoplication (TIF) EsophyX	43210	MHMNC - Endoscopic Treatment of GERD
Transplants	S2053, S2054, S2055, S2060, S2065, S2150, S2152, 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38240, 38241, 38242, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33945, 38230, 38232, 38240, 38241, 44132, 44133, 44135, 44136, 47133, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547	Review of transplant evaluation and transplant event required.
Tremfya	J1628 (IV only)	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Tremfya

Description	CPT/HCPC Codes	Medical Necessity Criteria
Trodelvy (sacituzumab govitecan-hziy)	J9317	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Trodelvy
Trogarzo (ibalizumab-uiyk)	J1746	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Trogarzo (ibalizumab-uiyk)
Truxima (rituximab-abbs), biosimilar	Q5115	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Rituximab (Rituxan, Truxima, Ruxience)
(Tysabri, Tyruko)Natalizumab	J2323 effective 4/1/2024: Q5134	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Tysabri (natalizumab)
Tzield™ (teplizumab-mzwv)	J9381	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Tzield™ (teplizumab-mzwv)
Unlisted Drug Codes	J3490, J3590, J3591, J7999, J9999	MHMNC specific for drug
Uplizna	J1823	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Uplizna™ (inebilizumab-cdon)
Urinary Incontinence	64561, 64566, 64555, 0816T, 0817T, 0818T, 0819T Effective 1/1/2026 : 0988T Not covered: E0740	MHMNC Urinary Incontinence Treatment
Ustekinumab (Stelara, Selarsdi, Wezlana, Pyzchiva, Otulfi, Imuldosa, yesintek, Steqeyma)	J3357, J3358, Q5137, Q5138, Effective 1/1/2025: Q9996, Q9997, Q9998 Effective 4/1/2025 : Q9999 effective 7/1/2025: Q5098, Q5099, Q5100	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Ustekinumab
Uterine Fibroid Ablation - Transcervical	58580	MCG A-0718 Radiofrequency Ablation of Tumor
Uvulopalatopharyngo-plasty (UPPP) / Uvulectomy	42140, 42145, 42160, S2080 C9749 - may be used with OSA surgery	MHMNC Obstructive Sleep Apnea - Surgical Treatment
Vabysmo	J2777	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Vabysmo
Vagus Nerve Stimulator	61885, 61886, 64553, 64568, 64569, L8680, L8682, L8683, L8685, L8686, L8687, L8788, 64582, 64583, 64584 effective 1/1/2024 : 61889, 61891, 61892, 64596, 64597, 64598 Effective 1/1/2025 : 0908T, 0909T	MHMNC Vagus Nerve Stimulation
Varicose Vein Procedures	36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 37204, 37700, 37718, 37722, 37735, 37760, 37765, 37766, 37780, 37785, 37799, 75894, 36473, 36474, 36482, 36483, 36465, 36466 Effective 1/1/2026 : 36468	MCG A-0170, A-0172, A-0174, A-0425
Vectibix	J9303	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Vectibix
(Velaglucerase) VPRIV	J3385	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC VPRIV MCG A-0654 Velaglucerase
Velcade	J9044	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Velcade
Veopoz	J9376	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Veopoz
Vilteposo	J1427	Requests reviewed by Moda Pharmacy

Description	CPT/HCPC Codes	Medical Necessity Criteria
Vimizin (Eosulfase Alfa)	J1322	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Vimizin (Eosulfase Alfa)
Virtual Colonoscopy (CT Colonography)	74263 PA no longer required as of 7/1/2025: 74261, 74262, 74263	MHMNC Virtual Colonoscopy
Viscosupplementation (Hyaluronic Acid Derivatives)	J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332, J7333	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization MHMNC Hyaluronic Acid (Viscosupplementation)
Voretigene Neparvocec-rzyl (Luxturna)	J3398	Request for authorization is provided by Moda Pharmacy/HCS MHMNC Luxturna
Vyepti (eptinezumab-jjmr)	J3032, C9063	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization MHMNC Vyepti® (eptinezumab-jjmr)
Vyxeos (daunorubicin and cytarabine) liposome	J9153	Request for authorization is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Vyxeos liposome
Vyvgart	J9332, J9334	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Vyvgart
Wheelchairs - Manual Bases	K0003, K0004, K0005, K0006, K0007, K0009	MCG A-0354 Wheelchairs, Manual
Xiaflex	J0775	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Xiaflex
Xolair (omalizumab)	J2357	Requests for authorization is provided by Pharmacy RX for Oregon commercial fully insured, including OEBC and PEBB members. Requests for select ASO groups will be provided by Prime Therapeutics Management . Other groups contact Moda Pharmacy/HCS for authorization. MHMNC - Xolair (omalizumab) For Group exclusions, please check Moda Health Website
Xenpozyme (olipudase alfa)	J0218	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Xenpozyme (olipudase alfa)
Yervoy (Ipilimumab)	J9228	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Yervoy (Ipilimumab)
Yescarta (axicabtagene ciloleucel)	Q2041	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. Drug authorization is required prior to requesting inpatient admission for drug administration. MHMNC Yescarta
Yondelis (Trabectedin)	J9352	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Yondelis (trabectedin)
Zaltrap (Ziv-aflibercept)	J9400	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Zaltrap
Zepzelca™ (lurbinectedin)	J9223	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization. MHMNC Zepzelca™ (lurbinectedin)
Zilretta (triamcinolone acetonide)	J3304	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization MHMNC Zilretta
Zolgensma (onasemnogene abeparvoxe-xioi)	J3399 - effective 2/20/2026 Managed by Prime	Requests for authorization of drug is provided by Prime Therapeutics Management for all fully insured groups and individuals. Other groups contact Moda Pharmacy/HCS for authorization MHMNC Zolgensma
Zulresso (Brexanolone)	J1632	Contact Moda Pharmacy/HCS for authorization. MHMNC Zulresso