

Service Request	95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Auth Required	
Service Request	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Auth Required	
Service Request	95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Auth Required	
Service Request	95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Auth Required	
Service Request	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Auth Required	
Service Request	95717	EEG PHYS/QHP 2-12 HR WITHOUT VIDEO	Auth Required	
Service Request	95718	EEG PHYS/QHP 2-12 HR WITH VIDEO	Auth Required	
Service Request	95719	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR WO VID	Auth Required	
Service Request	95720	EEG PHYS/QHP EA INCR>12HR<26HR AFTER 24HR W/VEEG	Auth Required	
Service Request	95721	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/O VIDEO	Auth Required	
Service Request	95722	EEG COMPLETE STD PHYS/QHP>36 HR<60 HR W/VEEG	Auth Required	
Service Request	95723	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/O VIDEO	Auth Required	
Service Request	95724	EEG COMPLETE STD PHYS/QHP>60 HR<84 HR W/VEEG	Auth Required	
Service Request	95725	EEG COMPLETE STD PHYS/QHP>84 HR W/O VID	Auth Required	
Service Request	95726	EEG COMPLETE STD PHYS/QHP>84 HR W/VEEG	Auth Required	
Service Request	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	Auth Not Required	Auth Not Required. Review post service.
Service Request	95999	NEUROLOGICAL PROCEDURE UNLISTED	Auth Required	
Service Request	96999	DERMATOLOGICAL PROCEDURE	Auth Required	
Service Request	97012	MECHANICAL TRACTION THERAPY	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97016	VASOPNEUMATIC DEVICE THERAPY	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97018	PARAFFIN BATH THERAPY	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97022	WHIRLPOOL THERAPY	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97024	DIATHERMY TREATMENT	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97026	INFRARED THERAPY	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97028	ULTRAVIOLET THERAPY	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97032	ELECTRICAL STIMULATION	Auth Required	
Service Request	97033	ELECTRIC CURRENT THERAPY	Auth Required	
Service Request	97034	CONTRAST BATH THERAPY	Auth Required	
Service Request	97035	ULTRASOUND THERAPY	Auth Required	
Service Request	97036	HYDROTHERAPY	Auth Required	
Service Request	97039	PHYSICAL THERAPY TREATMENT	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97110	THERAPEUTIC EXERCISES	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97112	NEUROMUSC REEDUCAT,1+ AREAS, EA 15 MIN	Auth Required	
Service Request	97113	AQUATIC THERAPY/EXERCISES	Auth Required	
Service Request	97116	GAIT TRAINING THERAPY	Auth Required	
Service Request	97124	MASSAGE THERAPY	Auth Required	
Service Request	97129	THER INTERVNTN COG FUNCTN DIR CONTACT 1ST 15 MINUTES	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97130	THER INTERVNTN COG FUNCTN DIR CONTACT EA ADDL 15 MINUTES	Auth Required	
Service Request	97139	UNLISTED THERAPEUTIC PROCEDURE	Auth Required	
Service Request	97140	MANUAL THER TECH,1+REGIONS,EA 15 MIN	Auth Required	
Service Request	97150	GROUP THERAPEUTIC PROCEDURES	Auth Required	
Service Request	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97530	THERAPEUTIC ACTIVITIES	Auth Required	
Service Request	97533	SENSORY INTEGRATIVE DEV, EA 15 MIN	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97535	SELF CARE/HOME MGMT TRAIN,EA 15 MIN	Auth Required	
Service Request	97537	COMMUNITY/WORK REINTEGRATION	Auth Required	
Service Request	97542	WHEELCHAIR MNGEMENT TRAINING, EA 15 MIN	Auth Required	
Service Request	97545	WORK HARDENING/CONDN,0-2 HR	Auth Required	
Service Request	97546	WORK HARDENING/CONDN,EA ADDNL HR	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97605	NEG PRESS WOUND TX, < 50 CM	Auth Required	

Service Request	97606	NEG PRESS WOUND TX, > 50 CM	Auth Required	
Service Request	97607	NEG PRESSURE WOUND THERAPY NON DME </= 50 SQ CM	Auth Required	
Service Request	97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	Auth Required	
Service Request	97750	PHYSICAL PERFORMANCE TEST	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97755	ASSISTIVE TECHNOLOGY ASSESS	Auth Required	
Service Request	97760	ORTHOTIC MGMT AND TRAINING, INITIAL ENCOUNTER, EACH 15 MIN	Auth Required	
Service Request	97761	PROSTHETIC TRAINING, INITIAL ENCOUNTER, EACH 15 MIN	Auth Required	
Service Request	97763	ORTHOTICS/PROSTH MGMT &/TRAINING SBSQ ENCTR 15 MIN	Auth Required	
Service Request	97799	UNLISTED PHYSICAL MED/RHAB SERVICE/ PROCED	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	99183	HYPERBARIC OXYGEN THERAPY	Auth Required	
Service Request	99199	SPECIAL SERVICE/PROC/REPORT	Auth Required	
Service Request	99377	HOSPICE CARE SUPERVISION,15-29 MIN	Auth Required	
Service Request	99378	HOSPICE CARE SUPERVISION,30+ MIN	Auth Required	
Service Request	99379	NURSING FAC CARE SUPERVN,15-29 MIN	Auth Required	
Service Request	99380	NURSING FAC CARE SUPERVN,30+ MIN	Auth Required	
Service Request	99415	PROLNG CLINCL STAFF SVC DURING O/P E/M 1ST HR	Auth Not Required	Auth Not Required. Review post service.
Service Request	99416	PROLNG CLINCL STAFF SVC DURING O/P E/M EA 30 MIN	Auth Not Required	Auth Not Required. Review post service.
Service Request	99499	UNLISTED E/M SERVICE	Auth Required	
Medication	99601	HOME INFUSION/VISIT, 2 HRS	Not Covered	
Medication	99602	HOME INFUSION, EACH ADDTL HR	Not Covered	
Service Request	00170	ANESTH,PROCEDURE ON MOUTH	Auth Not Required	Auth Not Required. Review post service.
Service Request	00402	ANESTH,SURG BREAST RECONSTRUCTIVE	Auth Required	
Service Request	0398T	MIRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Auth Required	
Service Request	0402T	COLLAGEN CROSS-LINKING OF CORNEA	Auth Required	
Service Request	0479T	FRACTIONAL ABLATIVE LASER FENESTRATION, FIRST 100 SQ CM	Auth Required	
Service Request	0480T	FRACTIONAL ABLATIVE LASER FENESTRATION, EA ADDL 100 SQ CM	Auth Required	
Medication	0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Auth Not Required	
Medication	0538T	CAR-T THERAPY PREP BLOOD DERIVED T LMPHCYT FOR TRANSPORTATION	Auth Not Required	
Medication	0539T	CAR-T THERAPY RECEIPT & PREP CAR-T CELLS FOR ADMIN	Auth Not Required	
Medication	0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Auth Required	
Service Request	0571T	INSRTN/RPLCMT ICDS W/SUBSTERNAL ELECTRODE	Auth Required	
Service Request	0572T	INSRTN SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Auth Required	
Service Request	0573T	RMVL SUBSTERNAL IMPLANTABLE DEFIBRILLATOR ELTRD	Auth Required	
Service Request	0574T	REPOS PREV IMPL SS IMPLTBL DFB PACING ELTRD	Auth Required	
Service Request	0575T	PROGRAMMING DEV EVAL ICDS W/SS ELTRD IN PERSON	Auth Required	
Service Request	0576T	INTERROGATION DEV EVAL ICDS W/SS ELTRD IN PERSON	Auth Required	
Service Request	0577T	ELECTROPHYSIOLOGICAL EVAL ICDS W/SS ELECTRODE	Auth Required	
Service Request	0578T	REM INTERROG DEV EVAL SS LD ICDS <90D PHY/QHP	Auth Required	
Service Request	0579T	REM INTERROG DEV EVAL SS LD ICDS < 90D TECH	Auth Required	
Service Request	0580T	RMVL SUBSTERNAL IMPLTBL DFB PULSE GENERATOR ONLY	Auth Required	
Service Request	0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Auth Required	
Service Request	0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Auth Required	
Service Request	0586T	OPEN ISLET CELL TRANSPLANT	Auth Required	
Service Request	0671T	INSRTN ANT SGM DRG DEV TRAB MW W/O RES AND CTCR RMVL 1+	Auth Required	
Service Request	0707T	INJ BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	Auth Required	
Service Request	0780T	INSTLTN FECAL MICROBIOTA SSP RCT NMA LWR GI TRCT	Auth Required	
Service Request	11950	FILL CONTOUR DEFCT <1CC	Auth Required	
Service Request	11951	FILL CONTOUR DEFCT 1.1-5CC	Auth Required	
Service Request	11952	FILL CONTOUR DEFCT 5.1-10CC	Auth Required	
Service Request	11954	FILL CONTOUR DEFCT >10CC	Auth Required	
Service Request	21050	REMV JAW JOINT	Auth Required	
Service Request	21110	INTERDENTAL FIXATION	Auth Required	

Service Request	22552	ARTHRODESIS ANT INTERBODY INC DISCECTOMY, CERVICAL BELOW C2 EACH ADDL	Auth Required	
Service Request	30468	RPR NSL VLV COLLAPSE SUBQ/SBMCSL LAT WALL IMPLT	Auth Required	
Service Request	31296	NASAL/SINUS ENDOSCOPY,W/DILAT FRONTAL SINUS OSTIUM	Auth Required	
Service Request	32855	TRANSPLANT,PREP DONOR LUNG, SINGLE	Auth Required	
Service Request	32856	TRANSPLANT,PREP DONOR LUNG, DOUBLE	Auth Required	
Service Request	33995	INSERTION PERQ VAD W/RAD SUP AND INTERP RIGHT HEART VENOUS ACCESS ONLY	Auth Required	
Service Request	36465	INJ NONCMPND SCLEROSANT SINGLE INCOMPETENT VEIN	Auth Required	
Service Request	58563	HYSTEROSCOPY,W/ENDOMETRIAL ABLATION	Auth Required	
Service Request	64818	SYMPATHECTOMY,LUMBAR	Auth Required	
Service Request	81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL AND QUAN	Auth Required	
Service Request	81191	NTRK1 TRANSLOCATION ANALYSIS	Auth Required	
Service Request	81192	NTRK2 TRANSLOCATION ANALYSIS	Auth Required	
Service Request	81193	NTRK3 TRANSLOCATION ANALYSIS	Auth Required	
Service Request	81194	NTRK TRANSLOCATION ANALYSIS	Auth Required	
Service Request	81278	IGH@/BCL2 TRANSLOCATION ALYS MBR AND MCR BP QUAL/QUAN	Auth Required	
Service Request	81279	JAK2 TARGETED SEQUENCE ANALYSIS	Auth Required	
Service Request	81338	MPL GENE ANALYSIS COMMON VARIANTS	Auth Required	
Service Request	81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10	Auth Required	
Service Request	81347	SF3B1 GENE ANALYSIS COMMON VARIANTS	Auth Required	
Service Request	81348	SRSF2 GENE ANALYSIS COMMON VARIANTS	Auth Required	
Service Request	81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Auth Required	
Service Request	81352	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Auth Required	
Service Request	81353	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Auth Required	
Service Request	81357	U2AF1 GENE ANALYSIS COMMON VARIANTS	Auth Required	
Service Request	81360	ZRSR2 GENE ANALYSIS COMMON VARIANT(S)	Auth Required	
Service Request	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Auth Required	
Service Request	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Auth Required	
Service Request	81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Auth Required	
Service Request	96549	CHEMOTHERAPY, UNSPECIFIED PROCEDURE	Auth Required	
Service Request	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	A0428	BLS	Auth Required	
Service Request	A0430	FIXED WING AIR TRANSPORT	Auth Required	
Service Request	A0431	ROTARY WING AIR TRANSPORT	Auth Required	
Service Request	A0435	FIXED WING AIR MILEAGE	Auth Required	
Service Request	A0436	ROTARY WING AIR MILEAGE	Auth Required	
Service Request	A0999	UNLISTED AMBULANCE SERVICE	Auth Required	
Service Request	A4220	INFUSION PUMP REFILL KIT	Auth Required	
Service Request	A4226	SUPPLIES FOR INSULIN INFUSION PUMP, PER WEEK	Auth Required	
Medication	A4238	SUPPLY ALLOW FOR ADJUNCTIVE CONT GLUCOSE MONITOR (CGM) 1 MONTH SUPPL	Auth Required	
Service Request	A4290	SACRAL NERVE STIM TEST LEAD	Auth Required	
Service Request	A4300	CATH IMPL VASC ACCESS PORTAL	Auth Required	
Service Request	A4301	IMPLANTABLE ACCESS SYST PERC	Auth Required	
Service Request	A4335	INCONTINENCE SUPPLY	Auth Required	
Service Request	A4421	OSTOMY SUPPLY MISC	Auth Required	
Service Request	A4596	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM SUPPLIES AND ACCESSORIES, PER MONTH	Auth Required	
Service Request	A4600	SLEEVE, INTER LIMB COMP DEV	Auth Required	
Service Request	A4641	RADIOPHARM DX AGENT NOC	Auth Required	

Service Request	A4642	IN111 SATUMOMAB	Auth Required	
Service Request	A4913	MISC DIALYSIS SUPPLIES NOC	Auth Required	
Service Request	A5500	DIAB SHOE FOR DENSITY INSERT	Auth Required	
Service Request	A5501	DIABETIC CUSTOM MOLDED SHOE	Auth Required	
Service Request	A5503	DIABETIC SHOE W/ROLLER/ROCKR	Auth Required	
Service Request	A5504	DIABETIC SHOE WITH WEDGE	Auth Required	
Service Request	A5505	DIAB SHOE W/METATARSAL BAR	Auth Required	
Service Request	A5506	DIABETIC SHOE W/OFF SET HEEL	Auth Required	
Service Request	A5507	MODIFICATION DIABETIC SHOE	Auth Required	
Service Request	A5508	DIABETIC DELUXE SHOE	Auth Required	
Service Request	A5510	COMPRESSION FORM SHOE INSERT	Auth Required	
Service Request	A5512	MULTI DEN INSERT DIRECT FORM	Auth Required	
Service Request	A5513	MULTI DEN INSERT CUSTOM MOLD	Auth Required	
Service Request	A5514	DIABETIC PT MULTIPLE DENSITY INSERT TOTAL CONTACT W/FOOT	Auth Required	
Service Request	A6460	SYNTHETIC RESORBABLE WOUND DRESSING <= 16 SQ IN, EA	Auth Required	
Service Request	A6461	SYNTHETIC RESORBABLE WOUND DRESSING 16-48 SQ IN, EA	Auth Required	
Service Request	A6550	NEG PRES WOUND THER DRSG SET	Auth Required	
Service Request	A7001	NONDISPOSABLE PUMP CANISTER	Auth Required	
Service Request	A7002	TUBING USED W SUCTION PUMP	Auth Required	
Service Request	A7003	NEBULIZER ADMINISTRATION SET	Auth Required	
Service Request	A7004	DISPOSABLE NEBULIZER SML VOL	Auth Required	
Service Request	A7007	LG VOL NEBULIZER DISPOSABLE	Auth Required	
Service Request	A7020	INTERFACE, COUGH STIM DEVICE	Auth Required	
Service Request	A7025	REPLACE CHEST COMPRESS VEST	Auth Required	
Service Request	A7026	REPLACE CHST CMPRSS SYS HOSE	Auth Required	
Service Request	A8004	REPL SOFT INTERFACE, HELMET	Auth Required	
Medication	A9276	DISPOSABLE SENSOR, CGM SYS	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	A9277	EXTERNAL TRANSMITTER, CGM	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	A9278	EXTERNAL RECEIVER, CGM SYS	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE	Auth Required	
Medication	A9590	IODINE I-131, IOBENGUANE, 1 MILLICURIE	Auth Required	
Medication	A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	Auth Required	
Service Request	A9900	SUPPLY/ACCESSORY/SERVICE	Auth Required	
Service Request	A9999	DME SUPPLY OR ACCESSORY, NOS	Auth Required	
Service Request	B4035	ENTERAL FEED SUPP PUMP PER D	Auth Required	
Service Request	B4102	EF ADULT FLUIDS AND ELECTRO	Auth Required	
Service Request	B4103	EF PED FLUID AND ELECTROLYTE	Auth Required	
Service Request	B4149	EF BLENDERIZED FOODS	Auth Required	
Service Request	B4150	EF COMPLET W/INTACT NUTRIENT	Auth Required	
Service Request	B4152	EF CALORIE DENSE>=1.5KCAL	Auth Required	
Service Request	B4153	EF HYDROLYZED/AMINO ACIDS	Auth Required	
Service Request	B4154	EF SPEC METABOLIC NONINHERIT	Auth Required	
Service Request	B4155	EF INCOMPLETE/MODULAR	Auth Required	
Service Request	B4157	EF SPECIAL METABOLIC INHERIT	Auth Required	
Service Request	B4158	EF PED COMPLETE INTACT NUT	Auth Required	
Service Request	B4159	EF PED COMPLETE SOY BASED	Auth Required	
Service Request	B4160	EF PED CALORIC DENSE>=0.7KC	Auth Required	

Service Request	B4161	EF PED HYDROLYZED/AMINO ACID	Auth Required	
Service Request	B4162	EF PED SPECMETABOLIC INHERIT	Auth Required	
Medication	B4164	PARENTERAL 50% DEXTROSE SOLU	Auth Required	
Medication	B4168	PARENTERAL SOL AMINO ACID 3.	Auth Required	
Medication	B4172	PARENTERAL SOL AMINO ACID 5.	Auth Required	
Medication	B4176	PARENTERAL SOL AMINO ACID 7-	Auth Required	
Medication	B4178	PARENTERAL SOL AMINO ACID >	Auth Required	
Medication	B4180	PARENTERAL SOL CARB > 50%	Auth Required	
Medication	B4185	PARENTERAL SOL 10 GM LIPIDS	Auth Required	
Medication	B4187	OMEGAVEN, 10 GRAMS LIPIDS	Auth Required	
Medication	B4189	PARENTERAL SOL AMINO ACID &	Auth Required	
Medication	B4193	PARENTERAL SOL 52-73 GM PROT	Auth Required	
Medication	B4197	PARENTERAL SOL 74-100 GM PRO	Auth Required	
Medication	B4199	PARENTERAL SOL > 100GM PROTE	Auth Required	
Medication	B4216	PARENTERAL NUTRITION ADDITIV	Auth Not Required	
Medication	B4220	PARENTERAL SUPPLY KIT PREMIX	Auth Required	
Medication	B4222	PARENTERAL SUPPLY KIT HOMEMI	Auth Required	
Medication	B4224	PARENTERAL ADMINISTRATION KI	Auth Required	
Medication	B5000	PARENTERAL SOL RENAL-AMIROSY	Auth Required	
Medication	B5100	PARENTERAL SOL HEPATIC-FREAM	Auth Required	
Medication	B5200	PARENTERAL SOL STRES-BRNCH C	Auth Required	
Service Request	B9002	ENTERAL INFUSION PUMP W/ ALA	Auth Required	
Medication	B9004	PARENTERAL INFUS PUMP PORTAB	Auth Required	
Medication	B9006	PARENTERAL INFUS PUMP STATIO	Auth Required	
Service Request	B9998	ENTERAL SUPP NOT OTHERWISE C	Auth Required	
Medication	B9999	PARENTERAL SUPP NOT OTHRWS C	Auth Required	
Service Request	C1776	JOINT DEVICE (IMPLANTABLE)	Auth Not Required	Auth Not Required. Review post service after 10 units.
Medication	C8957	PROLONGED IV INF, REQ PUMP	Auth Required	
Medication	C9046	COCAINE HCL NASAL SOLUTION FOR TOPICAL ADMIN, 1 MG	Auth Not Required	
Medication	C9047	INJ, CAPLACIZUMAB-YHDP, 1 MG	Auth Required	
Medication	C9088	INSTILLATION, BUPIVACAINE AND MELOXICAM, 1 MG/0.03 MG	Auth Not Required	
Medication	C9089	BUPIVACAINE, COLLAGEN-MATRIX IMPLANT, 1 MG	Auth Not Required	
Medication	C9094	INJ, SUTIMLIMAB-JOME, 10 MG	Auth Required	
Medication	C9095	INJ, TEBENTAFUSP-TEBN, 1 MCG	Auth Required	
Medication	C9096	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR (RELEUKO), 1 MICROGRAM	Auth Required	
Medication	C9097	INJ, FARICIMAB-SVOA, 0.1 MG	Auth Required	
Medication	C9098	CILTACABTAGENE AUTOLEUCCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	Auth Required	
Medication	C9101	INJECTION, OLICERIDINE, 0.1 MG	Auth Required	
Medication	C9113	INJ PANTOPRAZOLE SODIUM, VIA	Auth Required	
Medication	C9143	COCAINE HCL NASAL SOLUTION (NUMBRINO), 1 MG	Auth Not Required	
Medication	C9144	INJ, BUPIVACAINE (POSIMIR), 1 MG	Auth Not Required	
Medication	C9248	INJ, CLEVIDIPINE BUTYRATE	Auth Required	
Medication	C9254	INJECTION, LACOSAMIDE 1MG	Auth Not Required	
Medication	C9257	BEVACIZUMAB INJECTION 0.25MG	Auth Not Required	
Medication	C9285	LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH	Auth Not Required	
Medication	C9290	INJECTION BUPIVACAINE LIPOSOME 1 MG	Auth Not Required	
Medication	C9293	INJ, GLUCARPIDASE, 10 UNITS	Auth Required	
Medication	C9399	UNCLASSIFIED DRUGS OR BIOLOG	Auth Required	Auth Required when billing over \$500
Medication	C9460	INJ, CANGRELOR, 1 MG	Auth Not Required	

Medication	C9462	INJ, DELAFLOXACIN, 1 MG	Auth Not Required
Medication	C9482	INJ, SOTALOL HYDROCHLORIDE, 1 MG	Auth Required
Medication	C9488	INJ, CONIVAPTAN HYDROCHLORIDE, 1 MG	Auth Required
Service Request	E0181	PRESS PAD ALTERNATING W/ PUM	Auth Required
Service Request	E0182	REPLACE PUMP, ALT PRESS PAD	Auth Required
Service Request	E0183	POWERED PRESSURE REDUCING UNDERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	Auth Required
Service Request	E0184	DRY PRESSURE MATTRESS	Auth Required
Service Request	E0185	GEL PRESSURE MATTRESS PAD	Auth Required
Service Request	E0186	AIR PRESSURE MATTRESS	Auth Required
Service Request	E0187	WATER PRESSURE MATTRESS	Auth Required
Service Request	E0188	SYNTHETIC SHEEPSKIN PAD	Auth Required
Service Request	E0189	LAMBSWOOL SHEEPSKIN PAD	Auth Required
Service Request	E0190	POSITIONING CUSHION	Auth Required
Service Request	E0193	POWERED AIR FLOTATION BED	Auth Required
Service Request	E0194	AIR FLUIDIZED BED	Auth Required
Service Request	E0196	GEL PRESSURE MATTRESS	Auth Required
Service Request	E0197	AIR PRESSURE PAD, MATTRESS	Auth Required
Service Request	E0198	WATER PRESSURE PAD FOR MATTR	Auth Required
Service Request	E0199	DRY PRESSURE PAD FOR MATTRES	Auth Required
Service Request	E0202	PHOTOTHERAPY LIGHT W/ PHOTOM	Auth Required
Service Request	E0250	HOSP BED FIXED HT W/ MATTRES	Auth Required
Service Request	E0251	HOSP BED FIXD HT W/O MATTRES	Auth Required
Service Request	E0255	HOSPITAL BED VAR HT W/ MATTR	Auth Required
Service Request	E0256	HOSPITAL BED VAR HT W/O MATT	Auth Required
Service Request	E0260	HOSP BED SEMI-ELECTR W/ MATT	Auth Required
Service Request	E0261	HOSP BED SEMI-ELECTR W/O MAT	Auth Required
Service Request	E0265	HOSP BED TOTAL ELECTR W/ MAT	Auth Required
Service Request	E0266	HOSP BED TOTAL ELEC W/O MATT	Auth Required
Service Request	E0271	MATTRESS INNERSPRING	Auth Required
Service Request	E0277	POWERED PRES-REDU AIR MATTRS	Auth Required
Service Request	E0296	HOSP BED TOTAL ELECT W/ MATT	Auth Required
Service Request	E0297	HOSP BED TOTAL ELECT W/O MAT	Auth Required
Service Request	E0300	ENCLOSED PED CRIB HOSP GRADE	Auth Required
Service Request	E0301	HD HOSP BED, 350-600 LBS	Auth Required
Service Request	E0302	EX HD HOSP BED > 600 LBS	Auth Required
Service Request	E0303	HOSP BED HVY DTY XTRA WIDE	Auth Required
Service Request	E0304	HOSP BED XTRA HVY DTY X WIDE	Auth Required
Service Request	E0316	BED SAFETY ENCLOSURE	Auth Required
Service Request	E0371	NONPOWER MATTRESS OVERLAY	Auth Required
Service Request	E0372	POWERED AIR MATTRESS OVERLAY	Auth Required
Service Request	E0373	NONPOWERED PRESSURE MATTRESS	Auth Required
Service Request	E0424	STATIONARY COMPRESSED GAS O2	Auth Required
Service Request	E0425	GAS SYSTEM STATIONARY COMPRE	Auth Required
Service Request	E0431	PORTABLE GASEOUS O2	Auth Required
Service Request	E0433	PORTABLE LIQUID OXYGEN SYS	Auth Required
Service Request	E0434	PORTABLE LIQUID O2	Auth Required
Service Request	E0435	OXYGEN SYSTEM LIQUID PORTABLE	Auth Required
Service Request	E0439	STATIONARY LIQUID O2	Auth Required
Service Request	E0440	OXYGEN SYSTEM LIQUID STATION	Auth Required
Service Request	E0441	STATIONARY O2 CONTENTS, GAS	Auth Required
Service Request	E0442	STATIONARY O2 CONTENTS, LIQ	Auth Required
Service Request	E0443	PORTABLE O2 CONTENTS, GAS	Auth Required

Service Request	E0444	PORTABLE O2 CONTENTS, LIQUID	Auth Required	
Service Request	E0447	PORTABLE OXYGEN, LIQUID, OVER 4 LPM, MONTH	Auth Required	
Service Request	E0455	OXYGEN TENT EXCL CROUP/PED T	Auth Required	
Service Request	E0457	CHEST SHELL	Auth Required	
Service Request	E0459	CHEST WRAP	Auth Required	
Service Request	E0462	ROCKING BED W/ OR W/O SIDE R	Auth Required	
Service Request	E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE	Auth Required	
Service Request	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE	Auth Required	
Service Request	E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVICE	Auth Required	
Service Request	E0470	RAD W/O BACKUP NON-INV INTFC	Auth Required	
Service Request	E0471	RAD W/BACKUP NON INV INTRFC	Auth Required	
Service Request	E0472	RAD W BACKUP INVASIVE INTRFC	Auth Required	
Service Request	E0480	PERCUSSOR ELECT/PNEUM HOME M	Auth Required	
Service Request	E0482	COUGH STIMULATING DEVICE	Auth Required	
Service Request	E0483	CHEST COMPRESSION GEN SYSTEM	Auth Required	
Service Request	E0484	NON-ELEC OSCILLATORY PEP DVC	Auth Required	
Service Request	E0486	ORAL DEVICE/APPLIANCE CUSFAB	Auth Required	
Service Request	E0500	IPPB ALL TYPES	Auth Required	
Service Request	E0565	COMPRESSOR AIR POWER SOURCE	Auth Required	
Service Request	E0572	AEROSOL COMPRESSOR ADJUST PR	Auth Required	
Service Request	E0574	ULTRASONIC GENERATOR W SVNEB	Auth Required	
Service Request	E0575	NEBULIZER ULTRASONIC	Auth Required	
Service Request	E0580	NEBULIZER FOR USE W/ REGULAT	Auth Required	
Service Request	E0585	NEBULIZER W/ COMPRESSOR & HE	Auth Required	
Service Request	E0600	SUCTION PUMP PORTAB HOM MODL	Auth Required	
Service Request	E0601	CONT AIRWAY PRESSURE DEVICE	Auth Required	
Service Request	E0604	HOSP GRADE ELEC BREAST PUMP	Auth Required	
Service Request	E0610	PACEMAKER MONITR AUDIBLE/VIS	Auth Required	
Service Request	E0615	PACEMAKER MONITR DIGITAL/VIS	Auth Required	
Service Request	E0616	CARDIAC EVENT RECORDER	Auth Required	
Service Request	E0617	AUTOMATIC EXT DEFIBRILLATOR	Auth Required	
Service Request	E0618	APNEA MONITOR	Auth Required	
Service Request	E0619	APNEA MONITOR W RECORDER	Auth Required	
Service Request	E0621	PATIENT LIFT SLING OR SEAT	Auth Required	
Service Request	E0629	SEAT LIFT FOR PT FURN-NON-EL	Auth Required	
Service Request	E0630	PATIENT LIFT HYDRAULIC	Auth Required	
Service Request	E0635	PATIENT LIFT ELECTRIC	Auth Required	
Service Request	E0636	PT SUPPORT & POSITIONING SYS	Auth Required	
Service Request	E0638	STANDING FRAME SYS	Auth Required	
Service Request	E0639	MOVEABLE PATIENT LIFT SYSTEM	Auth Required	
Service Request	E0640	FIXED PATIENT LIFT SYSTEM	Auth Required	
Service Request	E0641	MULTI-POSITION STND FRAM SYS	Auth Required	
Service Request	E0642	DYNAMIC STANDING FRAME	Auth Required	
Service Request	E0650	PNEUMA COMPRESOR NON-SEGMENT	Auth Required	
Service Request	E0651	PNEUM COMPRESSOR SEGMENTAL	Auth Required	
Service Request	E0652	PNEUM COMPRES W/CAL PRESSURE	Auth Required	
Service Request	E0655	PNEUMATIC APPLIANCE HALF ARM	Auth Required	
Service Request	E0656	SEGMENTAL PNEUMATIC TRUNK	Auth Required	
Service Request	E0657	SEGMENTAL PNEUMATIC CHEST	Auth Required	
Service Request	E0660	PNEUMATIC APPLIANCE FULL LEG	Auth Required	
Service Request	E0665	PNEUMATIC APPLIANCE FULL ARM	Auth Required	
Service Request	E0666	PNEUMATIC APPLIANCE HALF LEG	Auth Required	
Service Request	E0667	SEG PNEUMATIC APPL FULL LEG	Auth Required	

Service Request	E0668	SEG PNEUMATIC APPL FULL ARM	Auth Required	
Service Request	E0669	SEG PNEUMATIC APPLI HALF LEG	Auth Required	
Service Request	E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2	Auth Required	
Service Request	E0671	PRESSURE PNEUM APPL FULL LEG	Auth Required	
Service Request	E0672	PRESSURE PNEUM APPL FULL ARM	Auth Required	
Service Request	E0673	PRESSURE PNEUM APPL HALF LEG	Auth Required	
Service Request	E0675	PNEUMATIC COMPRESSION DEVICE	Auth Required	
Service Request	E0676	INTER LIMB COMPRESS DEV NOS	Auth Required	
Service Request	E0691	UVL PNL 2 SQ FT OR LESS	Auth Required	
Service Request	E0692	UVL SYS PANEL 4 FT	Auth Required	
Service Request	E0693	UVL SYS PANEL 6 FT	Auth Required	
Service Request	E0694	UVL MD CABINET SYS 6 FT	Auth Required	
Service Request	E0747	ELEC OSTEOGEN STIM NOT SPINE	Auth Required	
Service Request	E0748	ELEC OSTEOGEN STIM SPINAL	Auth Required	
Service Request	E0749	ELEC OSTEOGEN STIM IMPLANTED	Auth Required	
Service Request	E0760	OSTEOGEN ULTRASOUND STIMLTOR	Auth Required	
Service Request	E0765	NERVE STIMULATOR FOR TX N&V	Auth Required	
Service Request	E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Auth Required	
Service Request	E0776	IV POLE	Auth Required	
Medication	E0779	AMB INFUSION PUMP MECHANICAL	Auth Required	
Medication	E0780	MECH AMB INFUSION PUMP <8HRS	Auth Required	
Medication	E0781	EXTERNAL AMBULATORY INFUS PU	Auth Required	
Service Request	E0782	NON-PROGRAMBLE INFUSION PUMP	Auth Required	
Service Request	E0783	PROGRAMMABLE INFUSION PUMP	Auth Required	
Service Request	E0784	EXT AMB INFUSN PUMP INSULIN	Auth Required except for Type 1	
Service Request	E0785	REPLACEMENT IMPL PUMP CATHET	Auth Required	
Service Request	E0787	EXT AMB INF PUMP, INSULIN, W/CONT GLUCOSE SENSING	Auth Required except for Type 1	
Medication	E0791	PARENTERAL INFUSION PUMP STA	Auth Required	
Service Request	E0830	AMBULATORY TRACTION DEVICE	Auth Required	
Service Request	E0910	TRAPEZE BAR ATTACHED TO BED	Auth Required	
Service Request	E0911	HD TRAPEZE BAR ATTACH TO BED	Auth Required	
Service Request	E0930	FRACTURE FRAME FREE STANDING	Auth Required	
Service Request	E0946	FRACTURE FRAME DUAL W CROSS	Auth Required	
Service Request	E0947	FRACTURE FRAME ATTACHMNTS PE	Auth Required	
Service Request	E0948	FRACTURE FRAME ATTACHMNTS CE	Auth Required	
Service Request	E0951	LOOP HEEL	Auth Required	
Service Request	E0952	TOE LOOP/HOLDER, EACH	Auth Required	
Service Request	E0953	WHEELCHAIR ACCESSORY; LATERAL THIGH/KNEE SUPPORT, INCL FIXED MOUNTING HARDWARE, EA	Auth Required	
Service Request	E0954	WHEELCHAIR ACCESSORY; FOOT BOX, ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	Auth Required	
Service Request	E0955	CUSHIONED HEADREST	Auth Required	
Service Request	E0956	W/C LATERAL TRUNK/HIP SUPPOR	Auth Required	
Service Request	E0957	W/C MEDIAL THIGH SUPPORT	Auth Required	
Service Request	E0958	WHLCHR ATT- CONV 1 ARM DRIVE	Auth Required	
Service Request	E0959	AMPUTEE ADAPTER	Auth Required	
Service Request	E0960	W/C SHOULDER HARNESS/STRAPS	Auth Required	
Service Request	E0961	WHEELCHAIR BRAKE EXTENSION	Auth Required	
Service Request	E0966	WHEELCHAIR HEAD REST EXTENSI	Auth Required	
Service Request	E0967	MANUAL WC HAND RIM W PROJECT	Auth Required	
Service Request	E0968	WHEELCHAIR COMMODOE SEAT	Auth Required	
Service Request	E0969	WHEELCHAIR NARROWING DEVICE	Auth Required	

Service Request	E0971	WHEELCHAIR ANTI-TIPPING DEVI	Auth Required	
Service Request	E0973	W/CH ACCESS DET ADJ ARMREST	Auth Required	
Service Request	E0974	W/CH ACCESS ANTI-ROLLBACK	Auth Required	
Service Request	E0978	W/C ACC,SAF BELT PELV STRAP	Auth Required	
Service Request	E0980	WHEELCHAIR SAFETY VEST	Auth Required	
Service Request	E0981	SEAT UPHOLSTERY, REPLACEMENT	Auth Required	
Service Request	E0982	BACK UPHOLSTERY, REPLACEMENT	Auth Required	
Service Request	E0983	ADD PWR JOYSTICK	Auth Required	
Service Request	E0984	ADD PWR TILLER	Auth Required	
Service Request	E0985	W/C SEAT LIFT MECHANISM	Auth Required	
Service Request	E0986	MAN W/C PUSH-RIM POW ASSIST	Auth Required	
Service Request	E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	Auth Required	
Service Request	E0990	WHEELCHAIR ELEVATING LEG RES	Auth Required	
Service Request	E0992	WHEELCHAIR SOLID SEAT INSERT	Auth Required	
Service Request	E0994	WHEELCHAIR ARM REST	Auth Required	
Service Request	E0995	WHEELCHAIR CALF REST	Auth Required	
Service Request	E1002	PWR SEAT TILT	Auth Required	
Service Request	E1003	PWR SEAT RECLINE	Auth Required	
Service Request	E1004	PWR SEAT RECLINE MECH	Auth Required	
Service Request	E1005	PWR SEAT RECLINE PWR	Auth Required	
Service Request	E1006	PWR SEAT COMBO W/O SHEAR	Auth Required	
Service Request	E1007	PWR SEAT COMBO W/SHEAR	Auth Required	
Service Request	E1008	PWR SEAT COMBO PWR SHEAR	Auth Required	
Service Request	E1009	ADD MECH LEG ELEVATION	Auth Required	
Service Request	E1010	ADD PWR LEG ELEVATION	Auth Required	
Service Request	E1011	PED WC MODIFY WIDTH ADJUSTM	Auth Required	
Service Request	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT ELEVATING LEG REST/PLATFORM	Auth Required	
Service Request	E1014	RECLINING BACK ADD PED W/C	Auth Required	
Service Request	E1015	SHOCK ABSORBER FOR MAN W/C	Auth Required	
Service Request	E1016	SHOCK ABSORBER FOR POWER W/C	Auth Required	
Service Request	E1017	HD SHCK ABSRBR FOR HD MAN WC	Auth Required	
Service Request	E1018	HD SHCK ABSRBR FOR HD POWWC	Auth Required	
Service Request	E1020	RESIDUAL LIMB SUPPORT SYSTEM	Auth Required	
Service Request	E1028	W/C MANUAL SWINGAWAY	Auth Required	
Service Request	E1029	W/C VENT TRAY FIXED	Auth Required	
Service Request	E1030	W/C VENT TRAY GIMBALED	Auth Required	
Service Request	E1035	PATIENT TRANSFER SYSTEM <300	Auth Required	
Service Request	E1036	PATIENT TRANSFER SYSTEM >300	Auth Required	
Service Request	E1037	TRANSPORT CHAIR, PED SIZE	Auth Required	
Service Request	E1038	TRANSPORT CHAIR PT WT<=300LB	Auth Required	
Service Request	E1039	TRANSPORT CHAIR PT WT >300LB	Auth Required	
Service Request	E1050	WHELCHR FXD FULL LENGTH ARMS	Auth Required	
Service Request	E1060	WHEELCHAIR DETACHABLE ARMS	Auth Required	
Service Request	E1070	WHEELCHAIR DETACHABLE FOOT R	Auth Required	
Service Request	E1083	HEMI-WHEELCHAIR FIXED ARMS	Auth Required	
Service Request	E1084	HEMI-WHEELCHAIR DETACHABLE A	Auth Required	
Service Request	E1085	HEMI-WHEELCHAIR FIXED ARMS	Auth Required	
Service Request	E1086	HEMI-WHEELCHAIR DETACHABLE A	Auth Required	
Service Request	E1087	WHEELCHAIR LIGHTWT FIXED ARM	Auth Required	
Service Request	E1088	WHEELCHAIR LIGHTWEIGHT DET A	Auth Required	
Service Request	E1089	WHEELCHAIR LIGHTWT FIXED ARM	Auth Required	
Service Request	E1092	WHEELCHAIR WIDE W/ LEG RESTS	Auth Required	

Service Request	E1093	WHEELCHAIR WIDE W/ FOOT REST	Auth Required	
Service Request	E1100	WHCHR S-RECL FXD ARM LEG RES	Auth Required	
Service Request	E1110	WHEELCHAIR SEMI-RECL DETACH	Auth Required	
Service Request	E1150	WHEELCHAIR STANDARD W/ LEG R	Auth Required	
Service Request	E1160	WHEELCHAIR FIXED ARMS	Auth Required	
Service Request	E1161	MANUAL ADULT WC W TILTINSPAC	Auth Required	
Service Request	E1170	WHLCHR AMPU FXD ARM LEG REST	Auth Required	
Service Request	E1171	WHEELCHAIR AMPUTEE W/O LEG R	Auth Required	
Service Request	E1172	WHEELCHAIR AMPUTEE DETACH AR	Auth Required	
Service Request	E1180	WHEELCHAIR AMPUTEE W/ FOOT R	Auth Required	
Service Request	E1190	WHEELCHAIR AMPUTEE W/ LEG RE	Auth Required	
Service Request	E1195	WHEELCHAIR AMPUTEE HEAVY DUT	Auth Required	
Service Request	E1200	WHEELCHAIR AMPUTEE FIXED ARM	Auth Required	
Service Request	E1220	WHLCHR SPECIAL SIZE/CONSTRC	Auth Required	
Service Request	E1221	WHEELCHAIR SPEC SIZE W FOOT	Auth Required	
Service Request	E1222	WHEELCHAIR SPEC SIZE W/ LEG	Auth Required	
Service Request	E1223	WHEELCHAIR SPEC SIZE W FOOT	Auth Required	
Service Request	E1224	WHEELCHAIR SPEC SIZE W/ LEG	Auth Required	
Service Request	E1225	MANUAL SEMI-RECLINING BACK	Auth Required	
Service Request	E1226	MANUAL FULLY RECLINING BACK	Auth Required	
Service Request	E1227	WHEELCHAIR SPEC SZ SPEC HT A	Auth Required	
Service Request	E1228	WHEELCHAIR SPEC SZ SPEC HT B	Auth Required	
Service Request	E1229	PEDIATRIC WHEELCHAIR NOS	Auth Required	
Service Request	E1230	POWER OPERATED VEHICLE	Auth Required	
Service Request	E1231	RIGID PED W/C TILT-IN-SPACE	Auth Required	
Service Request	E1232	FOLDING PED WC TILT-IN-SPACE	Auth Required	
Service Request	E1233	RIG PED WC TLTNPC W/O SEAT	Auth Required	
Service Request	E1234	FLD PED WC TLTNPC W/O SEAT	Auth Required	
Service Request	E1235	RIGID PED WC ADJUSTABLE	Auth Required	
Service Request	E1236	FOLDING PED WC ADJUSTABLE	Auth Required	
Service Request	E1237	RGD PED WC ADJSTABL W/O SEAT	Auth Required	
Service Request	E1238	FLD PED WC ADJSTABL W/O SEAT	Auth Required	
Service Request	E1239	PED POWER WHEELCHAIR NOS	Auth Required	
Service Request	E1240	WHCHR LITWT DET ARM LEG REST	Auth Required	
Service Request	E1250	WHEELCHAIR LIGHTWT FIXED ARM	Auth Required	
Service Request	E1260	WHEELCHAIR LIGHTWT FOOT REST	Auth Required	
Service Request	E1270	WHEELCHAIR LIGHTWEIGHT LEG R	Auth Required	
Service Request	E1280	WHCHR H-DUTY DET ARM LEG RES	Auth Required	
Service Request	E1285	WHEELCHAIR HEAVY DUTY FIXED	Auth Required	
Service Request	E1290	WHEELCHAIR HVY DUTY DETACH A	Auth Required	
Service Request	E1295	WHEELCHAIR HEAVY DUTY FIXED	Auth Required	
Service Request	E1296	WHEELCHAIR SPECIAL SEAT HEIG	Auth Required	
Service Request	E1297	WHEELCHAIR SPECIAL SEAT DEPT	Auth Required	
Service Request	E1298	WHEELCHAIR SPEC SEAT DEPTH/W	Auth Required	
Service Request	E1352	OXYGEN ACC FLOW REG CPBL POS INSPIRATORY PRESS	Auth Required	
Service Request	E1390	OXYGEN CONCENTRATOR	Auth Required	
Service Request	E1391	OXYGEN CONCENTRATOR, DUAL	Auth Required	
Service Request	E1392	PORTABLE OXYGEN CONCENTRATOR	Auth Required	
Service Request	E1399	DURABLE MEDICAL EQUIPMENT MI	Auth Required	
Service Request	E1405	O2/WATER VAPOR ENRICH W/HEAT	Auth Required	
Service Request	E1406	O2/WATER VAPOR ENRICH W/O HE	Auth Required	
Service Request	E1510	KIDNEY DIALYSATE DELIVRY SYS	Auth Required	
Service Request	E1520	HEPARIN INFUSION PUMP	Auth Required	

Service Request	E1530	REPLACEMENT AIR BUBBLE DETEC	Auth Required	
Service Request	E1540	REPLACEMENT PRESSURE ALARM	Auth Required	
Service Request	E1550	BATH CONDUCTIVITY METER	Auth Required	
Service Request	E1560	REPLACE BLOOD LEAK DETECTOR	Auth Required	
Service Request	E1570	ADJUSTABLE CHAIR FOR ESRD PT	Auth Required	
Service Request	E1575	TRANSDUCER PROTECT/FLD BAR	Auth Required	
Service Request	E1580	UNIPUNCTURE CONTROL SYSTEM	Auth Required	
Service Request	E1590	HEMODIALYSIS MACHINE	Auth Required	
Service Request	E1592	AUTO INTERM PERITONEAL DIALY	Auth Required	
Service Request	E1594	CYCLER DIALYSIS MACHINE	Auth Required	
Service Request	E1600	DELI/INSTALL CHRG HEMO EQUIP	Auth Required	
Service Request	E1610	REVERSE OSMOSIS H2O PURI SYS	Auth Required	
Service Request	E1620	REPLACEMENT BLOOD PUMP	Auth Required	
Service Request	E1630	RECIPROCATING PERITONEAL DIA	Auth Required	
Service Request	E1634	PERITONEAL DIALYSIS CLAMP	Auth Required	
Service Request	E1635	COMPACT TRAVEL HEMODIALYZER	Auth Required	
Service Request	E1636	SORBENT CARTRIDGES PER 10	Auth Required	
Service Request	E1637	HEMOSTATS FOR DIALYSIS, EACH	Auth Required	
Service Request	E1699	DIALYSIS EQUIPMENT NOC	Auth Required	
Service Request	E1800	ADJUST ELBOW EXT/FLEX DEVICE	Auth Required	
Service Request	E1801	SPS ELBOW DEVICE	Auth Required	
Service Request	E1802	ADJST FOREARM PRO/SUP DEVICE	Auth Required	
Service Request	E1805	ADJUST WRIST EXT/FLEX DEVICE	Auth Required	
Service Request	E1806	SPS WRIST DEVICE	Auth Required	
Service Request	E1810	ADJUST KNEE EXT/FLEX DEVICE	Auth Required	
Service Request	E1812	KNEE EXT/FLEX W ACT RES CTRL	Auth Required	
Service Request	E1815	ADJUST ANKLE EXT/FLEX DEVICE	Auth Required	
Service Request	E1816	SPS ANKLE DEVICE	Auth Required	
Service Request	E1818	SPS FOREARM DEVICE	Auth Required	
Service Request	E1820	SOFT INTERFACE MATERIAL	Auth Required	
Service Request	E1821	REPLACEMENT INTERFACE SPSD	Auth Required	
Service Request	E1825	ADJUST FINGER EXT/FLEX DEVC	Auth Required	
Service Request	E1831	STATIC STR TOE DEV EXT/FLEX	Auth Required	
Service Request	E1840	ADJ SHOULDER EXT/FLEX DEVICE	Auth Required	
Service Request	E1841	STATIC STR SHLDR DEV ROM ADJ	Auth Required	
Service Request	E2000	GASTRIC SUCTION PUMP HME MDL	Auth Required	
Medication	E2102	ADJUNCTIVE CONT GLUCOSE MONITOR OR RECEIVER	Auth Required	
Medication	E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONT GLUCOSE MONITOR OR RECEIVER	Auth Not Required	
Service Request	E2201	MAN W/CH ACC SEAT W>=20<24	Auth Required	
Service Request	E2202	SEAT WIDTH 24-27 IN	Auth Required	
Service Request	E2203	FRAME DEPTH LESS THAN 22 IN	Auth Required	
Service Request	E2204	FRAME DEPTH 22 TO 25 IN	Auth Required	
Service Request	E2205	MANUAL WC ACCESSORY, HANDRIM	Auth Required	
Service Request	E2206	COMPLETE WHEEL LOCK ASSEMBLY	Auth Required	
Service Request	E2207	CRUTCH AND CANE HOLDER	Auth Required	
Service Request	E2208	CYLINDER TANK CARRIER	Auth Required	
Service Request	E2209	ARM TROUGH EACH	Auth Required	
Service Request	E2210	WHEELCHAIR BEARINGS	Auth Required	
Service Request	E2211	PNEUMATIC PROPULSION TIRE	Auth Required	
Service Request	E2212	PNEUMATIC PROP TIRE TUBE	Auth Required	
Service Request	E2213	PNEUMATIC PROP TIRE INSERT	Auth Required	
Service Request	E2214	PNEUMATIC CASTER TIRE EACH	Auth Required	
Service Request	E2215	PNEUMATIC CASTER TIRE TUBE	Auth Required	

Service Request	E2216	FOAM FILLED PROPULSION TIRE	Auth Required	
Service Request	E2217	FOAM FILLED CASTER TIRE EACH	Auth Required	
Service Request	E2218	FOAM PROPULSION TIRE EACH	Auth Required	
Service Request	E2219	FOAM CASTER TIRE ANY SIZE EA	Auth Required	
Service Request	E2222	SOLID CASTER INTEGRATED WHL	Auth Required	
Service Request	E2227	GEAR REDUCTION DRIVE WHEEL	Auth Required	
Service Request	E2228	MWC ACC, WHEELCHAIR BRAKE	Auth Required	
Service Request	E2231	SOLID SEAT SUPPORT BASE	Auth Required	
Service Request	E2291	PLANAR BACK FOR PED SIZE WC	Auth Required	
Service Request	E2292	PLANAR SEAT FOR PED SIZE WC	Auth Required	
Service Request	E2294	CONTOUR SEAT FOR PED SIZE WC	Auth Required	
Service Request	E2295	PED DYNAMIC SEATING FRAME	Auth Required	
Service Request	E2300	PWR SEAT ELEVATION SYS	Auth Required	
Service Request	E2301	PWR STANDING	Auth Required	
Service Request	E2310	ELECTRO CONNECT BTW CONTROL	Auth Required	
Service Request	E2311	ELECTRO CONNECT BTW 2 SYS	Auth Required	
Service Request	E2312	MINI-PROP REMOTE JOYSTICK	Auth Required	
Service Request	E2313	PWC HARNESS, EXPAND CONTROL	Auth Required	
Service Request	E2321	HAND INTERFACE JOYSTICK	Auth Required	
Service Request	E2322	MULT MECH SWITCHES	Auth Required	
Service Request	E2323	SPECIAL JOYSTICK HANDLE	Auth Required	
Service Request	E2324	CHIN CUP INTERFACE	Auth Required	
Service Request	E2325	SIP AND PUFF INTERFACE	Auth Required	
Service Request	E2326	BREATH TUBE KIT	Auth Required	
Service Request	E2328	HEAD/EXTREMITY CONTROL INTER	Auth Required	
Service Request	E2330	HEAD CONTROL PROXIMITY SWITC	Auth Required	
Service Request	E2340	W/C WDTN 20-23 IN SEAT FRAME	Auth Required	
Service Request	E2341	W/C WDTN 24-27 IN SEAT FRAME	Auth Required	
Service Request	E2342	W/C DPTH 20-21 IN SEAT FRAME	Auth Required	
Service Request	E2343	W/C DPTH 22-25 IN SEAT FRAME	Auth Required	
Service Request	E2366	BATTERY CHARGER, SINGLE MODE	Auth Required	
Service Request	E2370	PWR WC MOTOR/GEAR BOX COMBO	Auth Required	
Service Request	E2373	HAND/CHIN CTRL SPEC JOYSTICK	Auth Required	
Service Request	E2374	HAND/CHIN CTRL STD JOYSTICK	Auth Required	
Service Request	E2375	NON-EXPANDABLE CONTROLLER	Auth Required	
Service Request	E2376	EXPANDABLE CONTROLLER, REPL	Auth Required	
Service Request	E2377	EXPANDABLE CONTROLLER, INITL	Auth Required	
Service Request	E2381	PNEUM DRIVE WHEEL TIRE	Auth Required	
Service Request	E2382	TUBE, PNEUM WHEEL DRIVE TIRE	Auth Required	
Service Request	E2383	INSERT, PNEUM WHEEL DRIVE	Auth Required	
Service Request	E2384	PNEUMATIC CASTER TIRE	Auth Required	
Service Request	E2385	TUBE, PNEUMATIC CASTER TIRE	Auth Required	
Service Request	E2386	FOAM FILLED DRIVE WHEEL TIRE	Auth Required	
Service Request	E2387	FOAM FILLED CASTER TIRE	Auth Required	
Service Request	E2389	FOAM CASTER TIRE	Auth Required	
Service Request	E2390	SOLID DRIVE WHEEL TIRE	Auth Required	
Service Request	E2391	SOLID CASTER TIRE	Auth Required	
Service Request	E2394	DRIVE WHEEL EXCLUDES TIRE	Auth Required	
Service Request	E2402	NEG PRESS WOUND THERAPY PUMP	Auth Required	
Service Request	E2601	GEN W/C CUSHION WDTN < 22 IN	Auth Required	
Service Request	E2602	GEN W/C CUSHION WDTN >=22 IN	Auth Required	
Service Request	E2603	SKIN PROTECT WC CUS WD <22IN	Auth Required	
Service Request	E2604	SKIN PROTECT WC CUS WD>=22IN	Auth Required	

Service Request	E2605	POSITION WC CUSH WIDTH <22 IN	Auth Required	
Service Request	E2606	POSITION WC CUSH WIDTH>=22 IN	Auth Required	
Service Request	E2607	SKIN PRO/POS WC CUS WD <22IN	Auth Required	
Service Request	E2608	SKIN PRO/POS WC CUS WD>=22IN	Auth Required	
Service Request	E2609	CUSTOM FABRICATE W/C CUSHION	Auth Required	
Service Request	E2610	POWERED W/C CUSHION	Auth Required	
Service Request	E2611	GEN USE BACK CUSH WIDTH <22IN	Auth Required	
Service Request	E2612	GEN USE BACK CUSH WIDTH>=22IN	Auth Required	
Service Request	E2613	POSITION BACK CUSH WD <22IN	Auth Required	
Service Request	E2614	POSITION BACK CUSH WD>=22IN	Auth Required	
Service Request	E2615	POS BACK POST/LAT WIDTH <22IN	Auth Required	
Service Request	E2616	POS BACK POST/LAT WIDTH>=22IN	Auth Required	
Service Request	E2617	CUSTOM FAB W/C BACK CUSHION	Auth Required	
Service Request	E2619	REPLACE COVER W/C SEAT CUSH	Auth Required	
Service Request	E2620	WC PLANAR BACK CUSH WD <22IN	Auth Required	
Service Request	E2621	WC PLANAR BACK CUSH WD>=22IN	Auth Required	
Service Request	E2622	ADJ SKIN PRO W/C CUS WD<22IN	Auth Required	
Service Request	E2623	ADJ SKIN PRO WC CUS WD>=22IN	Auth Required	
Service Request	E2624	ADJ SKIN PRO/POS CUS<22IN	Auth Required	
Service Request	E2625	ADJ SKIN PRO/POS WC CUS>=22	Auth Required	
Service Request	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	Auth Required	
Service Request	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	Auth Required	
Service Request	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	Auth Required	
Service Request	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	Auth Required	
Service Request	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM	Auth Required	
Service Request	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	Auth Required	
Service Request	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER	Auth Required	
Service Request	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	Auth Required	
Service Request	E8000	POSTERIOR GAIT TRAINER	Auth Required	
Service Request	E8001	UPRIGHT GAIT TRAINER	Auth Required	
Service Request	G0068	ADMINISTRATION OF INFUSION DRUG(S) IN HOME, PER DAY, EA 15 MIN	Auth Required	
Service Request	G0069	ADMINISTRATION OF IMMUNOTHERAPY DRUG(S) IN HOME, PER DAY, EA 15 MIN	Auth Required	
Service Request	G0070	ADMINISTRATION OF CHEMOTHERAPY DRUG(S) IN HOME, PER DAY, EA 15 MIN	Auth Required	
Medication	G0088	PROF SVCS, INITIAL HOME VISIT, ADMIN NON-CHEMO IV INFUSION, EA DRUG ADMIN, PER DAY, EA 15 MIN	Auth Required	
Medication	G0089	PROF SVCS, INITIAL HOME VISIT, ADMIN SUBCUTANEOUS IMMUNOTHERAPY OR OTHER INFUSION DRUG/BIOLOGIC, EA DRUG ADMIN, PER DAY, EA 15 MIN	Auth Required	
Medication	G0090	PROF SVCS, INITIAL HOME VISIT, ADMIN IV CHEMO/HIGHLY COMPLEX INFUSION DRUG/BIOLOGIC, EA INFUSION DRUG ADMIN, PER DAY, EA 15 MIN	Auth Required	
Service Request	G0129	OCCUP THERAPIST PARTIAL HOSP SERVICE	Auth Required	Auth Required. Review after initial 10 visits.
Service Request	G0151	HHCP-SERV OF PT,EA 15 MIN	Auth Required	

Service Request	G0152	HHCP-SERV OF OT,EA 15 MIN	Auth Required	
Service Request	G0153	HHCP-SVS OF S/L PATH,EA 15MIN	Auth Required	
Service Request	G0155	HHCP-SVS OF CSW,EA 15 MIN	Auth Required	
Service Request	G0156	HHCP-SVS OF AIDE,EA 15 MIN	Auth Required	
Service Request	G0157	HHC PT ASSISTANT EA 15	Auth Required	
Service Request	G0158	HHC OT ASSISTANT EA 15	Auth Required	
Service Request	G0159	HHC PT MAINT EA 15 MIN	Auth Required	
Service Request	G0160	HHC OCCUP THERAPY EA 15	Auth Required	
Service Request	G0161	HHC OCCUP THERAPY EA 15	Auth Required	
Service Request	G0162	HHC RN E&M PLAN SVS, 15 MIN	Auth Required	
Service Request	G0182	HOSPICE CARE SUPERVISION	Auth Required	
Service Request	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTES	Auth Required	
Service Request	G0283	ELEC STIM OTHER THAN WOUND	Auth Required	
Service Request	G0289	ARTHRO, LOOSE BODY + CHONDRO	Auth Required	
Service Request	G0299	SKILLED NURSING SERVICES, RN, HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Auth Required	
Service Request	G0300	SKILLED NURSING SERVICES, LPN, HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Auth Required	
Service Request	G0337	HOSPICE EVALUATION PREELECTI	Auth Required	
Service Request	G0339	ROBOT LIN-RADSURG COM, FIRST	Auth Required	
Service Request	G0340	ROBT LIN-RADSURG FRACTX 2-5	Auth Required	
Service Request	G0410	GRP PSYCH PARTIAL HOSP 45-50	Auth Required	
Service Request	G0411	INTER ACTIVE GRP PSYCH PARTI	Auth Required	
Service Request	G0452	MOLECULAR PATHOLOGY PROCEDURE; PHYSICIAN INTERP AND REPORT	Auth Required	
Service Request	G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE	Auth Not Required	Auth Not Required. Review post service.
Service Request	G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING	Auth Required	
Service Request	G0490	FACE-TO-FACE HOME HEALTH NURSING VISIT BY RHC OR FQHC IN HOME HEALTH AGENCY SHORTAGE AREA	Auth Required	
Service Request	G0493	RN SERVICES FOR OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES	Auth Required	
Service Request	G0494	LPN SERVICES FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES	Auth Required	
Service Request	G0495	RN SERVICES FOR TRAINING/EDUCATION OF PT OR FAMILY MEMBER, HOME HEALTH OR HOSPICE SETTING, EA 15 MIN	Auth Required	
Service Request	G0496	LPN SERVICES, FOR TRAINING/EDUCATION OF PT OR FAMILY MEMBER, HOME HLTH OR HOSPICE SETTING, EA 15 MIN	Auth Required	
Service Request	G2168	SERVICES PERFORMED BY PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH SETTING, EACH 15 MIN	Auth Required	
Service Request	G2169	SERVICES PERFORMED BY OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH SETTING, EACH 15 MIN	Auth Required	
Service Request	G6016	COMPENSATOR-BASED BEAM MOD TX DEL OF INVERSE PLANNED TX, PER SESSION	Auth Required	
Medication	J0120	TETRACYCLINE UP TO 250MG INJ	Auth Not Required	
Medication	J0121	INJ, OMADACYCLINE, 1 MG	Not Covered	
Medication	J0122	INJ, ERAVACYCLINE, 1 MG	Auth Required	
Medication	J0129	ABATACEPT INJ,10MG	Auth Required	Auth Required. Subcutaneous therapy goes through retail pharmacy benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J0130	ABCIXMAB 10MG INJECTION	Auth Not Required	

Medication	J0131	INJ, ACETAMINOPHEN, 10 MG	Auth Not Required	
Medication	J0132	ACETYLCYSTEINE INJECTION	Auth Not Required	
Medication	J0133	ACYCLOVIR INJECTION	Auth Not Required	
Medication	J0134	INJECTION, ACETAMINOPHEN (FRESENIUS KABI), 10 MG	Auth Not Required	
Medication	J0135	ADALIMUMAB INJECTION	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J0136	INJECTION, ACETAMINOPHEN (B BRAUN), 10 MG	Auth Not Required	
Medication	J0153	INJ, ADENOSINE, 1 MG	Auth Not Required	
Medication	J0171	ADRENALIN EPINEPHRINE 0.1 MG INJ	Auth Not Required	
Medication	J0172	INJ, ADUCANUMAB-AVWA, 2 MG	Auth Required	
Medication	J0173	INJECTION, EPINEPHRINE (BELCHER) NOT THERAPEUTICALLY EQUIVALENT TO J0171, 0.1 MG	Auth Not Required	
Medication	J0178	INJ, AFLIBERCEPT, 1 MG	Auth Required	
Medication	J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	Auth Required	
Medication	J0180	AGALSIDASE BETA INJECTION	Auth Required	
Medication	J0185	INJ, APREPITANT, 1 MG	Auth Not Required	
Medication	J0190	BIPERIDEN LACTATE PER 5MG INJ	Auth Not Required	
Medication	J0200	ALATROFLOXACIN MESYL 100MG INJ	Auth Not Required	
Medication	J0202	INJ, AALEMTUZUMAB, 1 MG	Auth Required	
Medication	J0205	ALGLUCERASE PER 10 UNITS INJ	Auth Required	
Medication	J0207	AMIFOSTINE 500 MG	Auth Not Required	
Medication	J0210	METHYL HCI UP TO 250MG INJ	Auth Not Required	
Medication	J0219	INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG	Not Covered	
Medication	J0220	ALGUCOSIDASE ALFA 10MG INJ	Auth Required	
Medication	J0221	INJ, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	Auth Required	
Medication	J0222	INJ, PATISIRAN, 0.1 MG	Auth Required	
Medication	J0223	INJECTION, GIVOSIRAN, 0.5 MG	Auth Required	
Medication	J0224	INJECTION, LUMASIRAN, 0.5 MG	Auth Required	
Medication	J0225	INJECTION, VUTRISIRAN, 1 MG	Auth Required	
Medication	J0248	INJ, REMDESIVIR, 1MG	Auth Required	
Medication	J0256	ALPHA 1 PROTEINASE INH 10MG	Auth Required	
Medication	J0257	INJ, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	Auth Required	
Medication	J0270	ALPROSTADIL PER 1.25MCG INJ	Auth Not Required	
Medication	J0275	ALPROSTADIL URETHRAL SUPPOSIT RY	Auth Not Required	
Medication	J0278	AMIKACIN SULFATE INJECTION	Auth Not Required	
Medication	J0280	AMINOPHYLLIN TO 250MG INJ	Auth Not Required	
Medication	J0282	AMIODARONE HCL 30 MG INJ	Auth Not Required	
Medication	J0283	INJECTION, AMIODARONE HYDROCHLORIDE (NEXTERONE), 30 MG	Auth Not Required	
Medication	J0285	AMPHOTER B ANY LIPID 50MG INJ	Auth Not Required	
Medication	J0287	AMPHOTERICIN B LIPID COMPLEX 10MG	Auth Not Required	
Medication	J0288	AMPHOTERCIN B CHOL SULF 10MG	Auth Not Required	
Medication	J0289	AMPHOTERICIN B LIPOSOME 10MG	Auth Not Required	
Medication	J0290	AMPICILLIN 500 MG INJ	Auth Not Required	
Medication	J0291	INJ, PLAZOMICIN, 5 MG	Auth Not Required	
Medication	J0295	AMPICILLIN SODIUM PER 1.5 GM	Auth Not Required	
Medication	J0300	AMOBARBITAL TO 125 MG INJ	Auth Not Required	
Medication	J0330	SUCCINYCHOLINE CHL TO 20MG INJ	Auth Not Required	
Medication	J0348	ANIDULAFUNGIN INJ, 1MG	Auth Not Required	
Medication	J0350	ANISTREPLASE PER 30 UNITS INJ	Auth Not Required	
Medication	J0360	HYDRALAZINE HCL UP TO 20MG INJ	Auth Not Required	

Medication	J0364	APOMORPHINE HYDROCHL INJ, 1MG	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J0365	APROTONIN, 10,000 KIU	Auth Not Required	
Medication	J0380	METARAMINOL BITAR PER 10MG	Auth Not Required	
Medication	J0390	CHLOROQUINE HCL TO 250MG INJ	Auth Not Required	
Medication	J0395	ARBUTAMINE HCL 1MG INJ	Auth Not Required	
Medication	J0400	ARIPIRAZOLE INJ 0.25MG	Auth Not Required	
Medication	J0401	INJECTION ARIPIRAZOLE EXTENDED RELEASE 1 MG	Auth Required	
Medication	J0456	AZITHROMYCIN 500MG INJ	Auth Not Required	
Medication	J0461	ATROPINE SULFATE INJ 0.01MG	Auth Not Required	
Medication	J0470	DIMERCAPROL 100MG INJ	Auth Not Required	
Medication	J0475	BACLOFEN 10 MG INJECTION	Auth Not Required	
Medication	J0476	BACLOFEN 50MCG INJ	Auth Not Required	
Medication	J0480	BASILIXIMAB	Auth Required	
Medication	J0485	INJ, BELATACEPT, 1 MG	Auth Required	
Medication	J0490	INJ, BELIMUMAB, 10 MG	Auth Required	
Medication	J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG	Auth Required	
Medication	J0500	DICYCLOMINE HCL UP TO 20MG	Auth Not Required	
Medication	J0515	BENZTROPINE MESYLATE 1MG INJ	Auth Not Required	
Medication	J0517	INJ, BENRALIZUMAB, 1 MG	Auth Required	
Medication	J0520	BETHANECHOL CH MYT URE 5MG INJ	Auth Not Required	
Medication	J0558	PENG BENZATHINE/PROCAINE 100,000 U INJ	Auth Not Required	
Medication	J0561	PENICILLIN G BENZATHINE 100,000 U INJ	Auth Not Required	
Medication	J0565	INJ, BEZLOTOXUMAB, 10 MG	Auth Required	
Medication	J0567	INJECTION, CERLIPONASE ALFA 1 MG	Auth Required	
Medication	J0570	BUPRENORPHINE IMPLANT, 74.2 MG	Auth Required	
Medication	J0571	BUPRENORPHINE, ORAL, 1 MG	Auth Not Required	
Medication	J0572	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG	Auth Not Required	
Medication	J0573	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG	Auth Not Required	
Medication	J0574	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG	Auth Not Required	
Medication	J0575	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG	Auth Not Required	
Medication	J0583	BIVALIRUDIN	Auth Not Required	
Medication	J0584	INJECTION, BUROSUMAB-TWZA 1M	Auth Required	
Medication	J0585	BOTULINUM TOXIN A PER UNIT	Auth Not Required	Auth Not Required. Not Covered for DX: L11.8, L57.2, L57.4, L66.4, L87.1, L90.3, L90.4, L92.2, L94.8, L98.5, L98.6
Medication	J0586	ABOBOTULINUMTOXINA 5 UNITS	Auth Not Required	Auth Not Required. Not Covered for DX: L11.8, L57.2, L57.4, L66.4, L87.1, L90.3, L90.4, L92.2, L94.8, L98.5, L98.6
Medication	J0587	BOTULINUM TOXIN TYPE B/100 UNI	Auth Not Required	Auth Not Required. Not Covered for DX: L11.8, L57.2, L57.4, L66.4, L87.1, L90.3, L90.4, L92.2, L94.8, L98.5, L98.6
Medication	J0588	INJ, INCOBOTULINUMTOXIN A, 1 UNIT	Auth Not Required	Auth Not Required. Not Covered for DX: L11.8, L57.2, L57.4, L66.4, L87.1, L90.3, L90.4, L92.2, L94.8, L98.5, L98.6
Medication	J0591	INJECTION, DEOXYCHOLIC ACID, 1 MG	Not Covered	Plan Exclusion not covered for cosmetic use.

Medication	J0592	BUPRENOPHRINE HCL 0.1MG INJ	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J0593	INJ, LANADELUMAB-FLYO, 1 MG	Auth Required	
Medication	J0594	BUSULFAN INJ, 1MG	Auth Not Required	
Medication	J0595	BUTORPHANOL TARTRATE, 1MG	Auth Not Required	
Medication	J0596	INJ, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	Auth Required	
Medication	J0597	C-1 ESTERASE, BERINERT 10 UNITS INJ	Auth Required	
Medication	J0598	C1 ESTERASE INHIBITOR INJ 10 UNITS	Auth Required	
Medication	J0599	INJECTION, HAEGARDA 10 UNITS	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J0600	EDETATE CALCIUM DISODIUM INJ	Auth Not Required	
Medication	J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	Auth Not Required	
Medication	J0606	INJ, ETELCALCETIDE, 0.1 MG	Auth Not Required	
Medication	J0610	CALCIUM GLUCONATE PER 10ML INJ	Auth Not Required	
Medication	J0611	INJECTION, CALCIUM GLUCONATE (WG CRITICAL CARE), PER 10 ML	Auth Not Required	
Medication	J0620	CALCIUM GLYCER LACT 10 ML INJ	Auth Not Required	
Medication	J0630	CALCITONIN SALMON 400 UNIT INJ	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J0636	CALCITRIOL INJ 0.1 MG	Auth Not Required	
Medication	J0637	CASPOFUNGIN ACETATE 5MG INJ	Auth Required	
Medication	J0638	CANAKINUMAB 1 MG INJECTION	Auth Required	
Medication	J0640	LEUCOVORIN CALCIUM 50MG INJ	Auth Not Required	
Medication	J0641	LEVOLEUCOVORIN CAL 0.5MG INJ	Auth Not Required	
Medication	J0642	INJ, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	Auth Required	
Medication	J0670	MEPIVACAINE HCL 10ML INJ	Auth Not Required	
Medication	J0689	INJECTION, CEFAZOLIN SODIUM (BAXTER), 500 MG	Auth Not Required	
Medication	J0690	CEFAZOLIN SODIUM 500MG INJ	Auth Not Required	
Medication	J0691	INJECTION, LEFAMULIN, 1 MG	Auth Required	
Medication	J0692	CEFEPIME HYDROCHLORIDE INJ 500MG	Auth Not Required	
Medication	J0694	CEFOXITIN SODIUM 1GM INJ	Auth Not Required	
Medication	J0695	INJ, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	Auth Required	
Medication	J0696	CEFTRIAXONE SODIUM 250MG INJ	Auth Not Required	
Medication	J0697	STERILE CEFUROXIME 750MG INJ	Auth Not Required	
Medication	J0698	CEFOTAXIME SODIUM PER G	Auth Not Required	
Medication	J0699	INJ, CEFIDEROCOL, 10 MG	Auth Required	
Medication	J0701	INJECTION, CEFAZOLIN SODIUM (BAXTER), 500 MG	Auth Not Required	
Medication	J0702	BETAMETH ACET 3MG W SOD PHOS 3MG	Auth Not Required	
Medication	J0703	INJECTION, CEFEPIME HYDROCHLORIDE (B BRAUN), 500 MG	Auth Not Required	
Medication	J0706	CAFFEINE CITRATE INJ 5 MG	Auth Not Required	
Medication	J0710	CEPHAPIRIN SODIUM 1GM INJ	Auth Not Required	
Medication	J0712	INJ, CEFAROLINE FOSAMIL, 10 MG	Auth Required	
Medication	J0713	CEFTAZIDIME PER 500MG INJ	Auth Not Required	
Medication	J0714	INJ, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	Auth Required	
Medication	J0715	CEFTIZOXIME SODIUM 500 MG INJ	Auth Not Required	
Medication	J0716	INJ, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS	Auth Not Required	
Medication	J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J0720	CHLORAMPHENICOL SOD SUC 1G INJ	Auth Not Required	
Medication	J0725	CHOR GONADOTROPIN 1000U INJ	Not covered	

Medication	J0735	CLONIDINE HCL 1 MG INJ	Auth Not Required	
Medication	J0739	INJECTION, CABOTEGRAVIR, 1 MG	Auth Required	
Medication	J0740	CIDOFOVIR 375MG INJECTION	Auth Not Required	
Medication	J0741	INJ, CABOTEGRAVIR AND RILPIVIRINE, 2MG/3MG	Auth Required	
Medication	J0742	INJECTION, IMIPENEM 4 MG, CILASTATIN 4 MG AND RELEBACTAM 2 MG	Auth Required	
Medication	J0743	CILASTATIN SOD IMIP 250MG INJ	Auth Not Required	
Medication	J0744	CIPROFLOXACIN IV INF,200MG	Auth Not Required	
Medication	J0745	CODEINE PHOSPHATE 30 MG INJ	Auth Not Required	
Medication	J0770	COLISTIMETHATE SOD 150MG INJ	Auth Not Required	
Medication	J0775	COLLAGENASE, CLOST HIST 0.01 MG INJ	Auth Required	
Medication	J0780	PROCHLORPERAZINE TO 10MG INJ	Auth Not Required	
Medication	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Auth Required	
Medication	J0795	CORTICORELIN OVINE TRIFLUTAL	Auth Not Required	
Medication	J0800	CORTICOTROPIN UP TO 40 UN INJ	Auth Required	
Medication	J0834	COSYNTROPIN CORTROSYN INJ 0.25MG	Auth Not Required	
Medication	J0840	INJ, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	Auth Not Required	
Medication	J0841	INJ, CROTALIDAE IMMUNE F(AB)2 (EQUINE), 120 MG	Auth Not Required	
Medication	J0850	CYTOMEGALOVIRUS IMM IV VIAL	Auth Required	
Medication	J0875	INJ, DALBAVANCIN, 5MG	Auth Required	
Medication	J0877	INJECTION, DAPTOMYCIN (HOSPIRA), 1 MG	Auth Not Required	
Medication	J0878	DAPTOMYCIN INJECTION	Auth Not Required	
Medication	J0879	INJECTION, DIFELIKEFALIN, 0.1 MICROGRAM	Auth Required	
Medication	J0881	DARBEPOTIN ALFA INJ 1 MCG	Auth Required	
Medication	J0882	DARBEPO ALFA INJ ESRD 1MCG	Auth Required	
Medication	J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	Auth Not Required	
Medication	J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	Auth Not Required	
Medication	J0885	EPOETIN ALFA (NON ESRD)1000 UNITS	Auth Required	
Medication	J0887	INJ, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	Auth Required	
Medication	J0888	INJECTIN, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	Auth Required	
Medication	J0890	INJECTION, PEGINESATIDE, 0. 1 MG (FOR ESRD ON DIALYSIS)	Auth Required	
Medication	J0891	INJECTION, ARGATROBAN (ACCORD), 1 MG (FOR NON-ESRD USE)	Auth Not Required	
Medication	J0892	INJECTION, ARGATROBAN (ACCORD), 1 MG (FOR ESRD ON DIALYSIS)	Auth Not Required	
Medication	J0893	INJECTION, DECITABINE (SUN PHARMA), 1 MG	Auth Required	
Medication	J0894	DECITABINE INJ, 1MG	Auth Required	
Medication	J0895	DEFEROX MESY 500MG PER 5CC INJ	Auth Not Required	
Medication	J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG	Auth Required	
Medication	J0897	INJ, DENOSUMAB, 1 MG	Auth Required	
Medication	J0898	INJECTION, ARGATROBAN (AUROMEDICS), 1 MG (FOR NON-ESRD USE)	Auth Not Required	
Medication	J0899	INJECTION, ARGATROBAN (AUROMEDICS), 1 MG (FOR ESRD ON DIALYSIS)	Auth Not Required	
Medication	J0945	BROMPHENIRAMINE MAL 10MG INJ	Auth Not Required	
Medication	J1000	DEPO ESTRADIOL CYP1 5MG INJ	Auth Not Required	
Medication	J1020	METHYLPREDNISOLONE 20 MG INJ	Auth Not Required	
Medication	J1030	METHYLPREDNISOLONE 40 MG INJ	Auth Not Required	
Medication	J1040	METHYLPRED ACETATE 80MG INJ	Auth Not Required	
Medication	J1050	INJ, MEDROXYPROGESTERONE ACETATE, 1 MG	Auth Not Required	
Medication	J1071	INJ, TESTOSTERONE CYPIONATE, 1MG	Auth Not Required	
Medication	J1094	DEXAMETHASONE ACETATE 1 MG INJ	Auth Not Required	
Medication	J1095	INJECTION, DEXAMETHASONE 9%	Auth Not Required	
Medication	J1096	DEXAMETHASONE, OPTH INSERT, 0.1 MG	Auth Required	
Medication	J1097	PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPTH IRRIGATION SOL, 1 ML	Auth Not Required	
Medication	J1100	DEXAMETHASONE SOD PHOS 1MG	Auth Not Required	
Medication	J1110	DIHYDROERGOTAMINE INJECTION 1MG	Auth Not Required	

Medication	J1120	ACETAZOLAMID SODIUM INJECTIO	Auth Not Required	
Medication	J1130	INJ, DICLOFENAC SODIUM, 0.5 MG	Auth Not Required	
Medication	J1160	DIGOXIN INJECTION	Auth Not Required	
Medication	J1162	DIGOXIN IMMUNE FAB (OVINE)	Auth Not Required	
Medication	J1165	PHENYTOIN SODIUM INJECTION	Auth Not Required	
Medication	J1170	HYDROMORPHONE INJECTION	Auth Not Required	
Medication	J1180	DYPHYLLINE INJECTION	Auth Not Required	
Medication	J1190	DEXRAZOXANE HCL INJECTION 250 MG	Auth Not Required	
Medication	J1200	DIPHENHYDRAMINE HCL UP TO 50MG	Auth Not Required	
Medication	J1201	INJECTION, CETIRIZINE HYDROCHLORIDE, 0.5 MG	Auth Not Required	
Medication	J1205	CHLOROTHIAZIDE SODIUM INJ	Auth Not Required	
Medication	J1212	DIMETHYL SULFOXIDE 50% 50 ML	Auth Not Required	
Medication	J1230	METHADONE INJECTION	Auth Not Required	
Medication	J1240	DIMENHYDRINATE INJECTION	Auth Not Required	
Medication	J1245	DIPYRIDAMOLE INJECTION	Auth Not Required	
Medication	J1250	DOBUTAMINE HCL,PER 250 MG	Auth Not Required	
Medication	J1260	DOLASETRON MESYLATE 10MG INJ	Auth Not Required	
Medication	J1265	DOPAMINE INJECTION	Auth Not Required	
Medication	J1267	DORIPENEM 10MG INJ	Auth Not Required	
Medication	J1270	DOXERCALCIFEROL, 1 MCG INJ	Auth Not Required	
Medication	J1290	ECALLANTIDE 1 MG INJECTION	Auth Required	
Medication	J1300	ECULIZUMAB 10MG INJ	Auth Required	
Medication	J1301	INJ, EDARAVONE, 1 MG	Auth Required	
Medication	J1302	INJECTION, SUTIMLIMAG-JOME, 10 MG	Auth Required	
Medication	J1303	INJ, RAVULIZUMAB-CWVZ, 10 MG	Auth Required	
Medication	J1305	INJ, EVINACUMAB-DGNB, 5MG	Auth Required	
Medication	J1306	INJECTION, INCLISIRAN, 1 MG	Auth Required	
Medication	J1320	AMITRIPTYLINE INJECTION	Auth Not Required	
Medication	J1322	INJ, ELOSULFASE ALFA, 1MG	Auth Required	
Medication	J1324	ENFUVIRTIDE INJ, 1MG	Auth Required	
Medication	J1325	EPOPROSTENOL,0.5 MG	Auth Not Required	
Medication	J1327	EPTIFIBATIDE 5MG INJ	Auth Not Required	
Medication	J1330	ERGONOVINE MALEATE INJECTION	Auth Not Required	
Medication	J1335	ERTAPENEM SODIUM 500MG	Auth Not Required	
Medication	J1364	ERYTHRO LACTOBIONATE /500 MG	Auth Not Required	
Medication	J1380	ESTRADIOL VALERATE 10 MG INJ	Auth Not Required	
Medication	J1410	INJ ESTROGEN CONJUGATE 25 MG	Auth Not Required	
Medication	J1426	INJ, CASIMERSEN, 10 MG	Auth Required	
Medication	J1427	INJECTION, VILTOLARSEN, 10 MG	Not Covered	
Medication	J1428	INJ, ETEPLIRSEN, 10 MG	Not Covered	
Medication	J1429	INJECTION, GOLODIRSEN, 10 MG	Not Covered	
Medication	J1430	ETHANOLAMINE OLEATE 100 MG	Auth Not Required	
Medication	J1435	INJECTION ESTRONE PER 1 MG	Auth Not Required	
Medication	J1436	ETIDRONATE DISODIUM INJ	Auth Not Required	
Medication	J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	Auth Required	
Medication	J1438	ETANERCEPT 25MG INJ	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1439	INJ, FERRIC CARBOXYMALTOSE, 1MG	Auth Required	
Medication	J1442	INJECTION FILGRASTIM G-CSF 1 MICROGRAM	Auth Required	
Medication	J1443	INJ, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON	Auth Required	
Medication	J1444	INJ, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON	Auth Not Required	
Medication	J1445	INJ. FERRIC PYROPHOSPHATE CIT SOL 0.1 MG OF IRON	No Auth Required	

Medication	J1447	INJ, TBO-FILGRASTIM, 1 MICROGRAM	Auth Required	
Medication	J1448	INJ, TRILACICLIB, 1MG	Auth Required	
Medication	J1450	FLUCONAZOLE 200MG INJ	Auth Not Required	
Medication	J1451	FOMEPIZOLE, 15 MG	Auth Not Required	
Medication	J1452	FOMIVIRSEN SOD INTRAOC 1.65 MG	Auth Not Required	
Medication	J1453	FOSAPREPITANT 1MG INJ	Auth Not Required	
Medication	J1454	INJ, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	Auth Not Required	
Medication	J1455	FOSCARNET SODIUM 1,000MG INJ	Auth Not Required	
Medication	J1456	INJECTION, FOSAPREPITANT (TEVA), 1 MG	Auth Not Required	
Medication	J1457	GALLIUM NITRATE INJECTION	Auth Not Required	
Medication	J1458	GALSULFASE INJ, 1MG	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1459	IMMUNE GLOBULIN 500MG INJ	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1460	GAMMA GLOBULIN 1 CC INJ	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	Auth Required	
Medication	J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	Not Covered	
Medication	J1555	INJ, IMMUNE GLOBULIN (CUVITRU), 100 MG	Auth Required	
Medication	J1556	INJECTION IMMUNE GLOBULIN BIVIGAM 500 MG	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), IV, NON-LYOPHILIZED (E.G.	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Auth Required	
Medication	J1559	HIZENTRA 100 MG INJECTION	Auth Required	
Medication	J1560	GAMMA GLOBULIN >10 CC INJ	Auth Required	
Medication	J1561	IMMUNE GLOBULIN IV 500MG	Auth Required	
Medication	J1562	IMMUNE GLOBULIN INJ 1000MG	Auth Required	
Medication	J1566	IMMUNE GLOBULIN, POWDER	Auth Required	
Medication	J1568	OCTAGAM INJECTION	Auth Required	
Medication	J1569	GAMMAGARD LIQUID INJECTION	Auth Required	
Medication	J1570	GANCICLOVIR SODIUM 500MG INJ	Auth Not Required	
Medication	J1571	HEPAGAM B IM INJECTION	Auth Not Required	
Medication	J1572	IMMUNE GLOBULIN IV 500MG, NONLYOPHILIZED	Auth Required	
Medication	J1573	HEPAGAM B INTRAVENOUS, INJ	Auth Not Required	
Medication	J1574	INJECTION, GANCICLOVIR SODIUM (EXELA), 500 MG	Auth Not Required	
Medication	J1575	INJ, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	Not Covered	
Medication	J1580	GARAMYCIN GENTAMICIN 80MG INJ	Auth Not Required	
Medication	J1595	INJECTION GLATIRAMER ACETATE	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1599	IVIG NON-LYOPHILIZED 500 MG IV	Auth Required	
Medication	J1600	GOLD SOD THIOMALEATE 50MG INJ	Auth Not Required	
Medication	J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE	Auth Required	
Medication	J1610	GLUCAGON HYDROCHLOR 1 MG INJ	Auth Not Required	
Medication	J1611	INJECTION, GLUCAGON HYDROCHLORIDE (FRESENIUS KABI), PER 1 MG	Auth Not Required	
Medication	J1620	GONADORELIN HYDRO 100 MCG INJ	Auth Not Required	

Medication	J1626	GRANISETRON HCL 100 MCG	Auth Not Required	
Medication	J1627	INJ, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	Auth Required	
Medication	J1628	INJ, GUSELKUMAB, 1 MG	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1630	HALOPERIDOL UP TO 5MG INJ	Auth Not Required	
Medication	J1631	HALOPERIDOL DECANOATE 50MG INJ	Auth Not Required	
Medication	J1632	INJECTION, BREXANOLONE, 1 MG	Auth Required	
Medication	J1640	INJ, HEMIN, 1 MG	Auth Required	
Medication	J1642	HEPARIN SODIUM 10 UNITS INJ	Auth Not Required	
Medication	J1643	INJECTION, HEPARIN SODIUM (PFIZER), PER 1000 UNITS	Auth Not Required	
Medication	J1644	HEPARIN SODIUM PER 1000U INJ	Auth Not Required	
Medication	J1645	DALTEPARIN SODIUM PER 2500 IU	Auth Not Required	
Medication	J1650	ENOXAPARIN SODIUM 10 MG INJ	Auth Not Required	
Medication	J1652	FONDAPARINUX SOD 0.5MG INJ	Auth Not Required	
Medication	J1655	TINZAPARIN SODIUM,1000 IU INJ	Auth Not Required	
Medication	J1670	TETANUS IMM GLOB TO 250MG INJ	Auth Not Required	
Medication	J1675	HISTRELIN ACETATE	Auth Required	
Medication	J1700	HYDROCORTISONE ACET 25MG INJ	Auth Not Required	
Medication	J1710	HYDROCORTISONE SOD PH 50MG INJ	Auth Not Required	
Medication	J1720	HYDROCORT SOD SUCC 100MG INJ	Auth Not Required	
Medication	J1726	INJ, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOS, 10 MG	Auth Required	
Medication	J1730	DIAZOXIDE UP TO 300MG INJ	Auth Not Required	
Medication	J1738	INJECTION, MELOXICAM, 1 MG	Auth Required	
Medication	J1740	IBANDRONATE SODIUM INJ, 1MG	Auth Not Required	
Medication	J1741	INJ, IBUPROFEN, 100 MG	Auth Not Required	
Medication	J1742	IBUTILIDE FUMARATE 1 MG INJ	Auth Not Required	
Medication	J1743	IDURSULFASE INJECTION	Auth Required	
Medication	J1744	INJ, ICATIBANT, 1 MG	Auth Required	
Medication	J1745	INFLIXIMAB 10MG INJ	Auth Required	
Medication	J1746	INJ, IBALIZUMAB-UIYK, 10 MG	Auth Required	
Medication	J1750	IRON DEXTRAN 50MG INJ	Auth Required	
Medication	J1756	IRON SUCROSE 1 MG INJ	Auth Required	
Medication	J1786	IMUGLUCERASE 10 UNIT INJECTION	Auth Required	
Medication	J1790	DROPERIDOL INJ UP TO 5MG	Auth Not Required	
Medication	J1800	PROPRANOLOL HCL TO 1MG INJ	Auth Not Required	
Medication	J1810	DROPER FENTANYL CIT TO 2ML AMP	Auth Not Required	
Medication	J1815	INSULIN PER 5 UNITS INJ	Auth Not Required	
Medication	J1817	INSULIN ADM THROUGH DME/50 UN	Auth Not Required	
Medication	J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	Auth Required	
Medication	J1826	INTERFERON BETA-1A 30MCG INJ	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1830	INTERFERON BETA 1B 0.25 MG	Auth Not Required	
Medication	J1833	INJ, ISAVUCONAZONIUM, 1 MG	Auth Required	
Medication	J1835	ITRACONAZOLE, 50 MG INJ	Auth Not Required	
Medication	J1840	KANAMYCIN SULFATE 500 MG INJ	Auth Not Required	
Medication	J1850	KANAMYCIN SULFATE 75 MG INJ	Auth Not Required	
Medication	J1885	KETOROLAC TROM PER 15MG INJ	Auth Not Required	
Medication	J1890	CEPHALOTHIN SODIUM TO 1G INJ	Auth Not Required	

Medication	J1930	IANREOTIDE 1MG INJ	Auth Required	
Medication	J1931	LARONIDASE INJECTION	Auth Required	
Medication	J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG	Auth Required	
Medication	J1940	FUROSEMIDE TO 20MG INJ	Auth Not Required	
Medication	J1943	INJ, ARIPIRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	Auth Required	
Medication	J1944	INJ, ARIPIRAZOLE LAUROXIL, (ARISTADA), 1 MG	Auth Required	
Medication	J1945	LEPIRUDIN	Auth Not Required	
Medication	J1950	LEUPROLIDE ACETATE 3.75MG INJ	Auth Required	
Medication	J1951	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	Not Covered	
Medication	J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG	Auth Required	
Medication	J1953	LEVETIRACETAM 10MG INJ	Auth Not Required	
Medication	J1955	LEVOCARNITINE PER 1G INJ	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J1956	LEVOFLOXACIN 250MG INJ	Auth Not Required	
Medication	J1960	LEVORPHANOL TARTRATE 2MG INJ	Auth Not Required	
Medication	J1980	HYOSCYAMINE SULF 0.25MG INJ	Auth Not Required	
Medication	J1990	CHLORDIAZEPOXIDE HCL 100MG INJ	Auth Not Required	
Medication	J2001	LIDOCAINE HCl IV,10 MG, INJ	Auth Not Required	
Medication	J2010	LINCOMYCIN HCL 300MG INJ	Auth Not Required	
Medication	J2020	INJ, LINEZOLID, 200 MG	Auth Not Required	
Medication	J2021	INJECTION, LINEZOLID (HOSPIRA), 200 MG	Auth Not Required	
Medication	J2060	LORAZEPAM 2MG INJ	Auth Not Required	
Medication	J2062	LOXAPINE, INHALATION, 1 MG	Auth Required	
Medication	J2150	MANNITOL 25% IN 50ML INJ	Auth Not Required	
Medication	J2170	MECASERMIN INJ, 1MG	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J2175	MEPERIDINE HYDROCHL 100MG INJ	Auth Not Required	
Medication	J2180	MEPERIDINE PROM HCL 50MG INJ	Auth Not Required	
Medication	J2182	INJ, MEPOLIZUMAB, 1 MG	Auth Required	
Medication	J2184	INJECTION, MEROPENEM (B. BRAUN), 100 MG	Auth Not Required	
Medication	J2185	MEROPENEM	Auth Not Required	
Medication	J2186	INJ, MEROPENEM AND VABORBACTAM, 10MG/10MG (20MG)	Auth Not Required	
Medication	J2210	METHYLERGONOVIN MAL 0.2MG INJ	Auth Not Required	
Medication	J2212	INJECTION, METHYLNALTREXONE, 0. 1 MG	Auth Not Required	
Medication	J2247	INJECTION, MICA FUNGIN SODIUM (PAR PHARM), 1 MG	Auth Not Required	
Medication	J2248	MICA FUNGIN SODIUM INJ,1MG	Auth Not Required	
Medication	J2250	MIDAZOLAM HCL PER 1 MG INJ	Auth Not Required	
Medication	J2251	INJECTION, MIDAZOLAM HYDROCHLORIDE (WG CRITICAL CARE), PER 1 MG	Auth Not Required	
Medication	J2260	MILRINONE LACTATE 5 ML INJ	Auth Not Required	
Medication	J2265	INJ, MINOCYCLINE HYDROCHLORIDE, 1 MG	Auth Not Required	
Medication	J2270	MORPHINE SULFATE 10MG INJ	Auth Not Required	
Medication	J2272	INJECTION, MORPHINE SULFATE (FRESENIUS KABI), UP TO 10 MG	Auth Not Required	
Medication	J2274	INJ, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG	Auth Not Required	
Medication	J2278	ZICONOTIDE INJECTION	Auth Required	
Medication	J2280	INJ, MOXIFLOXACIN 100 MG	Auth Not Required	
Medication	J2281	INJECTION, MOXIFLOXACIN (FRESENIUS KABI), 100 MG	Auth Not Required	
Medication	J2300	NALBUPHINE HCL PER 10 MG INJ	Auth Not Required	
Medication	J2310	NALOXONE HCL PER 1 MG INJ	Auth Not Required	
Medication	J2311	INJECTION, NALOXONE HYDROCHLORIDE (ZIMHI), 1 MG	Auth Not Required	

Medication	J2315	NALTREXONE EPOT INJ, 1MG	Auth Not Required	
Medication	J2320	NANDROLONE DECANOATE 50 MG INJ	Auth Not Required	
Medication	J2323	NATALIZUMAB 1MG INJ	Auth Required	
Medication	J2325	NESIRITIDE INJECTION	Auth Not Required	
Medication	J2326	INJ, NUSINERSEN, 0.1 MG	Auth Required	
Medication	J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	Auth Required	
Medication	J2350	INJ, OCRELIZUMAB, 1 MG	Auth Required	
Medication	J2353	OCTREOTIDE DEPOT IM INJ, 1MG	Auth Required	
Medication	J2354	OCTREOTIDE NON-D SUBC/IV,25MG	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J2355	OPRELVEKIN 5 MG INJ	Auth Not Required	
Medication	J2356	INJECTION, TEZEPelumab-EKKO, 1 MG	Auth Required	
Medication	J2357	OMALIZUMAB INJECTION	Auth Required	
Medication	J2358	OLANZAPINE LONG-ACTING 1 MG INJ	Auth Not Required	
Medication	J2360	ORPHENADRINE CIT 60MG INJ	Auth Not Required	
Medication	J2370	PHENYLEPHRINE HCL 1ML INJ	Auth Not Required	
Medication	J2401	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 1 MG	Auth Not Required	
Medication	J2402	INJECTION, CHLOROPROCAINE HYDROCHLORIDE (CLOROTEKAL), PER 1 MG	Auth Not Required	
Medication	J2405	ONDANSETRON HCL 1MG INJ	Auth Not Required	
Medication	J2406	INJ, ORITAVANCIN (KIMYRSA), 10 MG	Auth Required	
Medication	J2407	INJ, ORITAVANCIN, 10 MG	Auth Required	
Medication	J2410	OXYMORPHONE HCL 1MG INJ	Auth Not Required	
Medication	J2425	PALIFERMIN INJECTION	Auth Required	
Medication	J2426	PALIPERIDONE PALMITATE 1 MG INJ	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J2430	PAMIDRONATE DISODIUM 30MG INJ	Auth Not Required	
Medication	J2440	PAPAVERINE HCL 60MG INJ	Auth Not Required	
Medication	J2460	OXYTETRACYCLINE TO 50MG INJ	Auth Not Required	
Medication	J2469	PALONOSETRON HCL	Auth Not Required	
Medication	J2501	PARICALCITOL 1 MCG INJ	Auth Not Required	
Medication	J2502	INJ, PASIREOTIDE LONG ACTING, 1 MG	Auth Required	
Medication	J2503	PEGAPTANIB SODIUM INJECTION	Auth Required	
Medication	J2506	INJ, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	Auth Not Required	
Medication	J2507	INJ, PEGLOTICASE, 1 MG	Auth Required	
Medication	J2510	PENIC G PROC TO 600,000 U INJ	Auth Not Required	
Medication	J2513	PENTASTARCH 10% SOLUTION	Auth Not Required	
Medication	J2515	PENTOBARBITAL SODIUM 50MG INJ	Auth Not Required	
Medication	J2540	PENICILLIN G POTASS 50MG INJ	Auth Not Required	
Medication	J2543	PIPERAC SOD TAZO SOD 1.12G INJ	Auth Not Required	
Medication	J2545	PENTAMIDINE ISETH 300MG INJ	Auth Not Required	
Medication	J2547	INJ, PERAMIVIR, 1 MG	Auth Not Required	
Medication	J2550	PROMETHAZINE HCL 50MG INJ	Auth Not Required	
Medication	J2560	PHENOBARBITAL SOD 120MG INJ	Auth Not Required	
Medication	J2562	PLERIXAFOR INJECTION 1MG	Auth Required	
Medication	J2590	OXYTOCIN TO 10 UNITS INJ	Auth Not Required	
Medication	J2597	DESMOPRESSIN ACETATE 1 MCG INJ	Auth Not Required	
Medication	J2650	PREDNISOLONE ACET 1ML INJ	Auth Not Required	
Medication	J2670	TOLAZOLINE HCL TO 25MG INJ	Auth Not Required	
Medication	J2675	PROGESTERONE PER 50MG INJ	Auth Not Required	
Medication	J2680	FLUPHENAZINE DECAN 25 MG INJ	Auth Not Required	
Medication	J2690	PROCAINAMIDE HCL 1G INJ	Auth Not Required	

Medication	J2700	OXACILLIN SOD 250MG INJ	Auth Not Required	
Medication	J2704	INJ, PROPOFOL, 10 MG	Auth Not Required	
Medication	J2710	NEOSTIGMINE METHYL 0.5MG INJ	Auth Not Required	
Medication	J2720	PROTAMINE SULFATE 10 MG INJ	Auth Not Required	
Medication	J2724	PROTEIN C CONCENTRATE	Auth Required	
Medication	J2725	PROTIRELIN PER 250 MCG INJ	Auth Not Required	
Medication	J2730	PRALIDOXIME CHLORIDE 1G INJ	Auth Not Required	
Medication	J2760	PHENTOLAMINE MESYLATE 5MG ING	Auth Required	
Medication	J2765	METOCLOPRAMIDE HCL 10MG INJ	Auth Not Required	
Medication	J2770	QUINUPRISTIN/DALFOPRIST 500 MG	Auth Not Required	
Medication	J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG	Auth Required	
Medication	J2778	RANIBIZUMAB 0.1MG INJ	Auth Required	
Medication	J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	Auth Required	
Medication	J2780	RANITIDINE HYDROCHLOR 25MG INJ	Auth Not Required	
Medication	J2783	RASBURICASE	Auth Required	
Medication	J2785	REGADENOSON 0.1MG INJ	Auth Not Required	
Medication	J2786	INJ, RESLIZUMAB, 1 MG	Auth Required	
Medication	J2787	RIBOFLAVIN 5-PHOSPHATE, OPHTHALMIC SOLUTION, UP TO 3 ML	Auth Required	
Medication	J2788	RHO D IMMUNE GLOBULIN,HUMA 50MCG INJ	Auth Not Required	
Medication	J2790	RHO D IMM GLOB 300MCG INJ	Auth Not Required	
Medication	J2791	RHOPHYLAC INJECTION	Auth Not Required	
Medication	J2792	RHO D IMM GLOB IV 100IU INJ	Auth Not Required	
Medication	J2793	RILONACEPT INJECTION 1MG	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J2794	RISPERIDONE, LONG ACTING 0.5MG	Auth Not Required	
Medication	J2795	ROPIVACAINE HCL 1 MG	Auth Not Required	
Medication	J2796	ROMIPLOSTIM INJECTION 10MCG	Auth Required	
Medication	J2797	INJ, ROLAPITANT, 0.5 MG	Auth Required	
Medication	J2798	INJ, RISPERIDONE, (PERSERIS), 0.5 MG	Auth Required	
Medication	J2800	METHOCARBAMOL TO 10ML INJ	Auth Not Required	
Medication	J2805	SINCALIDE INJECTION	Auth Not Required	
Medication	J2810	THEOPHYLLINE PER 40 MG INJ	Auth Not Required	
Medication	J2820	SARGRAMOSTIM GM-CSF 50MCG INJ	Auth Not Required	
Medication	J2840	INJ, SEBELIPASE ALFA, 1 MG	Auth Required	
Medication	J2850	INJ SECRETIN SYNTHETIC HUMAN	Auth Not Required	
Medication	J2860	INJ, SILTUXIMAB, 10 MG	Auth Required	
Medication	J2910	AUROTHIOGLUCOSE 50MG INJ	Auth Not Required	
Medication	J2916	SOD FERRIC GLUC COMPLEX 12.5MG INJ	Auth Required	
Medication	J2920	METHYLPRED SOD SUCC 40MG INJ	Auth Not Required	
Medication	J2930	METHYLPRED SOD SUCC 125MG INJ	Auth Not Required	
Medication	J2940	SOMATREM, 1 MG INJ	Auth Not Required	
Medication	J2941	SOMATROPIN, 1 MG INJ	Auth Required	
Medication	J2950	PROMAZINE HCL 25 MG INJ	Auth Not Required	
Medication	J2993	RETEPLASE 18.8 MG INJECTION	Auth Not Required	
Medication	J2995	STREPTOKINASE 250,000 IU INJ	Auth Not Required	
Medication	J2997	ALTEPLASE RECOMBINANT 1 MG INJ	Auth Not Required	
Medication	J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	Auth Required	
Medication	J3000	STREPTOMYCIN 1G INJ	Auth Not Required	
Medication	J3010	FENTANYL CITRATE INJ 0.1 MG	Auth Not Required	
Medication	J3030	SUMATRIPTAN SUCCINATE 6MG INJ	Auth Not Required	
Medication	J3031	INJ, FREMANEZUMAB-VFRM, 1 MG	Auth Required	

Medication	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Auth Required	
Medication	J3060	INJECTION TALIGLUCERACE ALFA 10 UNITS	Auth Required	
Medication	J3070	PENTAZOCINE HCL 30MG INJ	Auth Not Required	
Medication	J3090	INJ, TEDIZOLID PHOSPHATE, 1 MG	Auth Required	
Medication	J3095	TELEVANCIN 10 MG INJECTION	Not Covered	
Medication	J3101	TENECTEPLASE 1MG INJ	Auth Not Required	
Medication	J3105	TERBUTALINE SULFATE 1MG INJ	Auth Not Required	
				Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J3110	TERIPARATIDE INJECTION	Covered under Pharmacy Benefit, direct request to PBM	
Medication	J3111	INJ, ROMOSOZUMAB-AQQG, 1 MG	Auth Required	
Medication	J3121	INJ, TESTOSTERONE ENANTHATE, 1MG	Auth Not Required	
Medication	J3145	INJ, TESTOSTERONE UNDECANOATE, 1 MG	Auth Not Required	
Medication	J3230	CHLORPROMAZINE HCL 50MG INJ	Auth Not Required	
Medication	J3240	THYROTROPIN ALPHA 0.9MG INJ	Auth Not Required	
Medication	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Auth Required	
Medication	J3243	TIGECYCLINE INJECTION 1MG	Auth Required	
Medication	J3244	INJECTION, TIGECYCLINE (ACCORD), 1 MG	Auth Not Required	
Medication	J3245	INJ, TILDRAKIZUMAB, 1 MG	Auth Required	
Medication	J3246	TIOFIBAN HCL	Auth Not Required	
Medication	J3250	TRIMETHOBENZA HCL 200MG INJ	Auth Not Required	
Medication	J3260	TOBRAMYCIN SULFATE 80MG INJ	Auth Not Required	
Medication	J3262	TOCILIZUMAB 1 MG INJECTION	Auth Required	
Medication	J3265	TORSEMIDE 10 MG/ML INJECTION	Auth Not Required	
Medication	J3280	THIETHYLPERAZINE MAL 10MG INJ	Auth Not Required	
Medication	J3285	TREPROSTINIL INJECTION	Auth Required	
Medication	J3299	INJECTION, TRIAMCINOLONE ACETONIDE (XIPERE), 1 MG	Auth Required	
Medication	J3300	TRIAMCINOLONE ACETONIDE 1MG INJ	Auth Not Required	
Medication	J3301	TRIAMCINOLONE ACET 10MG INJ	Auth Not Required	
Medication	J3302	TRIAMCINOLONE DIACET 5MG INJ	Auth Not Required	
Medication	J3303	TRIAMCINOLONE HEXACET 5MG INJ	Auth Not Required	
Medication	J3304	INJECTION, TRIAMCINOLONE ACE, PRES FREE, EXT REL, 1MG	Auth Required	
Medication	J3305	TRIMETREXATE GLUCOR 25MG INJ	Auth Not Required	
Medication	J3310	PERPHENAZINE 5MG INJECTION	Auth Not Required	
Medication	J3315	TRIPTORELIN PAMOATE 3.7MG INJ	Auth Required	
Medication	J3316	INJ, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG	Auth Required	
Medication	J3320	SPECTINOMYCIN DIHYD 2G INJ	Auth Not Required	
Medication	J3350	UREA UP TO 40G INJECTION	Auth Not Required	
Medication	J3355	UROFOLLITROPIN, 75 IU	Not Covered	
				Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	J3357	USTEKINUMAB 1 MG INJECTION	Covered under Pharmacy Benefit, direct request to PBM	
Medication	J3358	USTEKINUMAB, FOR IV INJECTION, 1 MG	Auth Required	
Medication	J3360	DIAZEPAM UP TO 5MG INJECTION	Auth Not Required	
Medication	J3364	UROKINASE 5000 IU VIAL INJ	Auth Not Required	
Medication	J3365	UROKINASE 250,000 IU VIAL IV	Auth Not Required	
Medication	J3370	VANCOMYCIN HCL 500MG INJ	Auth Not Required	
Medication	J3371	INJECTION, VANCOMYCIN HCL (MYLAN), 500 MG	Auth Not Required	
Medication	J3372	INJECTION, VANCOMYCIN HCL (XELLIA), 500 MG	Auth Not Required	
Medication	J3380	INJ, VEDOLIZUMAB, 1 MG	Auth Required	
Medication	J3385	VELAGLUCERASE ALFA100 UNIT INJ	Auth Required	
Medication	J3396	VERTEPORFIN INJECTION	Auth Required	
Medication	J3397	INJ, VESTRONIDASE ALFA-VJBK, 1 MG	Auth Required	

Medication	J3398	INJ, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES	Auth Required	
Medication	J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10^15 VECTOR GENOMES	Auth Required	
Medication	J3400	TRIFLUPROMAZINE HCL 20MG INJ	Auth Not Required	
Medication	J3410	HYDROXYZINE HCL 25MG INJ	Auth Not Required	
Medication	J3411	INJECTION, THIAMINE HCL 100MG	Auth Not Required	
Medication	J3415	PYRIDOXINE HCL 100MG INJ	Auth Not Required	
Medication	J3420	VITAMIN B12 CYANO 1000MCG INJ	Auth Not Required	
Medication	J3430	VITAMIN K PHYTONADIONE 1MG INJ	Auth Not Required	
Medication	J3465	INJECTION, VORICONAZOLE	Auth Not Required	
Medication	J3470	HYALURONIDASE TO 150UNITS INJ	Auth Not Required	
Medication	J3471	OVINE, UP TO 999 USP UNITS	Auth Not Required	
Medication	J3472	OVINE, 1000 USP UNITS	Auth Not Required	
Medication	J3473	HYALURONIDASE RECOMBIN 1 USP	Auth Not Required	
Medication	J3475	MAGNESIUM SULPH PER 500 MG INJ	Auth Not Required	
Medication	J3480	POTASSIUM CHLORIDE PER 2 MEQ	Auth Not Required	
Medication	J3485	ZIDOVUDINE 10 MG INJ	Auth Not Required	
Medication	J3486	ZIPRASIDONE MESYLATE	Auth Not Required	
Medication	J3489	INJECTION ZOLEDRONIC ACID 1 MG	Auth Not Required	
Medication	J3490	UNCLASSIFIED DRUGS	Auth Required	Auth Required when billing over \$500
Medication	J3520	EDETATE DISODIUM PER 150MG	Auth Not Required	
Medication	J3530	NASAL VACCINE INHALATION	Auth Not Required	
Medication	J3535	METERED DOSE INHALER DRUG	Auth Not Required	
Medication	J3570	LAETRILE AMYGDALIN VIT B17	Auth Not Required	
Medication	J3590	UNCLASSIFIED BIOLOGICS	Auth Required	Auth Required when billing over \$500
Medication	J3591	DRUG OR BIOLOGICAL, ESRD ON DIALYSIS, NOC	Auth Required	
Medication	J7030	NORMAL SALINE SOLUTION 1,000CC	Auth Not Required	
Medication	J7040	NORMAL SAL SOL INFUS 500ML=1UN	Auth Not Required	
Medication	J7042	5% DEXT/NORMAL SAL 500ML=1UNIT	Auth Not Required	
Medication	J7050	NORMAL SALINE SOL INFUS 250CC	Auth Not Required	
Medication	J7060	5% DEXTROSE/WATER 500ML = 1 UN	Auth Not Required	
Medication	J7070	D5W INFUSION 1,000CC	Auth Not Required	
Medication	J7100	DEXTRAN 40 500 ML INFUSION	Auth Not Required	
Medication	J7110	DEXTRAN 75 INFUSION 500ML	Auth Not Required	
Medication	J7120	RINGERS LACTATE INFUS 1000CC	Auth Not Required	
Medication	J7121	5% DEXTROSE IN LACTATED RINGERS INF, UP TO 1000 CC	Auth Not Required	
Medication	J7131	HYPERTONIC SALINE SOLUTION, 1 ML	Auth Not Required	
Medication	J7168	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER IU OF FACTOR IX ACTIVITY	Auth Not Required	
Medication	J7169	INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED-ZHZO (ANDEXXA), 10 MG	Auth Not Required	
Medication	J7170	INJ, EMICIZUMAB-KXWH, 0.5 MG	Auth Required	
Medication	J7175	INJ, FACTOR X, (HUMAN), 1 I.U.	Auth Required	
Medication	J7177	INJECTION, FIBRYGA, 1 MG	Auth Required	
Medication	J7178	INJ, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	Auth Required	
Medication	J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO	Auth Required	
Medication	J7180	INJ, FACTOR XIII (ANTHEMOPHILIC FACTOR, HUMAN), 1 I.U.	Auth Required	
Medication	J7181	INJ, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	Auth Required	
Medication	J7182	INJ, FACTOR VIII, (ANTHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	Auth Required	
Medication	J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN),1 I.U.	Auth Required	
Medication	J7185	XYNTHA INJ PER I.U.	Auth Required	

Medication	J7186	ANTIHEMOPHILIC FACTOR VIII PER FACTOR	Auth Required	
Medication	J7187	VON WILLEBRAND FACT, IU VWF	Auth Required	
Medication	J7188	INJ, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.	Auth Required	
Medication	J7189	FACTOR VIIIA	Auth Required	
Medication	J7190	FACTOR VIII HUMAN PER IU	Auth Required	
Medication	J7191	FACTOR VIII PORCINE PER IU	Auth Required	
Medication	J7192	FACTOR VIII RECOMBINANT PER IU	Auth Required	
Medication	J7193	FACTOR IX (PURIFIED) PER IU	Auth Required	
Medication	J7194	FACTOR IX COMPLEX PER IU	Auth Required	
Medication	J7195	FACTOR IX, PER IU	Auth Required	
Medication	J7197	ANTITHROMBIN III HUMAN PER IU	Auth Required	
Medication	J7198	ANTI INHIBITOR PER IU	Auth Required	
Medication	J7199	HEMOPHILIA CLOTTING FACTOR NOS	Auth Required	
Medication	J7200	INJ, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	Auth Required	
Medication	J7201	INJ, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU	Auth Required	
Medication	J7202	INJ, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Auth Required	
Medication	J7203	INJECTION, FACTOR IX, RECOMB GLY REBINYN, 1IU	Auth Required	
Medication	J7204	INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR , GLYCOPEGLYLATED-EXEI, PER IU	Not Covered	
Medication	J7205	INJ, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	Auth Required	
Medication	J7207	INJ, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Not Covered	
Medication	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Not Covered	
Medication	J7209	INJ, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	Auth Required	
Medication	J7210	INJ, FACTOR VIII, (AFSTYLA), 1 I.U.	Auth Required	
Medication	J7211	INJECTION, FACTOR VIII, (KOVALTRY), 1 I.U.	Auth Required	
Medication	J7212	FACTOR VIIIA-JNCW (SEVENFACT), 1 MICROGRAM	Auth Required	
Medication	J7294	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15MG, 0.013MG PER 24 HOURS;	Auth Not Required	
Medication	J7295	ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG, 0.12MG PER 24 HOURS; MONTH-	Auth Not Required	
Medication	J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG	Not Covered	
Medication	J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG, 3 YEAR DURATION	Not Covered	
Medication	J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATION	Not Covered	
Medication	J7300	INTRAUTERINE COPPER CONTRACEPT	Not Covered	
Medication	J7301	LEVONORGESTREL-REL IU CONTRACEPTIVE SYS 13.5 MG	Not Covered	
Medication	J7304	CONTRACEPTIVE HORMONE PATCH	Not Covered	
Medication	J7306	LEVONORGESTREL IMPLANT SYS	Not Covered	
Medication	J7307	ETONOGESTREL IMPLANT W SUPPLI	Not Covered	
Medication	J7308	AMINOLEVULINIC ACID, 20%	Auth Not Required	
Medication	J7309	METHYL AMINOLEVULINATE, TOP 1G 16.8%	Auth Required	
Medication	J7310	GANCICLOVIR 4.5MG LONG ACT IMPT	Auth Required	
Medication	J7311	FLUOCINOLONE ACETONIDE IMPLT	Auth Required	
Medication	J7312	DEXAMETHASONE INTRA IMPLANT 0.1 MG	Auth Not Required	
Medication	J7313	INJ, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	Auth Required	
Medication	J7314	INJ, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	Auth Required	

Medication	J7315	MITOMYCIN, OPHTHALMIC, 0. 2 MG	Auth Not Required	
Medication	J7316	INJECTION OCRIPLASMIN 0.125 MG	Auth Required	
Medication	J7318	INJECTION, DUROLANE 1 MG	Auth Required	
Medication	J7320	HYALURONAN OR DERIVATIVE, GENVISC 850, INTRA-ARTICULAR INJECTION, 1 MG	Auth Required	
Medication	J7321	HYALURONAN/HYALGAN INTRA-ARTIC INJ	Auth Required	
Medication	J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, INTRA-ARTICULAR INJECTION, 1 MG	Auth Required	
Medication	J7323	HYALURONAN/EUFLEXXA INTRA-ARTIC INJ	Auth Required	
Medication	J7324	ORTHOVISC INJ PER DOSE	Auth Required	
Medication	J7325	SYNVISC OR SYNVISC-ONE	Auth Required	
Medication	J7326	HYALURONAN/DERIVATIVE, GEL-ONE,INTRA-ARTICULAR INJ PER DOSE	Auth Required	
Medication	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJ, PER DOSE	Auth Required	
Medication	J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, INTRA-ARTICULAR INJECTION, 0.1 MG	Auth Required	
Medication	J7329	INJECTION, TRIVISC 1 MG	Auth Required	
Medication	J7330	AUTOLOG CULT CHONDROCYTES IMP	Auth Required	
Medication	J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, INTRA-ARTICULAR INJECTION, 1 MG	Not Covered	
Medication	J7332	HYALURONAN OR DERIVATIVE, TRILURON, INTRA-ARTICULAR INJECTION, 1 MG	Not Covered	
Medication	J7336	CAPSAICIN 8% PATCH, PER SQ CENT	Auth Not Required	
Medication	J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	Auth Required	
Medication	J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	Auth Not Required	
Medication	J7345	AMINOLEVULINIC ACID HCL, TOPICAL ADMINISTRATION, 10% GEL, 10 MG	Auth Not Required	
Medication	J7351	INJECTION, BIMATOPROST, INTRACAMERAL IMPLANT, 1 MICROGRAM	Auth Required	
Medication	J7352	AFAMELANOTIDE IMPLANT, 1 MG	Auth Required	
Medication	J7402	MOMETASONE FUROATE SINUS IMPLANT, (SINUVA), 10 MCG	Not Covered	
Medication	J7500	AZATHIOPRINE ORAL 50MG	Auth Not Required	
Medication	J7501	AZATHIOPRINE PARENTERAL 100MG	Auth Not Required	
Medication	J7502	CYCLOSPORINE ORAL 100MG	Auth Not Required	
Medication	J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARBUS XR), ORAL, 0.25 MG	Auth Not Required	
Medication	J7504	LYMPHOCYTE IMM GLOB 250MG PAR	Auth Required	
Medication	J7505	MUROMONAB-CD3 PARENTAL 5 MG	Auth Not Required	
Medication	J7507	TACROLIMUS ORAL PER 1 MG	Auth Not Required	
Medication	J7508	TACROLIMUS EXTENDED RELEASE ORAL 0.1 MG	Auth Not Required	
Medication	J7509	METHYLPREDNISOLONE ORAL 4MG	Auth Not Required	
Medication	J7510	PREDNISOLONE ORAL PER 5 MG	Auth Not Required	
Medication	J7511	LYMPHOCYTE IMM GLOBULIN, 25 MG	Auth Not Required	
Medication	J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	Auth Not Required	
Medication	J7513	DACLIZUMAB PARENTERAL 25 MG	Auth Not Required	
Medication	J7515	CYCLOSPORINE ORAL 25MG	Auth Not Required	
Medication	J7516	CYCLOSPORIN PARENTERAL 250MG	Auth Not Required	
Medication	J7517	MYCOPHENOLATE MOFET ORAL 250MG	Auth Not Required	
Medication	J7518	MYCOPHENOLIC ACID, ORAL 180MG	Auth Not Required	
Medication	J7520	SIROLIMUS ORAL 1 MG	Auth Not Required	
Medication	J7525	TACROLIMUS PARENTERAL 5 MG	Auth Not Required	
Medication	J7527	EVEROLIMUS, ORAL, 0. 25 MG	Auth Not Required	
Medication	J7599	IMMUNOSUPPRESSIVE DRUG, NEC	Auth Required	Auth Required when billing over \$500
Medication	J7604	ACETYLCYSTEINE IHN SOL UNIT DOSE	Auth Not Required	
Medication	J7605	ARFORMOTEROL NON-COMP UNIT	Auth Not Required	
Medication	J7606	FORM FURMARATE IHN SOL UNIT DOSE	Auth Not Required	

Medication	J7607	LEVALBUTEROL INH SOLU 0.5 MG	Auth Not Required	
Medication	J7608	ACETYLCYSTEINE INH SOL NONCOMP UN 1GM	Auth Not Required	
Medication	J7609	ALBUTEROL INH SOL UNIT DOS 1MG	Auth Not Required	
Medication	J7610	ALBUTEROL INHAL SOLUTION,1MG	Auth Not Required	
Medication	J7611	ALBUTEROL,INH SOL,CONCNR/ MG	Auth Not Required	
Medication	J7612	LEVALBUTEROL INH SOL CON 0.5MG	Auth Not Required	
Medication	J7613	ALBUTEROL INH SOL,UNIT DOSE/MG	Auth Not Required	
Medication	J7614	LEVALBUTEROL INH SOL UNIT .5MG	Auth Not Required	
Medication	J7615	ACETYLCYSTEINE 20% PER ML INH	Auth Not Required	
Medication	J7620	ALBUTER 2.5MG/IPRA BRO .05 MG	Auth Not Required	
Medication	J7622	BETHAMETHASONE,INH SOL UNIT/MI	Auth Not Required	
Medication	J7624	BETHAMETHASONE,INH SOL UNT/MIL	Auth Not Required	
Medication	J7626	BUDESONIDE INH SOL,UNIT.5MG	Auth Not Required	
Medication	J7627	BUDESONIDE INH SOL COMPOUND 0.5	Auth Not Required	
Medication	J7628	BITOLTEROL MESY INH CON PER MI	Auth Not Required	
Medication	J7629	BITOLTEROL MES INH UNIT PER MI	Auth Not Required	
Medication	J7631	CROMOLYN SOD INH UNIT PER 10MG	Auth Not Required	
Medication	J7632	CROMOLYN SODIUM COMP UNIT	Auth Not Required	
Medication	J7633	BUDESONIDE INH SOL CON .25MIL	Auth Not Required	
Medication	J7634	BUDESONIDE INH SOL 0.25MIL	Auth Not Required	
Medication	J7635	ATROPINE INH SOL CONC PER MIL	Auth Not Required	
Medication	J7636	ATROPINE INH UNIT DOSE PER MIL	Auth Not Required	
Medication	J7637	DEXAMETHASONE INH CONC PER MIL	Auth Not Required	
Medication	J7638	DEXAMETHASONE INH UNIT PER MIL	Auth Not Required	
Medication	J7639	DORNASE ALPHA INH UNIT DOSE PER MG	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970- 0851 for benefit coverage.
Medication	J7640	FORMOTEROL, INH SOL COMPOUNDED	Auth Not Required	
Medication	J7641	FLUNISOLIDE INHAL SOL UNIT/MIL	Auth Not Required	
Medication	J7642	CLYCOPYRROLATE INH PER MIL	Auth Not Required	
Medication	J7643	GLYCOPYRROLATE INH SOL UNIT/MI	Auth Not Required	
Medication	J7644	IPRATROPIUM BROM INH UNIT/MIL	Auth Not Required	
Medication	J7645	IPRATROP BROMIDE INH SOL 1MIL	Auth Not Required	
Medication	J7647	ISOETHARINE HCl INHAL SOL 1MIL	Auth Not Required	
Medication	J7648	ISOETHARINE HCl INH CON/MIL	Auth Not Required	
Medication	J7649	ISOETHARINE HCl INH UNT MIL	Auth Not Required	
Medication	J7650	ISOETHARINE HCl INH SOL UNT DO	Auth Not Required	
Medication	J7657	ISOPROTERENOL HCl INH SOL 1MIL	Auth Not Required	
Medication	J7658	ISOPROTERENOL HCl INH PER MIL	Auth Not Required	
Medication	J7659	ISOPROTERENOL HCl INH PER MG	Auth Not Required	
Medication	J7660	ISOPROTEREN HCl INH SOL UNT DO	Auth Not Required	
Medication	J7665	MANNITOL, VIA INHALER, 5 MG	Auth Not Required	
Medication	J7667	METAPROTERENOL SULF INH SOL 10M	Auth Not Required	
Medication	J7668	METAPROTEREN SUL INH PER 10MG	Auth Not Required	
Medication	J7669	METAPROTERENOL SULF INH 10 MG	Auth Not Required	
Medication	J7670	METAPROTER SULF INH SOL UNT DO	Auth Not Required	
Medication	J7674	METHACHOLINE CHLORIDE, NEB	Auth Not Required	
Medication	J7676	PENTAMIDINE COMP UNIT DOSE	Auth Not Required	
Medication	J7677	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM	Auth Required	
Medication	J7680	TERBUTALINE SUL INH CON PER MG	Auth Not Required	
Medication	J7681	TERBUTALINE SULF INH CON MG	Auth Not Required	
Medication	J7682	TOBRAMYCIN UNIT INH 300MG	Auth Required	

Medication	J7683	TRIAMCINOLONE INH CONC PER MG	Auth Not Required	
Medication	J7684	TRIAMCINOLONE INH UNIT PER MG	Auth Not Required	
Medication	J7685	TOBRAMYCIN INH SOL UNT DO 300M	Auth Required	
Medication	J7686	TREPROSTINIL, NON-COMP UNIT 1.74 MG	Auth Required	
Medication	J7699	INHALATION SOLUT FOR DME NOC	Auth Required	Auth Required when billing over \$500
Medication	J7799	NON INHALATION DRUGS NOC	Auth Required	Auth Required when billing over \$500
Medication	J7999	COMPOUNDED DRUG, NOC	Auth Required	Auth Required when billing over \$500
Medication	J8498	ANTIEMETIC RECTAL/SUPP NOS	Auth Required	
Medication	J8499	ORAL PRESCRIP DRUG NON CHEMO	Not Covered	
Medication	J8501	ORAL APREPITANT	Auth Not Required	
Medication	J8510	BULSULFAN ORAL 2MG	Auth Not Required	
Medication	J8515	CABERGOLINE, ORAL 0.25MG	Auth Not Required	
Medication	J8520	CAPECITABINE ORAL 150MG	Auth Not Required	
Medication	J8521	CAPECITABINE ORAL 500MG	Auth Not Required	
Medication	J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	Auth Not Required	
Medication	J8540	ORAL DEXAMETHASONE	Auth Not Required	
Medication	J8560	ETOPOSIDE ORAL 50 MG	Auth Not Required	
Medication	J8562	ORAL FLUDARABINE PHOSPHATE 10 MG	Auth Not Required	
Medication	J8565	GEFITINIB ORAL	Auth Not Required	
Medication	J8597	ANTIEMETIC DRUG ORAL NOS	Auth Not Required	
Medication	J8600	MELPHALAN ORAL 2 MG	Auth Not Required	
Medication	J8610	METHOTREXATE ORAL 2.5 MG	Auth Not Required	
Medication	J8650	NABILONE ORAL 1MG	Auth Not Required	
Medication	J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	Auth Required	
Medication	J8670	ROLAPITANT, ORAL, 1 MG	Auth Not Required	
Medication	J8700	TEMOZOLMIDE ORAL 5 MG	Auth Not Required	
Medication	J8705	TOPOTECAN ORAL 0.25MG	Auth Not Required	
Medication	J8999	ORAL PRESCRIPTION DRUG CHEMO	Auth Required	Auth Required when billing over \$500
Medication	J9000	DOXORUBIC HCL 10 MG CHEMO	Auth Not Required	
Medication	J9015	ALDESLEUKIN PER SINGLE USE VL	Auth Required	
Medication	J9017	ARSENIC TRIOXIDE, 1 MG	Auth Required	
Medication	J9019	INJ, ASPARAGINASE (ERWINAZE), 1,000 IU	Auth Required	
Medication	J9020	ASPARAGINASE 10,000 UNITS	Auth Required	
Medication	J9021	INJ, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG	Auth Required	
Medication	J9022	INJ, ATEZOLIZUMAB, 10 MG	Auth Required	
Medication	J9023	INJ, AVELUMAB, 10 MG	Auth Required	
Medication	J9025	AZACITIDINE INJECTION	Auth Required	
Medication	J9027	CLOFARABINE INJECTION	Auth Required	
Medication	J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	Auth Not Required	
Medication	J9032	INJ, BELINOSTAT, 10 MG	Auth Required	
Medication	J9033	BENDAMUSTINE HCl 1MG INJ	Auth Required	
Medication	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	Auth Required	
Medication	J9035	BEVACIZUMAB INJECTION	Auth Required	
Medication	J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO), 1 MG	Not Covered	
Medication	J9037	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	Auth Required	
Medication	J9039	INJ, BLINATUMOMAB, 1 MICROGRAM	Auth Required	
Medication	J9040	BLEOMYCIN SULFATE 15 UNITS	Auth Not Required	
Medication	J9041	BORTEZOMIB INJECTION	Auth Required	
Medication	J9042	INJ, BRENTUXIMAB VEDOTIN, 1 MG	Auth Required	
Medication	J9043	INJ, CABAZITAXEL, 1 MG	Auth Required	
Medication	J9045	CARBOPLATIN 50MG	Auth Not Required	
Medication	J9046	INJECTION, BORTEZOMIB, (DR. REDDY'S), 0.1 MG	Auth Required	
Medication	J9047	INJECTION CARFILZOMIB 1 MG	Auth Required	

Medication	J9048	INJECTION, BORTEZOMIB (FRESENIUS KABI), 0.1 MG	Auth Required	
Medication	J9049	INJECTION, BORTEZOMIB (HOSPIRA), 0.1 MG	Auth Required	
Medication	J9050	CARMUSTINE 100MG INJ	Auth Required	
Medication	J9055	CETUXIMAB INJECTION	Auth Required	
Medication	J9057	INJ, COPANLISIB, 1 MG	Auth Required	
Medication	J9060	CISPLATIN POWDER OR SOL 10MG	Auth Not Required	
Medication	J9061	INJ, AMIVANTAMAB-VMJW, 2 MG	Auth Required	
Medication	J9065	CLADRIBINE PER 1 MG INJ	Auth Required	
Medication	J9070	CYCLOPHOSPHAMIDE 100 MG	Auth Not Required	
Medication	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROMEDICS), 5 MG	Auth Not Required	
Medication	J9098	CYTARABINE LIPOSOME 10MG INJ	Auth Required	
Medication	J9100	CYTARABINE 100 MG	Auth Not Required	
Medication	J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	Auth Required	
Medication	J9119	INJECTION, CEMIPIMAB-RWLC, 1 MG	Auth Required	
Medication	J9120	DACTINOMYCIN D 0.5MG	Auth Required	
Medication	J9130	DACARBAZINE 100 MG	Auth Not Required	
Medication	J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	Auth Required	
Medication	J9145	INJ, DARATUMUMAB, 10 MG	Auth Required	
Medication	J9150	DAUNORUBICIN 10MG	Auth Not Required	
Medication	J9151	DAUNORUBICIN CITRATE LIPO 10MG	Auth Required	
Medication	J9153	INJ, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	Auth Required	
Medication	J9155	DEGARELIX INJECTION 1MG	Auth Required	
Medication	J9160	DENILEUKIN DIFTITOX 300 MCG	Auth Required	
Medication	J9165	DIETHYLSTILBESTROL DIP 250MG	Auth Not Required	
Medication	J9171	DOCETAXEL INJECTION 1MG	Auth Not Required	
Medication	J9173	INJ, DURVALUMAB, 10 MG	Auth Required	
Medication	J9175	ELLIOTTS B SOLUTION PER ML	Auth Not Required	
Medication	J9176	INJ, ELOTUZUMAB, 1 MG	Auth Required	
Medication	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Auth Required	
Medication	J9178	INJ, EPIRUBICIN HCL, 2 MG	Auth Not Required	
Medication	J9179	INJ, ERIBULIN MESYLATE, 0.1 MG	Auth Required	
Medication	J9181	ETOPOSIDE 10 MG	Auth Not Required	
Medication	J9185	FLUDARABINE PHOSPHATE 50 MG	Auth Not Required	
Medication	J9190	FLUOROURACIL 500MG	Auth Not Required	
Medication	J9198	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	Not Covered	
Medication	J9200	FLOXURIDINE 500MG	Auth Required	
Medication	J9201	GEMCITABINE HCL 200 MG	Auth Not Required	
Medication	J9202	GOSERELIN ACETATE IMP 3.6MG	Auth Required	
Medication	J9203	INJ, GEMTUZUMAB OZOGAMICIN, 0.1 MG	Auth Required	
Medication	J9204	INJ, MOGAMULIZUMAB-KPKC, 1 MG	Auth Required	
Medication	J9205	INJ, IRINOTECAN LIPOSOME, 1 MG	Auth Required	
Medication	J9206	IRONOTECAN 20 MG	Auth Not Required	
Medication	J9207	IXABEPILONE 1MG INJ	Auth Required	
Medication	J9208	IFOSFAMIDE PER 1G	Auth Not Required	
Medication	J9209	MESNA 200MG	Auth Not Required	
Medication	J9210	INJ, EMAPALUMAB-LZSG, 1 MG	Auth Required	
Medication	J9211	IDARUBICIN HCL 5MG	Auth Required	
Medication	J9212	INTERFERON ALFACON 1 RECO 1MCG,1MCG	Auth Required	
Medication	J9213	INTERFERON ALFA 2A REC 3MIL UN	Not Covered	
Medication	J9214	INTERFERON ALFA 2B REC 1MIL	Auth Required	
Medication	J9215	INTERFERON ALFA N3 250,000 IU	Auth Required	
Medication	J9216	INTERFERON GAMMA 1 B 3MIL	Auth Required	
Medication	J9217	LEUPROLIDE ACETATE SUSP 7.5MG	Auth Required	

Medication	J9218	LEUPROLIDE ACETATE PER 1MG	Auth Required	
Medication	J9219	LEUPROLIDE ACETATE IMP 65 MG	Auth Required	
Medication	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	Auth Required	
Medication	J9225	VANTAS IMPLANT	Auth Required	
Medication	J9226	SUPPRELIN LA IMPLANT	Auth Required	
Medication	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	Auth Required	
Medication	J9228	INJ, IPILIMUMAB, 1 MG	Auth Required	
Medication	J9229	INJ, INOTUZUMAB OZOGAMICIN, 0.1 MG	Auth Required	
Medication	J9230	MECHLORETHAMINE HCL 10MG	Auth Required	
Medication	J9245	MELPHALAN HCL 50MG INJ	Auth Required	
Medication	J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	Not Covered	
Medication	J9247	INJ, MELPHALAN FLUFENAMIDE, 1MG	Not Covered	
Medication	J9250	METHOTREXATE SODIUM 5 MG	Auth Not Required	
Medication	J9260	METHOTREXATE SODIUM 50MG	Auth Not Required	
Medication	J9261	NELARABINE INJ 50MG	Auth Required	
Medication	J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG	Auth Required	
Medication	J9263	OXALIPLATIN	Auth Not Required	
Medication	J9264	PACLITAXEL PROTEIN BOUND	Auth Required	
Medication	J9266	PEGASPARGASE SINGLE DOSE VIAL	Auth Required	
Medication	J9267	INJ, PACLITAXEL, 1 MG	Auth Not Required	
Medication	J9268	PENTOSTATIN PER 10MG	Auth Required	
Medication	J9269	INJ, TAGRAXOFUSP-ERZS, 10 MICROGRAMS	Auth Required	
Medication	J9270	PLICAMYCIN 2.5MG	Auth Not Required	
Medication	J9271	INJ, PEMBROLIZUMAB, 1 MG	Auth Required	
Medication	J9272	INJ, DOSTARLIMAB-GXLY, 10 MG	Auth Required	
Medication	J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	Auth Required	
Medication	J9274	INJECTION, TEBENTAFUSP-TEBN, 1 MICROGRAM	Auth Required	
Medication	J9280	MITOMYCIN 5 MG	Auth Not Required	
Medication	J9281	MITOMYCIN PYELOALYCEAL INSTILLATION, 1 MG	Auth Required	
Medication	J9285	INJ, OLARATUMAB, 10 MG	Auth Required	
Medication	J9293	MITOXANTRONE HCL PER 5MG	Auth Required	
Medication	J9295	INJ, NECITUMUMAB, 1 MG	Auth Required	
Medication	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-RMBW, 3 MG/1 MG	Auth Required	
Medication	J9299	INJ, NIVOLUMAB, 1 MG	Auth Required	
Medication	J9301	INJ, OBINUTUZUMAB, 10 MG	Auth Required	
Medication	J9302	OFATUMUMAB 10 MG INJECTION	Auth Required	
Medication	J9303	PANITUMUMAB INJECTION	Auth Required	
Medication	J9304	INJECTION, PEMETREXED (PEMFEXY), 10 MG	Auth Required	
Medication	J9305	PEMETREXED INJECTION	Auth Required	
Medication	J9306	INJECTION PERTUZUMAB 1 MG	Auth Required	
Medication	J9307	PRALATREXATE 1 MG INJECTION	Auth Required	
Medication	J9308	INJ, RAMUCIRUMAB, 5 MG	Auth Required	
Medication	J9309	INJ, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Auth Required	
Medication	J9311	INJ, RITUXIMAB 10 MG AND HYALURONIDASE	Not Covered	
Medication	J9312	INJ, RITUXIMAB, 10 MG	Auth Required	
Medication	J9313	INJ, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	Auth Required	
Medication	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	Auth Required	
Medication	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	Auth Required	
Medication	J9318	INJ, ROMIDEPSIN, NON-LYOPHILIZED, 0.1 MG	Auth Required	
Medication	J9319	INJ, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	Auth Required	
Medication	J9320	STREPTOZOCIN 1G	Auth Required	

Medication	J9325	INJ, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	Auth Required	
Medication	J9328	TEMOZOLOMIDE INJECTION 1MG	Auth Required	
Medication	J9330	TEMSIROLIMUS INJECTION	Auth Required	
Medication	J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	Auth Required	
Medication	J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2 MG	Auth Required	
Medication	J9340	THIOTEPA 15MG	Auth Required	
Medication	J9348	INJECTION, NAXITAMAB-GQGK, 1 MG	Auth Required	
Medication	J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	Auth Required	
Medication	J9351	TOPOTECANO.1 MG INJECTION	Auth Not Required	
Medication	J9352	INJ, TRABECTEDIN, 0.1 MG	Auth Required	
Medication	J9353	INJECTION, MARGTUXIMAB-CMKB, 5MG	Auth Required	
Medication	J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	Auth Required	
Medication	J9355	TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Auth Required	
Medication	J9356	INJ, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	Not Covered	
Medication	J9357	VALRUBICIN INTRAVESICAL 200MG	Auth Required	
Medication	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	Auth Required	
Medication	J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	Auth Required	
Medication	J9360	VINBLASTINE SULFATE 1MG	Auth Not Required	
Medication	J9370	VINCRISTINE SULFATE 1 MG	Auth Not Required	
Medication	J9371	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	Auth Required	
Medication	J9390	VINORELBINE TARTRATE PER 10 MG	Auth Not Required	
Medication	J9393	INJECTION, FULVESTRANT (TEVA), 25 MG	Auth Required	
Medication	J9394	INJECTION, FULVESTRANT (FRESENIUS KABI), 25 MG	Auth Required	
Medication	J9395	FULVESTRANT INJ 25MG	Auth Not Required	
Medication	J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	Auth Required	
Medication	J9600	PORFIMER SODIUM 75 MG	Auth Required	
Medication	J9999	ANTINEOPLASTIC NOC DRUG	Auth Required	Auth Required when billing over \$500
Service Request	K0001	STANDARD WHEELCHAIR	Auth Required	
Service Request	K0002	STND HEMI (LOW SEAT) WHLCHR	Auth Required	
Service Request	K0003	LIGHTWEIGHT WHEELCHAIR	Auth Required	
Service Request	K0004	HIGH STRENGTH LTWT WHLCHR	Auth Required	
Service Request	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Auth Required	
Service Request	K0006	HEAVY-DUTY WHEELCHAIR	Auth Required	
Service Request	K0007	EXTRA HEAVY-DUTY WHEELCHAIR	Auth Required	
Service Request	K0008	CUSTOM MANUAL WHEELCHAIR/BASE	Auth Required	
Service Request	K0009	OTHER MANUAL WHEELCHAIR/BASE	Auth Required	
Service Request	K0010	STND WT FRAME POWER WHLCHR	Auth Required	
Service Request	K0011	STND WT PWR WHLCHR W CONTROL	Auth Required	
Service Request	K0012	LTWT PORTBL POWER WHLCHR	Auth Required	
Service Request	K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	Auth Required	
Service Request	K0014	OTHER POWER WHLCHR BASE	Auth Required	
Service Request	K0015	DETACH NON-ADJUS HGHT ARMST	Auth Required	
Service Request	K0017	DETACH ADJUST ARMREST BASE	Auth Required	
Service Request	K0018	DETACH ADJUST ARMST UPPER	Auth Required	
Service Request	K0019	ARM PAD EACH	Auth Required	
Service Request	K0020	FIXED ADJUST ARMREST PAIR	Auth Required	
Service Request	K0037	HIGH MOUNT FLIP-UP FOOTREST	Auth Required	
Service Request	K0038	LEG STRAP EACH	Auth Required	
Service Request	K0039	LEG STRAP H STYLE EACH	Auth Required	
Service Request	K0040	ADJUSTABLE ANGLE FOOTPLATE	Auth Required	
Service Request	K0041	LARGE SIZE FOOTPLATE EACH	Auth Required	
Service Request	K0042	STANDARD SIZE FOOTPLATE EACH	Auth Required	

Service Request	K0043	FTRST LOWER EXTENSION TUBE	Auth Required	
Service Request	K0044	FTRST UPPER HANGER BRACKET	Auth Required	
Service Request	K0045	FOOTREST,COMPLETE ASSEMBLY	Auth Required	
Service Request	K0046	ELEVAT LEGRST LOW EXTENSION	Auth Required	
Service Request	K0047	ELEVAT LEGRST UP HANGR BRACK	Auth Required	
Service Request	K0050	RATCHET ASSEMBLY	Auth Required	
Service Request	K0051	CAM RELEASE ASSEM FTRST/LGRST	Auth Required	
Service Request	K0052	SWINGAWAY DETACH FOOTREST	Auth Required	
Service Request	K0053	ELEVATE FOOTREST ARTICULATE	Auth Required	
Service Request	K0056	SEAT HT <17 OR >=21 LWTW WC	Auth Required	
Service Request	K0065	SPOKE PROTECTORS	Auth Required	
Service Request	K0069	REAR WHL COMPLETE SOLID TIRE	Auth Required	
Service Request	K0070	REAR WHL COMPL PNEUM TIRE	Auth Required	
Service Request	K0071	FRONT CASTR COMPL PNEUM TIRE	Auth Required	
Service Request	K0072	FRNT CSTR CMPL SEM-PNEUM TIR	Auth Required	
Service Request	K0073	CASTER PIN LOCK EACH	Auth Required	
Service Request	K0077	FRONT CASTER ASSEM COMPLETE	Auth Required	
Service Request	K0098	DRIVE BELT POWER WHEELCHAIR	Auth Required	
Service Request	K0105	IV HANGER	Auth Required	
Service Request	K0108	W/C COMPONENT-ACCESSORY NOS	Auth Required	
Service Request	K0195	ELEVATING WHLCHAIR LEG RESTS	Auth Required	
Medication	K0455	PUMP UNINTERRUPTED INFUSION	Auth Required	
Service Request	K0462	TEMPORARY REPLACEMENT EQPMNT	Auth Required	
Medication	K0552	SUPPLY/EXT INF PUMP SYR TYPE	Auth Not Required	
Service Request	K0601	REPL BATT SILVER OXIDE 1.5 V	Auth Required	
Service Request	K0602	REPL BATT SILVER OXIDE 3 V	Auth Required	
Service Request	K0603	REPL BATT ALKALINE 1.5 V	Auth Required	
Service Request	K0604	REPL BATT LITHIUM 3.6 V	Auth Required	
Service Request	K0605	REPL BATT LITHIUM 4.5 V	Auth Required	
Service Request	K0606	AED GARMENT W ELEC ANALYSIS	Auth Required	
Service Request	K0607	REPL BATT FOR AED	Auth Required	
Service Request	K0669	SEAT/BACK CUS NO SADMERC VER	Auth Required	
Service Request	K0730	CTRL DOSE INH DRUG DELIV SYS	Auth Required	
Service Request	K0733	12-24HR SEALED LEAD ACID	Auth Required	
Service Request	K0738	PORTABLE GAS OXYGEN SYSTEM	Auth Required	
Service Request	K0739	REPAIR/SVC DME NON-OXYGEN EQ	Auth Required	
Service Request	K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	Auth Required	
Service Request	K0744	ABSORP WND DRSG FOR USE WITH SUCTION PUMP, PORT, PAD SIZE <= 16 SQ IN	Auth Required	
Service Request	K0745	ABSORP WND DRSG FOR USE WITH SUCTION PUMP, PORT, PAD SIZE 16-48 SQ IN	Auth Required	
Service Request	K0746	ABSORP WND DRSG FOR USE WITH SUCTION PUMP, PORT, PAD SIZE >48 SQ IN	Auth Required	
Service Request	K0800	POV GROUP 1 STD UP TO 300LBS	Auth Required	
Service Request	K0801	POV GROUP 1 HD 301-450 LBS	Auth Required	
Service Request	K0802	POV GROUP 1 VHD 451-600 LBS	Auth Required	
Service Request	K0806	POV GROUP 2 STD UP TO 300LBS	Auth Required	
Service Request	K0807	POV GROUP 2 HD 301-450 LBS	Auth Required	
Service Request	K0808	POV GROUP 2 VHD 451-600 LBS	Auth Required	
Service Request	K0812	POWER OPERATED VEHICLE NOC	Auth Required	
Service Request	K0813	PWC GP 1 STD PORT SEAT/BACK	Auth Required	
Service Request	K0814	PWC GP 1 STD PORT CAP CHAIR	Auth Required	
Service Request	K0815	PWC GP 1 STD SEAT/BACK	Auth Required	

Service Request	K0816	PWC GP 1 STD CAP CHAIR	Auth Required	
Service Request	K0820	PWC GP 2 STD PORT SEAT/BACK	Auth Required	
Service Request	K0821	PWC GP 2 STD PORT CAP CHAIR	Auth Required	
Service Request	K0822	PWC GP 2 STD SEAT/BACK	Auth Required	
Service Request	K0823	PWC GP 2 STD CAP CHAIR	Auth Required	
Service Request	K0824	PWC GP 2 HD SEAT/BACK	Auth Required	
Service Request	K0825	PWC GP 2 HD CAP CHAIR	Auth Required	
Service Request	K0826	PWC GP 2 VHD SEAT/BACK	Auth Required	
Service Request	K0827	PWC GP VHD CAP CHAIR	Auth Required	
Service Request	K0828	PWC GP 2 XTRA HD SEAT/BACK	Auth Required	
Service Request	K0829	PWC GP 2 XTRA HD CAP CHAIR	Auth Required	
Service Request	K0830	PWC GP2 STD SEAT ELEVATE S/B	Auth Required	
Service Request	K0831	PWC GP2 STD SEAT ELEVATE CAP	Auth Required	
Service Request	K0835	PWC GP2 STD SING POW OPT S/B	Auth Required	
Service Request	K0836	PWC GP2 STD SING POW OPT CAP	Auth Required	
Service Request	K0837	PWC GP 2 HD SING POW OPT S/B	Auth Required	
Service Request	K0838	PWC GP 2 HD SING POW OPT CAP	Auth Required	
Service Request	K0839	PWC GP2 VHD SING POW OPT S/B	Auth Required	
Service Request	K0840	PWC GP2 XHD SING POW OPT S/B	Auth Required	
Service Request	K0841	PWC GP2 STD MULT POW OPT S/B	Auth Required	
Service Request	K0842	PWC GP2 STD MULT POW OPT CAP	Auth Required	
Service Request	K0843	PWC GP2 HD MULT POW OPT S/B	Auth Required	
Service Request	K0848	PWC GP 3 STD SEAT/BACK	Auth Required	
Service Request	K0849	PWC GP 3 STD CAP CHAIR	Auth Required	
Service Request	K0850	PWC GP 3 HD SEAT/BACK	Auth Required	
Service Request	K0851	PWC GP 3 HD CAP CHAIR	Auth Required	
Service Request	K0852	PWC GP 3 VHD SEAT/BACK	Auth Required	
Service Request	K0853	PWC GP 3 VHD CAP CHAIR	Auth Required	
Service Request	K0854	PWC GP 3 XHD SEAT/BACK	Auth Required	
Service Request	K0855	PWC GP 3 XHD CAP CHAIR	Auth Required	
Service Request	K0856	PWC GP3 STD SING POW OPT S/B	Auth Required	
Service Request	K0857	PWC GP3 STD SING POW OPT CAP	Auth Required	
Service Request	K0858	PWC GP3 HD SING POW OPT S/B	Auth Required	
Service Request	K0859	PWC GP3 HD SING POW OPT CAP	Auth Required	
Service Request	K0860	PWC GP3 VHD SING POW OPT S/B	Auth Required	
Service Request	K0861	PWC GP3 STD MULT POW OPT S/B	Auth Required	
Service Request	K0862	PWC GP3 HD MULT POW OPT S/B	Auth Required	
Service Request	K0863	PWC GP3 VHD MULT POW OPT S/B	Auth Required	
Service Request	K0864	PWC GP3 XHD MULT POW OPT S/B	Auth Required	
Service Request	K0868	PWC GP 4 STD SEAT/BACK	Auth Required	
Service Request	K0869	PWC GP 4 STD CAP CHAIR	Auth Required	
Service Request	K0870	PWC GP 4 HD SEAT/BACK	Auth Required	
Service Request	K0871	PWC GP 4 VHD SEAT/BACK	Auth Required	
Service Request	K0877	PWC GP4 STD SING POW OPT S/B	Auth Required	
Service Request	K0878	PWC GP4 STD SING POW OPT CAP	Auth Required	
Service Request	K0879	PWC GP4 HD SING POW OPT S/B	Auth Required	
Service Request	K0880	PWC GP4 VHD SING POW OPT S/B	Auth Required	

Service Request	K0884	PWC GP4 STD MULT POW OPT S/B	Auth Required	
Service Request	K0885	PWC GP4 STD MULT POW OPT CAP	Auth Required	
Service Request	K0886	PWC GP4 HD MULT POW S/B	Auth Required	
Service Request	K0890	PWC GP5 PED SING POW OPT S/B	Auth Required	
Service Request	K0891	PWC GP5 PED MULT POW OPT S/B	Auth Required	
Service Request	K0898	POWER WHEELCHAIR NOC	Auth Required	
Service Request	K0899	POW MOBIL DEV NO SADMERC	Auth Required	
Service Request	K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Auth Required	
Medication	K1006	SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WITH EXTERNAL URINE MANAGEMENT SYSTEM	Auth Required	
Service Request	K1007	BILATERAL HIP, KNEE, ANKLE, FOOT DEVICE, POWERED	Auth Required	
Service Request	K1009	SPEECH VOLUME MODULATION SYSTEM, ANY TYPE	Auth Required	
Service Request	K1014	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE/MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL	Auth Required	
Service Request	K1015	FOOT, ADDUCTUS POSITION DEVICE, ADJUSTABLE	Auth Required	
Service Request	L0112	CRANIAL CERVICAL ORTHOSIS	Auth Required	
Service Request	L0113	CRANIAL CERVICAL TORTICOLLIS	Auth Required	
Service Request	L0120	CERV FLEXIBLE NON-ADJUSTABLE	Auth Required	
Service Request	L0984	PROTECTIVE BODY SOCK EACH	Auth Required	
Service Request	L1300	BODY JACKET MOLD TO PATIENT	Auth Required	
Service Request	L1310	POST-OPERATIVE BODY JACKET	Auth Required	
Service Request	L1499	SPINAL ORTHOSIS,NOS	Auth Required	
Service Request	L1810	KO ELASTIC WITH JOINTS	Auth Required	
Service Request	L1832	KO ADJ JNT POS RIGID SUPPORT	Auth Required	
Service Request	L1840	KO DEROT ANT CRUCIATE CUSTOM	Auth Required	
Service Request	L1843	KO SINGLE UPRIGHT CUSTOM FIT	Auth Required	
Service Request	L1844	KO W/ADJ JT ROT CNTRL MOLDED	Auth Required	
Service Request	L1847	KO ADJUSTABLE W AIR CHAMBERS	Auth Required	
Service Request	L1848	KNEE ORTHOSIS ADJUSTABLE JOINT AIR SUPP PREFAB	Auth Required	
Service Request	L1850	KO SWEDISH TYPE	Auth Required	
Service Request	L1852	KNEE ORTHOSIS, DOUBLE UPRIGHT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, OFF-THE-SHELF	Auth Required	
Service Request	L1860	KO SUPRACONDYLAR SOCKET MOLD	Auth Required	
Service Request	L2360	EXTENDED STEEL SHANK	Auth Required	
Service Request	L2570	HIP CLEVIS TYPE 2 POSIT JNT	Auth Required	
Service Request	L2600	HIP CLEVIS/THRUST BEARING FR	Auth Required	
Service Request	L2610	HIP CLEVIS/THRUST BEARING LO	Auth Required	
Service Request	L2620	PELVIC CONTROL HIP HEAVY DUT	Auth Required	
Service Request	L2622	HIP JOINT ADJUSTABLE FLEXION	Auth Required	
Service Request	L2624	HIP ADJ FLEX EXT ABDUCT CONT	Auth Required	
Service Request	L2627	PLASTIC MOLD RECIPRO HIP & C	Auth Required	
Service Request	L2628	METAL FRAME RECIPRO HIP & CA	Auth Required	
Service Request	L2630	PELVIC CONTROL BAND & BELT U	Auth Required	
Service Request	L2640	PELVIC CONTROL BAND & BELT B	Auth Required	
Service Request	L2650	PELV & THOR CONTROL GLUTEAL	Auth Required	
Service Request	L2660	THORACIC CONTROL THORACIC BA	Auth Required	
Service Request	L2670	THORAC CONT PARASPINAL UPRIG	Auth Required	
Service Request	L2680	THORAC CONT LAT SUPPORT UPRI	Auth Required	
Service Request	L2795	KNEE CONTROL FULL KNEECAP	Auth Required	
Service Request	L2999	LOWER EXTREMITY ORTHOSIS NOS	Auth Required	
Service Request	L3000	FT INSERT UCB BERKELEY SHELL	Auth Required	
Service Request	L3010	FOOT LONGITUDINAL ARCH SUPPO	Auth Required	

Service Request	L3020	FOOT LONGITUD/METATARSAL SUP	Auth Required	
Service Request	L3031	FOOT LAMIN/PREPREG COMPOSITE	Auth Required	
Service Request	L3040	FT ARCH SUPRT PREMOLD LONGIT	Auth Required	
Service Request	L3060	FOOT ARCH SUPP LONGITUD/META	Auth Required	
Service Request	L3201	OXFORD W SUPINAT/PRONATOR INF	Auth Required	
Service Request	L3202	OXFORD W/ SUPINAT/PRONATOR C	Auth Required	
Service Request	L3203	OXFORD W/ SUPINATOR/PRONATOR	Auth Required	
Service Request	L3204	HIGHTOP W/ SUPP/PRONATOR INF	Auth Required	
Service Request	L3206	HIGHTOP W/ SUPP/PRONATOR CHI	Auth Required	
Service Request	L3207	HIGHTOP W/ SUPP/PRONATOR JUN	Auth Required	
Service Request	L3224	WOMAN SHOE OXFORD BRACE	Auth Required	
Service Request	L3225	MAN SHOE OXFORD BRACE	Auth Required	
Service Request	L3253	SHOE MOLDED PLASTAZOTE CUST	Auth Required	
Service Request	L3265	PLASTAZOTE SANDAL EACH	Auth Required	
Service Request	L3332	SHOE LIFTS TAPERED TO ONE-HA	Auth Required	
Service Request	L3334	SHOE LIFTS ELEVATION HEEL /I	Auth Required	
Service Request	L3480	SHOE HEEL PAD & DEPRESS FOR	Auth Required	
Service Request	L3967	SEWHO AIRPLANE W/O JNTS CF	Auth Required	
Service Request	L3971	SEWHO CAP DESIGN W/JNT(S) CF	Auth Required	
Service Request	L3999	UPPER LIMB ORTHOSIS NOS	Auth Required	
Service Request	L4000	REPL GIRDLE MILWAUKEE ORTH	Auth Required	
Service Request	L4002	REPLACE STRAP, ANY ORTHOSIS	Auth Required	
Service Request	L4010	REPLACE TRILATERAL SOCKET BR	Auth Required	
Service Request	L4020	REPLACE QUADLAT SOCKET BRIM	Auth Required	
Service Request	L4030	REPLACE SOCKET BRIM CUST FIT	Auth Required	
Service Request	L4040	REPLACE MOLDED THIGH LACER	Auth Required	
Service Request	L4045	REPLACE NON-MOLDED THIGH LAC	Auth Required	
Service Request	L4050	REPLACE MOLDED CALF LACER	Auth Required	
Service Request	L4055	REPLACE NON-MOLDED CALF LACE	Auth Required	
Service Request	L4060	REPLACE HIGH ROLL CUFF	Auth Required	
Service Request	L4070	REPLACE PROX & DIST UPRIGHT	Auth Required	
Service Request	L4080	REPL MET BAND KAFO-AFO PROX	Auth Required	
Service Request	L4090	REPL MET BAND KAFO-AFO CALF/	Auth Required	
Service Request	L4100	REPL LEATH CUFF KAFO PROX TH	Auth Required	
Service Request	L4110	REPL LEATH CUFF KAFO-AFO CAL	Auth Required	
Service Request	L4130	REPLACE PRETIBIAL SHELL	Auth Required	
Service Request	L4205	ORTHO DVC REPAIR PER 15 MIN	Auth Required	
Service Request	L4210	ORTH DEV REPAIR/REPL MINOR P	Auth Required	
Service Request	L4394	REPLACE FOOT DROP SPINT	Auth Required	
Service Request	L4631	AFO, WALK BOOT TYPE, CUS FAB	Auth Required	
Service Request	L5050	ANK SYMES MOLD SCKT SACH FT	Auth Required	
Service Request	L5060	SYMES MET FR LEATH SOCKET AR	Auth Required	
Service Request	L5100	MOLDED SOCKET SHIN SACH FOOT	Auth Required	
Service Request	L5105	PLAST SOCKET JTS/THGH LACER	Auth Required	
Service Request	L5150	MOLD SCKT EXT KNEE SHIN SACH	Auth Required	
Service Request	L5160	MOLD SOCKET BENT KNEE SHIN S	Auth Required	
Service Request	L5200	KNE SING AXIS FRIC SHIN SACH	Auth Required	
Service Request	L5210	NO KNEE/ANKLE JOINTS W/ FT B	Auth Required	
Service Request	L5220	NO KNEE JOINT WITH ARTIC ALI	Auth Required	
Service Request	L5230	FEM FOCAL DEFIC CONSTANT FRI	Auth Required	
Service Request	L5250	HIP CANAD SING AXI CONS FRIC	Auth Required	
Service Request	L5270	TILT TABLE LOCKING HIP SING	Auth Required	
Service Request	L5280	HEMIPELVECT CANAD SING AXIS	Auth Required	

Service Request	L5301	BK MOLD SOCKET SACH FT ENDO	Auth Required	
Service Request	L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON,	Auth Required	
Service Request	L5321	AK OPEN END SACH	Auth Required	
Service Request	L5331	HIP DISART CANADIAN SACH FT	Auth Required	
Service Request	L5341	HEMIPELVECTOMY CANADIAN SACH	Auth Required	
Service Request	L5500	INIT BK PTB PLASTER DIRECT	Auth Required	
Service Request	L5505	INIT AK ISCHAL PLSTR DIRECT	Auth Required	
Service Request	L5520	PERP BK PTB THERMOPLS DIRECT	Auth Required	
Service Request	L5530	PREP BK PTB THERMOPLS MOLDED	Auth Required	
Service Request	L5535	PREP BK PTB OPEN END SOCKET	Auth Required	
Service Request	L5540	PREP BK PTB LAMINATED SOCKET	Auth Required	
Service Request	L5560	PREP AK ISCHIAL PLAST MOLDED	Auth Required	
Service Request	L5570	PREP AK ISCHIAL DIRECT FORM	Auth Required	
Service Request	L5580	PREP AK ISCHIAL THERMO MOLD	Auth Required	
Service Request	L5585	PREP AK ISCHIAL OPEN END	Auth Required	
Service Request	L5590	PREP AK ISCHIAL LAMINATED	Auth Required	
Service Request	L5595	HIP DISARTIC SACH THERMOPLS	Auth Required	
Service Request	L5600	HIP DISART SACH LAMINAT MOLD	Auth Required	
Service Request	L5610	ABOVE KNEE HYDRACADENCE	Auth Required	
Service Request	L5611	AK 4 BAR LINK W/FRIC SWING	Auth Required	
Service Request	L5613	AK 4 BAR LING W/HYDRAUL SWIG	Auth Required	
Service Request	L5614	4-BAR LINK ABOVE KNEE W/SWNG	Auth Required	
Service Request	L5616	AK UNIV MULTIPLEX SYS FRICT	Auth Required	
Service Request	L5617	AK/BK SELF-ALIGNING UNIT EA	Auth Required	
Service Request	L5618	TEST SOCKET SYMES	Auth Required	
Service Request	L5620	TEST SOCKET BELOW KNEE	Auth Required	
Service Request	L5622	TEST SOCKET KNEE DISARTICULA	Auth Required	
Service Request	L5624	TEST SOCKET ABOVE KNEE	Auth Required	
Service Request	L5626	TEST SOCKET HIP DISARTICULAT	Auth Required	
Service Request	L5628	TEST SOCKET HEMIPELVECTOMY	Auth Required	
Service Request	L5629	BELOW KNEE ACRYLIC SOCKET	Auth Required	
Service Request	L5630	SYME TYP EXPANDABL WALL SCKT	Auth Required	
Service Request	L5631	AK/KNEE DISARTIC ACRYLIC SOC	Auth Required	
Service Request	L5632	SYMES TYPE PTB BRIM DESIGN S	Auth Required	
Service Request	L5634	SYMES TYPE POSTER OPENING SO	Auth Required	
Service Request	L5636	SYMES TYPE MEDIAL OPENING SO	Auth Required	
Service Request	L5637	BELOW KNEE TOTAL CONTACT	Auth Required	
Service Request	L5638	BELOW KNEE LEATHER SOCKET	Auth Required	
Service Request	L5639	BELOW KNEE WOOD SOCKET	Auth Required	
Service Request	L5640	KNEE DISARTICULAT LEATHER SO	Auth Required	
Service Request	L5642	ABOVE KNEE LEATHER SOCKET	Auth Required	
Service Request	L5643	HIP FLEX INNER SOCKET EXT FR	Auth Required	
Service Request	L5644	ABOVE KNEE WOOD SOCKET	Auth Required	
Service Request	L5645	BK FLEX INNER SOCKET EXT FRA	Auth Required	
Service Request	L5646	BELOW KNEE CUSHION SOCKET	Auth Required	
Service Request	L5647	BELOW KNEE SUCTION SOCKET	Auth Required	
Service Request	L5648	ABOVE KNEE CUSHION SOCKET	Auth Required	
Service Request	L5649	ISCH CONTAINMT/NARROW M-L SO	Auth Required	
Service Request	L5650	TOT CONTACT AK/KNEE DISART S	Auth Required	
Service Request	L5651	AK FLEX INNER SOCKET EXT FRA	Auth Required	
Service Request	L5652	SUCTION SUSP AK/KNEE DISART	Auth Required	
Service Request	L5653	KNEE DISART EXPAND WALL SOCK	Auth Required	

Service Request	L5654	SOCKET INSERT SYMES	Auth Required	
Service Request	L5655	SOCKET INSERT BELOW KNEE	Auth Required	
Service Request	L5656	SOCKET INSERT KNEE ARTICULAT	Auth Required	
Service Request	L5658	SOCKET INSERT ABOVE KNEE	Auth Required	
Service Request	L5661	MULTI-DUROMETER SYMES	Auth Required	
Service Request	L5665	MULTI-DUROMETER BELOW KNEE	Auth Required	
Service Request	L5666	BELOW KNEE CUFF SUSPENSION	Auth Required	
Service Request	L5668	SOCKET INSERT W/O LOCK LOWER	Auth Required	
Service Request	L5670	BK MOLDED SUPRACONDYLAR SUSP	Auth Required	
Service Request	L5671	BK/AK LOCKING MECHANISM	Auth Required	
Service Request	L5672	BK REMOVABLE MEDIAL BRIM SUS	Auth Required	
Service Request	L5673	SOCKET INSERT W LOCK MECH	Auth Required	
Service Request	L5676	BK KNEE JOINTS SINGLE AXIS P	Auth Required	
Service Request	L5677	BK KNEE JOINTS POLYCENTRIC P	Auth Required	
Service Request	L5678	BK JOINT COVERS PAIR	Auth Required	
Service Request	L5679	SOCKET INSERT W/O LOCK MECH	Auth Required	
Service Request	L5680	BK THIGH LACER NON-MOLDED	Auth Required	
Service Request	L5681	INTL CUSTM CONG/LATYP INSERT	Auth Required	
Service Request	L5682	BK THIGH LACER GLUT/ISCHIA M	Auth Required	
Service Request	L5683	INITIAL CUSTOM SOCKET INSERT	Auth Required	
Service Request	L5684	BK FORK STRAP	Auth Required	
Service Request	L5685	BELOW KNEE SUS/SEAL SLEEVE	Auth Required	
Service Request	L5686	BK BACK CHECK	Auth Required	
Service Request	L5688	BK WAIST BELT WEBBING	Auth Required	
Service Request	L5690	BK WAIST BELT PADDED AND LIN	Auth Required	
Service Request	L5692	AK PELVIC CONTROL BELT LIGHT	Auth Required	
Service Request	L5694	AK PELVIC CONTROL BELT PAD/L	Auth Required	
Service Request	L5695	AK SLEEVE SUSP NEOPRENE/EQUA	Auth Required	
Service Request	L5696	AK/KNEE DISARTIC PELVIC JOIN	Auth Required	
Service Request	L5697	AK/KNEE DISARTIC PELVIC BAND	Auth Required	
Service Request	L5698	AK/KNEE DISARTIC SILESIAIAN BA	Auth Required	
Service Request	L5699	SHOULDER HARNESS	Auth Required	
Service Request	L5700	REPLACE SOCKET BELOW KNEE	Auth Required	
Service Request	L5701	REPLACE SOCKET ABOVE KNEE	Auth Required	
Service Request	L5702	REPLACE SOCKET HIP	Auth Required	
Service Request	L5703	SYMES ANKLE W/O (SACH) FOOT	Auth Required	
Service Request	L5704	CUSTOM SHAPE COVER BK	Auth Required	
Service Request	L5705	CUSTOM SHAPE COVER AK	Auth Required	
Service Request	L5706	CUSTOM SHAPE CVR KNEE DISART	Auth Required	
Service Request	L5707	CUSTOM SHAPE CVR HIP DISART	Auth Required	
Service Request	L5710	KNEE-SHIN EXO SNG AXI MNL LOC	Auth Required	
Service Request	L5711	KNEE-SHIN EXO MNL LOCK ULTRA	Auth Required	
Service Request	L5712	KNEE-SHIN EXO FRICT SWG & ST	Auth Required	
Service Request	L5714	KNEE-SHIN EXO VARIABLE FRICT	Auth Required	
Service Request	L5716	KNEE-SHIN EXO MECH STANCE PH	Auth Required	
Service Request	L5718	KNEE-SHIN EXO FRCT SWG & STA	Auth Required	
Service Request	L5722	KNEE-SHIN PNEUM SWG FRCT EXO	Auth Required	
Service Request	L5724	KNEE-SHIN EXO FLUID SWING PH	Auth Required	
Service Request	L5726	KNEE-SHIN EXT JNTS FLD SWG E	Auth Required	
Service Request	L5728	KNEE-SHIN FLUID SWG & STANCE	Auth Required	
Service Request	L5780	KNEE-SHIN PNEUM/HYDRA PNEUM	Auth Required	
Service Request	L5781	LOWER LIMB PROS VACUUM PUMP	Auth Required	
Service Request	L5782	HD LOW LIMB PROS VACUUM PUMP	Auth Required	

Service Request	L5785	EXOSKELETAL BK ULTRALT MATER	Auth Required	
Service Request	L5790	EXOSKELETAL AK ULTRA-LIGHT M	Auth Required	
Service Request	L5795	EXOSKEL HIP ULTRA-LIGHT MATE	Auth Required	
Service Request	L5810	ENDOSKEL KNEE-SHIN MNL LOCK	Auth Required	
Service Request	L5811	ENDO KNEE-SHIN MNL LCK ULTRA	Auth Required	
Service Request	L5812	ENDO KNEE-SHIN FRCT SWG & ST	Auth Required	
Service Request	L5814	ENDO KNEE-SHIN HYDRAL SWG PH	Auth Required	
Service Request	L5816	ENDO KNEE-SHIN POLYC MCH STA	Auth Required	
Service Request	L5818	ENDO KNEE-SHIN FRCT SWG & ST	Auth Required	
Service Request	L5822	ENDO KNEE-SHIN PNEUM SWG FRC	Auth Required	
Service Request	L5824	ENDO KNEE-SHIN FLUID SWING P	Auth Required	
Service Request	L5826	MINIATURE KNEE JOINT	Auth Required	
Service Request	L5828	ENDO KNEE-SHIN FLUID SWG/STA	Auth Required	
Service Request	L5830	ENDO KNEE-SHIN PNEUM/SWG PHA	Auth Required	
Service Request	L5840	MULTI-AXIAL KNEE/SHIN SYSTEM	Auth Required	
Service Request	L5845	KNEE-SHIN SYS STANCE FLEXION	Auth Required	
Service Request	L5848	KNEE-SHIN SYS HYDRAUL STANCE	Auth Required	
Service Request	L5850	ENDO AK/HIP KNEE EXTENS ASSI	Auth Required	
Service Request	L5855	MECH HIP EXTENSION ASSIST	Auth Required	
Service Request	L5856	ELEC KNEE-SHIN SWING/STANCE	Auth Required	
Service Request	L5857	ELEC KNEE-SHIN SWING ONLY	Auth Required	
Service Request	L5858	STANCE PHASE ONLY	Auth Required	
Service Request	L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED	Auth Required	
Service Request	L5910	ENDO BELOW KNEE ALIGNABLE SY	Auth Required	
Service Request	L5920	ENDO AK/HIP ALIGNABLE SYSTEM	Auth Required	
Service Request	L5925	ABOVE KNEE MANUAL LOCK	Auth Required	
Service Request	L5930	HIGH ACTIVITY KNEE FRAME	Auth Required	
Service Request	L5940	ENDO BK ULTRA-LIGHT MATERIAL	Auth Required	
Service Request	L5950	ENDO AK ULTRA-LIGHT MATERIAL	Auth Required	
Service Request	L5960	ENDO HIP ULTRA-LIGHT MATERIA	Auth Required	
Service Request	L5961	ENDO POLY HIP, PNEU/HYD/ROT	Auth Required	
Service Request	L5962	BELOW KNEE FLEX COVER SYSTEM	Auth Required	
Service Request	L5964	ABOVE KNEE FLEX COVER SYSTEM	Auth Required	
Service Request	L5966	HIP FLEXIBLE COVER SYSTEM	Auth Required	
Service Request	L5968	MULTIAXIAL ANKLE W DORSIFLEX	Auth Required	
Service Request	L5969	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	Auth Required	
Service Request	L5970	FOOT EXTERNAL KEEL SACH FOOT	Auth Required	
Service Request	L5971	SACH FOOT, REPLACEMENT	Auth Required	
Service Request	L5972	FLEXIBLE KEEL FOOT	Auth Required	
Service Request	L5973	ANK-FOOT SYS DORS-PLANT FLEX	Auth Required	
Service Request	L5974	FOOT SINGLE AXIS ANKLE/FOOT	Auth Required	
Service Request	L5975	COMBO ANKLE/FOOT PROSTHESIS	Auth Required	
Service Request	L5976	ENERGY STORING FOOT	Auth Required	
Service Request	L5978	FT PROSTH MULTIAXIAL ANKL/FT	Auth Required	
Service Request	L5979	MULTI-AXIAL ANKLE/FT PROSTH	Auth Required	
Service Request	L5980	FLEX FOOT SYSTEM	Auth Required	
Service Request	L5981	FLEX-WALK SYS LOW EXT PROSTH	Auth Required	
Service Request	L5982	EXOSKELETAL AXIAL ROTATION U	Auth Required	
Service Request	L5984	ENDOSKELETAL AXIAL ROTATION	Auth Required	
Service Request	L5985	LWR EXT DYNAMIC PROSTH PYLON	Auth Required	
Service Request	L5986	MULTI-AXIAL ROTATION UNIT	Auth Required	
Service Request	L5987	SHANK FT W VERT LOAD PYLON	Auth Required	

Service Request	L5988	VERTICAL SHOCK REDUCING PYLO	Auth Required	
Service Request	L5990	USER ADJUSTABLE HEEL HEIGHT	Auth Required	
Service Request	L5999	LOWR EXTREMITY PROSTHES NOS	Auth Required	
Service Request	L6000	PAR HAND ROBIN-AIDS THUM REM	Auth Required	
Service Request	L6010	HAND ROBIN-AIDS LITTLE/RING	Auth Required	
Service Request	L6020	PART HAND ROBIN-AIDS NO FING	Auth Required	
Service Request	L6026	TRANSCARPAL/METACARPAL OR PART HAND DISARTICULATION PROSTHESIS, EXT POWER, EXCL TERMINAL DEVICE(S)	Auth Required	
Service Request	L6050	WRST MLD SCK FLX HNG TRI PAD	Auth Required	
Service Request	L6055	WRST MOLD SOCK W/EXP INTERFA	Auth Required	
Service Request	L6100	ELB MOLD SOCK FLEX HINGE PAD	Auth Required	
Service Request	L6110	ELBOW MOLD SOCK SUSPENSION T	Auth Required	
Service Request	L6120	ELBOW MOLD DOUB SPLT SOC STE	Auth Required	
Service Request	L6130	ELBOW STUMP ACTIVATED LOCK H	Auth Required	
Service Request	L6200	ELBOW MOLD OUTSID LOCK HINGE	Auth Required	
Service Request	L6205	ELBOW MOLDED W/ EXPAND INTER	Auth Required	
Service Request	L6250	ELBOW INTER LOC ELBOW FORARM	Auth Required	
Service Request	L6300	SHLDER DISART INT LOCK ELBOW	Auth Required	
Service Request	L6310	SHOULDER PASSIVE RESTOR COMP	Auth Required	
Service Request	L6320	SHOULDER PASSIVE RESTOR CAP	Auth Required	
Service Request	L6350	THORACIC INTERN LOCK ELBOW	Auth Required	
Service Request	L6360	THORACIC PASSIVE RESTOR COMP	Auth Required	
Service Request	L6370	THORACIC PASSIVE RESTOR CAP	Auth Required	
Service Request	L6380	POSTOP DSG CAST CHG WRST/ELB	Auth Required	
Service Request	L6382	POSTOP DSG CAST CHG ELB DIS/	Auth Required	
Service Request	L6384	POSTOP DSG CAST CHG SHLDER/T	Auth Required	
Service Request	L6386	POSTOP EA CAST CHG & REALIGN	Auth Required	
Service Request	L6388	POSTOP APPLICAT RIGID DSG ON	Auth Required	
Service Request	L6400	BELOW ELBOW PROSTH TISS SHAP	Auth Required	
Service Request	L6450	ELB DISART PROSTH TISS SHAP	Auth Required	
Service Request	L6500	ABOVE ELBOW PROSTH TISS SHAP	Auth Required	
Service Request	L6550	SHLDR DISAR PROSTH TISS SHAP	Auth Required	
Service Request	L6570	SCAP THORAC PROSTH TISS SHAP	Auth Required	
Service Request	L6580	WRIST/ELBOW BOWDEN CABLE MOL	Auth Required	
Service Request	L6582	WRIST/ELBOW BOWDEN CBL DIR F	Auth Required	
Service Request	L6584	ELBOW FAIR LEAD CABLE MOLDED	Auth Required	
Service Request	L6586	ELBOW FAIR LEAD CABLE DIR FO	Auth Required	
Service Request	L6588	SHDR FAIR LEAD CABLE MOLDED	Auth Required	
Service Request	L6590	SHDR FAIR LEAD CABLE DIRECT	Auth Required	
Service Request	L6600	POLYCENTRIC HINGE PAIR	Auth Required	
Service Request	L6605	SINGLE PIVOT HINGE PAIR	Auth Required	
Service Request	L6610	FLEXIBLE METAL HINGE PAIR	Auth Required	
Service Request	L6611	ADDITIONAL SWITCH, EXT POWER	Auth Required	
Service Request	L6615	DISCONNECT LOCKING WRIST UNI	Auth Required	
Service Request	L6616	DISCONNECT INSERT LOCKING WR	Auth Required	
Service Request	L6620	FLEXION/EXTENSION WRIST UNIT	Auth Required	
Service Request	L6621	FLEX/EXT WRIST W/WO FRICTION	Auth Required	
Service Request	L6623	SPRING-ASS ROT WRST W/ LATCH	Auth Required	
Service Request	L6624	FLEX/EXT/ROTATION WRIST UNIT	Auth Required	
Service Request	L6625	ROTATION WRST W/ CABLE LOCK	Auth Required	
Service Request	L6628	QUICK DISCONN HOOK ADAPTER O	Auth Required	
Service Request	L6629	LAMINATION COLLAR W/ COUPLIN	Auth Required	
Service Request	L6630	STAINLESS STEEL ANY WRIST	Auth Required	

Service Request	L6632	LATEX SUSPENSION SLEEVE EACH	Auth Required	
Service Request	L6635	LIFT ASSIST FOR ELBOW	Auth Required	
Service Request	L6637	NUDGE CONTROL ELBOW LOCK	Auth Required	
Service Request	L6638	ELEC LOCK ON MANUAL PW ELBOW	Auth Required	
Service Request	L6640	SHOULDER ABDUCTION JOINT PAI	Auth Required	
Service Request	L6641	EXCURSION AMPLIFIER PULLEY T	Auth Required	
Service Request	L6642	EXCURSION AMPLIFIER LEVER TY	Auth Required	
Service Request	L6645	SHOULDER FLEXION-ABDUCTION J	Auth Required	
Service Request	L6646	MULTIPO LOCKING SHOULDER JNT	Auth Required	
Service Request	L6647	SHOULDER LOCK ACTUATOR	Auth Required	
Service Request	L6648	EXT PWRD SHLDER LOCK/UNLOCK	Auth Required	
Service Request	L6650	SHOULDER UNIVERSAL JOINT	Auth Required	
Service Request	L6655	STANDARD CONTROL CABLE EXTRA	Auth Required	
Service Request	L6660	HEAVY DUTY CONTROL CABLE	Auth Required	
Service Request	L6665	TEFLON OR EQUAL CABLE LINING	Auth Required	
Service Request	L6670	HOOK TO HAND CABLE ADAPTER	Auth Required	
Service Request	L6672	HARNESS CHEST/SHLDER SADDLE	Auth Required	
Service Request	L6675	HARNESS FIGURE OF 8 SING CON	Auth Required	
Service Request	L6676	HARNESS FIGURE OF 8 DUAL CON	Auth Required	
Service Request	L6677	UE TRIPLE CONTROL HARNESS	Auth Required	
Service Request	L6680	TEST SOCK WRIST DISART/BEL E	Auth Required	
Service Request	L6682	TEST SOCK ELBW DISART/ABOVE	Auth Required	
Service Request	L6684	TEST SOCKET SHLDR DISART/THO	Auth Required	
Service Request	L6686	SUCTION SOCKET	Auth Required	
Service Request	L6687	FRAME TYP SOCKET BEL ELBOW/W	Auth Required	
Service Request	L6688	FRAME TYP SOCK ABOVE ELB/DIS	Auth Required	
Service Request	L6689	FRAME TYP SOCKET SHOULDER DI	Auth Required	
Service Request	L6690	FRAME TYP SOCK INTERSCAP-THO	Auth Required	
Service Request	L6691	REMOVABLE INSERT EACH	Auth Required	
Service Request	L6692	SILICONE GEL INSERT OR EQUAL	Auth Required	
Service Request	L6693	LOCKINGELBOW FOREARM CNTRBAL	Auth Required	
Service Request	L6694	ELBOW SOCKET INS USE W/LOCK	Auth Required	
Service Request	L6695	ELBOW SOCKET INS USE W/O LCK	Auth Required	
Service Request	L6696	CUS ELBO SKT IN FOR CON/ATYP	Auth Required	
Service Request	L6697	CUS ELBO SKT IN NOT CON/ATYP	Auth Required	
Service Request	L6698	BELOW/ABOVE ELBOW LOCK MECH	Auth Required	
Service Request	L6703	TERM DEV, PASSIVE HAND MITT	Auth Required	
Service Request	L6704	TERM DEV, SPORT/REC/WORK ATT	Auth Required	
Service Request	L6706	TERM DEV MECH HOOK VOL OPEN	Auth Required	
Service Request	L6707	TERM DEV MECH HOOK VOL CLOSE	Auth Required	
Service Request	L6708	TERM DEV MECH HAND VOL OPEN	Auth Required	
Service Request	L6709	TERM DEV MECH HAND VOL CLOSE	Auth Required	
Service Request	L6711	PED TERM DEV, HOOK, VOL OPEN	Auth Required	
Service Request	L6712	PED TERM DEV, HOOK, VOL CLOS	Auth Required	
Service Request	L6713	PED TERM DEV, HAND, VOL OPEN	Auth Required	
Service Request	L6714	PED TERM DEV, HAND, VOL CLOS	Auth Required	
Service Request	L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE	Auth Required	
Service Request	L6721	HOOK/HAND, HVY DTY, VOL OPEN	Auth Required	
Service Request	L6722	HOOK/HAND, HVY DTY, VOL CLOS	Auth Required	
Service Request	L6805	TERM DEV MODIFIER WRIST UNIT	Auth Required	
Service Request	L6810	TERM DEV PRECISION PINCH DEV	Auth Required	

Service Request	L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING	Auth Required	
Service Request	L6881	TERM DEV AUTO GRASP FEATURE	Auth Required	
Service Request	L6882	MICROPROCESSOR CONTROL UPLMB	Auth Required	
Service Request	L6883	REPLC SOCKT BELOW E/W DISA	Auth Required	
Service Request	L6884	REPLC SOCKT ABOVE ELBOW DISA	Auth Required	
Service Request	L6885	REPLC SOCKT SHLDR DIS/INTERC	Auth Required	
Service Request	L6890	PREFAB GLOVE FOR TERM DEVICE	Auth Required	
Service Request	L6895	CUSTOM GLOVE FOR TERM DEVICE	Auth Required	
Service Request	L6900	HAND RESTORAT THUMB/1 FINGER	Auth Required	
Service Request	L6905	HAND RESTORATION MULTIPLE FI	Auth Required	
Service Request	L6910	HAND RESTORATION NO FINGERS	Auth Required	
Service Request	L6915	HAND RESTORATION REPLACMNT G	Auth Required	
Service Request	L6920	WRIST DISARTICUL SWITCH CTRL	Auth Required	
Service Request	L6925	WRIST DISART MYOELECTRONIC C	Auth Required	
Service Request	L6930	BELOW ELBOW SWITCH CONTROL	Auth Required	
Service Request	L6935	BELOW ELBOW MYOELECTRONIC CT	Auth Required	
Service Request	L6940	ELBOW DISARTICULATION SWITCH	Auth Required	
Service Request	L6945	ELBOW DISART MYOELECTRONIC C	Auth Required	
Service Request	L6950	ABOVE ELBOW SWITCH CONTROL	Auth Required	
Service Request	L6955	ABOVE ELBOW MYOELECTRONIC CT	Auth Required	
Service Request	L6960	SHLDR DISARTIC SWITCH CONTRO	Auth Required	
Service Request	L6965	SHLDR DISARTIC MYOELECTRONIC	Auth Required	
Service Request	L6970	INTERSCAPULAR-THOR SWITCH CT	Auth Required	
Service Request	L6975	INTERSCAP-THOR MYOELECTRONIC	Auth Required	
Service Request	L7007	ADULT ELECTRIC HAND	Auth Required	
Service Request	L7008	PEDIATRIC ELECTRIC HAND	Auth Required	
Service Request	L7009	ADULT ELECTRIC HOOK	Auth Required	
Service Request	L7040	PREHENSILE ACTUATOR	Auth Required	
Service Request	L7045	PEDIATRIC ELECTRIC HOOK	Auth Required	
Service Request	L7170	ELECTRONIC ELBOW HOSMER SWIT	Auth Required	
Service Request	L7180	ELECTRONIC ELBOW SEQUENTIAL	Auth Required	
Service Request	L7181	ELECTRONIC ELBO SIMULTANEOUS	Auth Required	
Service Request	L7185	ELECTRON ELBOW ADOLESCENT SW	Auth Required	
Service Request	L7186	ELECTRONIC ELBOW CHILD SWITCH	Auth Required	
Service Request	L7190	ELBOW ADOLESCENT MYOELECTRON	Auth Required	
Service Request	L7191	ELBOW CHILD MYOELECTRONIC CT	Auth Required	
Service Request	L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	Auth Required	
Service Request	L7360	SIX VOLT BAT OTTO BOCK/EQ EA	Auth Required	
Service Request	L7364	TWELVE VOLT BATTERY UTAH/EQU	Auth Required	
Service Request	L7400	ADD UE PROST BE/WD, ULTLITE	Auth Required	
Service Request	L7401	ADD UE PROST A/E ULTLITE MAT	Auth Required	
Service Request	L7402	ADD UE PROST S/D ULTLITE MAT	Auth Required	
Service Request	L7403	ADD UE PROST B/E ACRYLIC	Auth Required	
Service Request	L7404	ADD UE PROST A/E ACRYLIC	Auth Required	
Service Request	L7405	ADD UE PROST S/D ACRYLIC	Auth Required	
Service Request	L7499	UPPER EXTREMITY PROSTHES NOS	Auth Required	
Service Request	L7510	PROSTHETIC DEVICE REPAIR REP	Auth Required	
Service Request	L7600	PROSTHETIC DONNING SLEEVE	Auth Required	
Service Request	L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	Auth Required	
Service Request	L8039	BREAST PROSTHESIS, NOS	Auth Required	
Service Request	L8040	NASAL PROSTHESIS	Auth Required	

Service Request	L8041	MIDFACIAL PROSTHESIS	Auth Required	
Service Request	L8042	ORBITAL PROSTHESIS	Auth Required	
Service Request	L8043	UPPER FACIAL PROSTHESIS	Auth Required	
Service Request	L8044	HEMI-FACIAL PROSTHESIS	Auth Required	
Service Request	L8045	AURICULAR PROSTHESIS	Auth Required	
Service Request	L8046	PARTIAL FACIAL PROSTHESIS	Auth Required	
Service Request	L8047	NASAL SEPTAL PROSTHESIS	Auth Required	
Service Request	L8048	UNSPEC MAXILLOFACIAL PROSTH	Auth Required	
Service Request	L8049	REPAIR MAXILLOFACIAL PROSTH	Auth Required	
Service Request	L8400	SHEATH BELOW KNEE	Auth Required	
Service Request	L8410	SHEATH ABOVE KNEE	Auth Required	
Service Request	L8415	SHEATH UPPER LIMB	Auth Required	
Service Request	L8417	PROS SHEATH/SOCK W GEL CUSHN	Auth Required	
Service Request	L8420	PROSTHETIC SOCK MULTI PLY BK	Auth Required	
Service Request	L8430	PROSTHETIC SOCK MULTI PLY AK	Auth Required	
Service Request	L8435	PROS SOCK MULTI PLY UPPER LM	Auth Required	
Service Request	L8440	SHRINKER BELOW KNEE	Auth Required	
Service Request	L8460	SHRINKER ABOVE KNEE	Auth Required	
Service Request	L8465	SHRINKER UPPER LIMB	Auth Required	
Service Request	L8470	PROS SOCK SINGLE PLY BK	Auth Required	
Service Request	L8480	PROS SOCK SINGLE PLY AK	Auth Required	
Service Request	L8485	PROS SOCK SINGLE PLY UPPER L	Auth Required	
Service Request	L8499	UNLISTED MISC PROSTHETIC SER	Auth Required	
Service Request	L8500	ARTIFICIAL LARYNX	Auth Required	
Service Request	L8501	TRACHEOSTOMY SPEAKING VALVE	Auth Required	
Service Request	L8505	ARTIFICIAL LARYNX, ACCESSORY	Auth Required	
Service Request	L8507	TRACH-ESOPH VOICE PROS PT IN	Auth Required	
Service Request	L8509	TRACH-ESOPH VOICE PROS MD IN	Auth Required	
Service Request	L8510	VOICE AMPLIFIER	Auth Required	
Service Request	L8511	INDWELLING TRACH INSERT	Auth Required	
Service Request	L8512	GEL CAP FOR TRACH VOICE PROS	Auth Required	
Service Request	L8513	TRACH PROS CLEANING DEVICE	Auth Required	
Service Request	L8514	REPL TRACH PUNCTURE DILATOR	Auth Required	
Service Request	L8515	GEL CAP APP DEVICE FOR TRACH	Auth Required	
Service Request	L8600	IMPLANT BREAST SILICONE/EQ	Auth Required	
Service Request	L8603	COLLAGEN IMP URINARY 2.5 ML	Auth Required	
Service Request	L8604	DEXTRANOMER/HYALURONIC ACID	Auth Required	
Service Request	L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL	Auth Required	
Service Request	L8606	SYNTHETIC IMPLNT URINARY 1ML	Auth Required	
Service Request	L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML	Auth Required	
Service Request	L8609	ARTIFICIAL CORNEA	Auth Required	
Service Request	L8612	AQUEOUS SHUNT PROSTHESIS	Auth Required	
Service Request	L8613	OSSICULAR IMPLANT	Auth Required	
Service Request	L8614	COCHLEAR DEVICE	Auth Required	
Service Request	L8615	COCH IMPLANT HEADSET REPLACE	Auth Required	
Service Request	L8616	COCH IMPLANT MICROPHONE REPL	Auth Required	
Service Request	L8617	COCH IMPLANT TRANS COIL REPL	Auth Required	
Service Request	L8618	COCH IMPLANT TRAN CABLE REPL	Auth Required	
Service Request	L8619	COCH IMP EXT PROC/CONTR RPLC	Auth Required	
Service Request	L8623	LITH ION BATT CID, NON-EARLVL	Auth Required	
Service Request	L8624	LITH ION BATT CID, EAR LEVEL	Auth Required	

Service Request	L8625	EXTERNAL RECHARG SYS FOR COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE BATTERY, REPL ONLY, EA	Auth Required	
Service Request	L8627	CID EXT SPEECH PROCESS REPL	Auth Required	
Service Request	L8628	CID EXT CONTROLLER REPL	Auth Required	
Service Request	L8629	CID TRANSMIT COIL AND CABLE	Auth Required	
Service Request	L8631	MCP JOINT REPL 2 PC OR MORE	Auth Required	
Service Request	L8641	METATARSAL JOINT IMPLANT	Auth Required	
Service Request	L8642	HALLUX IMPLANT	Auth Required	
Service Request	L8658	INTERPHALANGEAL JOINT SPACER	Auth Required	
Service Request	L8659	INTERPHALANGEAL JOINT REPL	Auth Required	
Service Request	L8670	VASCULAR GRAFT, SYNTHETIC	Auth Required	
Service Request	L8679	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY	Auth Required	
Service Request	L8680	IMPLT NEUROSTIM ELCTR EACH	Auth Required	
Service Request	L8681	PT PRGRM FOR IMPLT NEUROSTIM	Auth Required	
Service Request	L8682	IMPLT NEUROSTIM RADIOFQ REC	Auth Required	
Service Request	L8683	RADIOFQ TRSMTR FOR IMPLT NEU	Auth Required	
Service Request	L8684	RADIOF TRSMTR IMPLT SCRL NEU	Auth Required	
Service Request	L8685	IMPLT NROSTM PLS GEN SNG REC	Auth Required	
Service Request	L8686	IMPLT NROSTM PLS GEN SNG NON	Auth Required	
Service Request	L8687	IMPLT NROSTM PLS GEN DUA REC	Auth Required	
Service Request	L8688	IMPLT NROSTM PLS GEN DUA NON	Auth Required	
Service Request	L8689	EXTERNAL RECHARG SYS INTERN	Auth Required	
Service Request	L8690	AUD OSSEO DEV, INT/EXT COMP	Auth Required	
Service Request	L8691	OSSEOINTEGRATED SND PROC RPL	Auth Required	
Service Request	L8693	AUD OSSEO DEV, ABUTMENT	Auth Required	
Service Request	L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EA	Auth Required	
Service Request	L8695	EXTERNAL RECHARG SYS EXTERN	Auth Required	
Service Request	L8696	ANTENNA (EXTERNAL) FOR IMPL DIAPHRAGMATIC/PHRENIC NERVE STIM DEVICE, REPLACEMENT, EACH	Auth Required	
Service Request	L8698	MISC COMP/SUPPLY/ACCESS USED WITH TOTAL ARTIFICIAL HEART SYSTEM	Auth Required	
Service Request	L8699	PROSTHETIC IMPLANT,NOS	Auth Required	
Service Request	L9900	O&P SUPPLY/ACCESSORY/SERVICE	Auth Required	
Medication	Q0138	FERUMOXYTOL, NON-ESRD	Auth Required	
Medication	Q0139	FERUMOXYTOL, ESRD USE	Auth Required	
Medication	Q0144	AZITHROMYCIN DIHYDRATE, ORAL	Auth Not Required	
Medication	Q0161	CHLORPROMAZINE HYDROCHLORIDE 5 MG ORAL	Auth Not Required	
Medication	Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	Auth Not Required	
Medication	Q0163	DIPHENHYDRAMINE HCL 50MG	Auth Not Required	
Medication	Q0164	PROCHLORPERAZINE MALEATE 5MG	Auth Not Required	
Medication	Q0166	GRANISETRON HCL 1 MG ORAL	Auth Not Required	
Medication	Q0167	DRONABINOL,2.5MG,ORAL	Auth Not Required	
Medication	Q0169	PROMETHAZINE HCL,12.5MG,ORAL	Auth Not Required	
Medication	Q0173	TRIMETHOBENZAMIDE HCL 250MG	Auth Not Required	
Medication	Q0174	THIETHYLPERAZINE MALEATE10MG	Auth Not Required	
Medication	Q0175	PERPHENZINE,4MG,ORAL	Auth Not Required	
Medication	Q0177	HYDROXYZINE PAMOATE 25MG	Auth Not Required	
Medication	Q0180	DOLASETRON MESYLATE ORAL	Auth Not Required	
Medication	Q0181	UNSPECIFIED ORAL ANTI-EMETIC	Auth Not Required	
Medication	Q0510	DISPENS FEE IMMUNOSUPPRESSIVE	Auth Not Required	
Medication	Q0511	SUP FEE ANTIEM,ANTICA,IMMUNO	Auth Not Required	
Medication	Q0512	PX SUP FEE ANTI-CAN SUB PRES	Auth Not Required	

Medication	Q0513	DISP FEE INHAL DRUGS/30 DAYS	Auth Not Required	
Medication	Q0514	DISP FEE INHAL DRUGS/90 DAYS	Auth Not Required	
Medication	Q0515	SERMORELIN ACETATE INJECTION	Auth Not Required	
Medication	Q2004	IRRIGATION SOLUTION TREAT BLADDER CALCULI,500 ML	Auth Not Required	
Medication	Q2009	FOSPHENYTOIN INJ PE 50MG	Auth Not Required	
Medication	Q2017	TENIPOSIDE, 50 MG	Auth Required	
Medication	Q2026	RADIESSE INJECTION 0.1 ML	Not Covered	
Medication	Q2028	INJECTION SCULPTRA 0.5 MG	Not Covered	
Medication	Q2034	FLU VIRUS VAC SPLIT VIRUS INTRAMUSCULAR AGRIFLU	Auth Not Required	
Medication	Q2035	AFLURIA VACC, 3 YRS & >, IM	Auth Not Required	
Medication	Q2036	FLULAVAL VACC, 3 YRS & >, IM	Auth Not Required	
Medication	Q2037	FLUVIRIN VACC, 3 YRS & >, IM	Auth Not Required	
Medication	Q2038	FLUZONE VACC, 3 YRS & >, IM	Auth Not Required	
Medication	Q2039	NOS FLU VACC, 3 YRS & >, IM	Auth Not Required	
Medication	Q2041	INFUSION, AXICABTAGENE CILOLEUCEL, MAX 200 MIL AUTOLOGUOS CAR T CELLS, PER INFUSION	Auth Required	
Medication	Q2042	TISAGENLECLEUCEL CAR-POS T CELLS, PER THERAPEUTIC DOSE	Auth Required	
Medication	Q2043	SIPULEUCEL-T, MIN 50 MILL AUTOLOGOUS CD54+ CELLS ACTVTD, PER INFUSION	Auth Required	
Medication	Q2049	INJ DOXORUBICIN HCI LIP IMPORTED LIPODOX 10 MG	Auth Required	
Medication	Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	Auth Required	
Medication	Q2052	SERVICES SUPPLIES IN HOME MEDICARE IVIG DEM	Auth Required	
Medication	Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, PER THERAPEUTIC DOSE	Auth Required	
Medication	Q2054	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PRPARATION PROCEDURES, PER THERAPEUTIC DOSE	Auth Required	
Medication	Q2055	IDECABTAGENE VICLEUCEL,UP TO 460 MIL AUTOLOGOUS BCMA DIR CAR-POS T CELL	Auth Required	
Medication	Q2056	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS BCMA DIRECTED CAR-POSITIVE T CELLS, INC LEUKAPHERESIS AND DOSE PREP PROC, PER THERAPEUTIC DOSE	Auth Required	
Medication	Q3027	INJECTION INTERFERON BETA-1A 1 MCG IM USE	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Medication	Q3028	INJECTION INTERFERON BETA-1A 1 MCG SUBQ USE	Covered under Pharmacy Benefit, direct request to PBM	Not covered under medical benefit. Please contact Advantage U pharmacy customer service at 888-970-0851 for benefit coverage.
Service Request	Q4050	CAST SUPPLIES UNLISTED	Auth Required	
Service Request	Q4051	SPLINT SUPPLIES, MISC	Auth Required	
Medication	Q4074	ILOPROST NON-COMP UNIT DOSE	Auth Not Required	
Medication	Q4081	EPOETIN ALFA, 100 UNITS ESRD	Auth Required	
Medication	Q4082	DRUG/BIO NOC PART B DRUG CAP	Auth Required	
Service Request	Q5001	HOSPICE IN PATIENT HOME	Auth Required	
Service Request	Q5006	HOSPICE IN HOSPICE FACILITY	Auth Required	
Medication	Q5101	INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM	Auth Not Required	
Medication	Q5103	INJ, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	Auth Required	
Medication	Q5104	INJ, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	Auth Required	
Medication	Q5105	INJ, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (ESRD ON DIALYSIS), 100 UNITS	Auth Not Required	
Medication	Q5106	INJ, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (NON-ESRD USE), 1000 UNITS	Auth Not Required	
Medication	Q5107	INJECTION MVASI, 10 MG	Auth Not Required	
Medication	Q5108	INJECTION, FULPHILA	Auth Not Required	
Medication	Q5109	INJECTION, IXIFI, 10 MG	Auth Required	

Medication	Q5110	NIVESTYM	Auth Not Required	
Medication	Q5111	INJ, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	Auth Not Required	
Medication	Q5112	INJ, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	Auth Required	
Medication	Q5113	INJ, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MGá	Auth Required	
Medication	Q5114	INJ, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	Auth Required	
Medication	Q5115	INJ, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA) 10 MG	Auth Not Required	
Medication	Q5116	INJ, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Auth Required	
Medication	Q5117	INJ, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Auth Required	
Medication	Q5118	INJ, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Auth Not Required	
Medication	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Auth Not Required	
Medication	Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Auth Required	
Medication	Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Not Covered	
Medication	Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Auth Required	
Medication	Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	Not Covered	
Medication	Q5124	INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG	Not Covered	
Medication	Q5125	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM	Auth Required	
Medication	Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	Auth Not Required	
Medication	Q9991	INJ, BUPRENORPHINE EXT-REL (SUBLOCADE), 100 MG OR LESS	Auth Not Required	
Medication	Q9992	INJ, BUPRENORPHINE EXT-REL (SUBLOCADE), GREATER THAN 100 MG	Auth Not Required	
Medication	S0017	INJECTION, AMINOCAPROIC ACID 5GM	Auth Not Required	
Medication	S0020	INJECTION, BUPIVACAINE HYDRO 30ML	Auth Not Required	
Medication	S0023	INJECTION, CIMETIDINE HYDROC 300MG	Not Covered	
Medication	S0030	INJECTION, METRONIDAZOLE 500MG	Auth Not Required	
Medication	S0032	INJECTION, NAFCILLIN SODIUM 2GMS	Auth Not Required	
Medication	S0034	INJ, OFLOXACIN, 400 MG	Auth Not Required	
Medication	S0039	INJECTION, SULFAMETHOXAZOLE 10ML	Auth Not Required	
Medication	S0040	INJECTION, TICARCILLIN DISOD 3.1GM	Not Covered	
Medication	S0073	INJ, AZTREONAM, 500 MG	Auth Not Required	
Medication	S0074	INJECTION, CEFOTETAN DISODIU	Auth Not Required	
Medication	S0077	INJECTION, CLINDAMYCIN PHOSP	Auth Not Required	
Medication	S0078	INJECTION, FOSPHENYTOIN SODI	Auth Not Required	
Medication	S0080	INJECTION, PENTAMIDINE ISETH	Auth Not Required	
Medication	S0081	INJECTION, PIPERACILLIN SODI	Auth Not Required	
Medication	S0164	INJECTION PANTROPRAZOLE	Auth Not Required	
Service Request	T1019	PERSONAL CARE SER PER 15 MIN	Auth Required	
Service Request	T2042	HOSPICE ROUTINE HOME CARE	Auth Required	
Service Request	T2043	HOSPICE CONTINUOUS HOME CARE	Auth Required	
Service Request	T2044	HOSPICE RESPITE CARE	Auth Required	
Service Request	T2045	HOSPICE GENERAL CARE	Auth Required	
Service Request	T2046	HOSPICE LONG TERM CARE, R&B	Auth Required	
Service Request	V2199	LENS SINGLE VISION NOT OTH C	Auth Required	
Service Request	V2797	VIS ITEM/SVC IN OTHER CODE	Auth Required	
Service Request	V2799	MISCELLANEOUS VISION SERVICE	Auth Required	
Service Request	V5299	HEARING SERVICE	Auth Required	