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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
3	Any referral to a nonparticipating provider/facility for nonemergency services	Contract Dependent		Briefly March 2006	Not Applicable
4	Abilify Maintena® (aripiprazole)	08/15/13		Postcard July 2013	
5	J0401				
6	Abraxane® (paclitaxel protein-bound particles)	04/01/06		Briefly March 2006	MBP 36
7	J9264				
8	Actemra® (tocilizumab)	07/01/10		Briefly June 2010	MBP 76.0
9	J3262				
10	Acupuncture	12/01/96	Prior auth for certain TPAs. This service is excluded from coverage for Commercial, Gold, Medicaid and FEHBP.	Postcard September 2016-Annual Policy Review	MP 63
11	97810, 97811, 97813, 97814				
12	Advanced Molecular Topographic Genotyping (RedPath Pathfinder TG)	01/01/08	Prior auth required for Gold and Medicaid; excluded from coverage for Commercial	Briefly December 2007	MP 205
13	This service does not have a specific CPT code. It is billed under a miscellaneous code.				
14	Adcetris® (brentuximab vedotin)	04/15/18		Monthly Provider Update March 2018	MBP 166.0
15	J9042				
16	Ajovy™ (fremanezumab-vfrm)	4/1/2019		Monthly Provider Update March 2019	Not Applicable
17	C9040				
18	Akynzeo IV® (fosnetupitant/palonosetron)	6/15/2019		Monthly Provider Update May 2019	MBP 192.0
19	J1454				
20	Aldurazyme® (laronidase)	01/01/06		Briefly March 2006	MBP 7
21	J1931				
22	Aliqopa™ (copanlisib)	03/15/18		Monthly Provider Update February 2018	MBP 161.0
23	J9057				
24	Aloxi™ (palonosetron)	11/15/12		Postcard July 2017-Annual Policy review	MBP 24.0
25	J2469				

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2	Procedure/Service	Effective Date for providers	Most recent Communication to Providers	Associated Medical Policy #
26	Ambulance Transport Service (Non-Emergent)	07/01/14	Postcard July 2017-Annual Policy Review	MP 17
27	A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0225, A0380, A0390, A0422, A0424, A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0998			
28	Ameluz® (aminolevulinic acid)	04/15/17	Postcard March 2017	MBP 149.0
29	J7345			
30	Andexxa® (andexanet alfa)	12/15/2018	Monthly Provider Update Nov 2018	MBP 183.0
31	C9041			
32	Any referral(s) to contracted Health Plan providers who require Health Plan authorization/precertification as noted in the then current Health Plan Provider List	Contract Dependent	Briefly March 2006	Not Applicable
33	Aralast™ (human alpha ₁ -proteinase inhibitor)	04/01/07	Briefly March 2007	MBP 43
34	J0256			
35	Aranesp® (darbepoetin alfa)	06/15/07	Postcard May 2016-Annual Policy Review Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007	MBP 49.0
36	J0881, J0882			
37	Aristada® (aripiprazole lauroxil)	04/15/16	Postcard July 2017-Annual Policy review	MBP 106.0
38	J1942			
39	Aristada Initio™ (aripiprazole lauroxil)	3/15/2019	Monthly Provider Update February 2019	MBP 106.0
40	C9035			
41	Arranon® (nelarabine)	04/01/09	Postcard June 2017-Annual Policy Review	MBP 64.0
42	J9261			
43	Arzerra™ (ofatumumab)	07/01/10	Briefly June 2010	MBP 73.0
44	J9302			

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
45	Aveed® (testosterone)	12/01/14		Postcard July 2017-Annual Policy review	MBP 116.0
46	J3145				
47	Avycaz® (ceftazidime/avibactam)	01/01/16		Postcard August 2017-Annual Policy Review	MBP 132.0
48	J0714				
49	Azedra® (iodine i-131 iobenguane, diagnostic, 1 millicurie)	3/15/2019		Monthly Provider Update February 2019	MBP 184.0
50	C9407, C9408				
51	Bavencio® (avelumab)	08/15/17		Postcard July 2017	MBP 152.0
52	J9023				
53	Baxdela IV (delafloxacin)	6/15/2018		Monthly Provider Update May 2018	MBP 169.0
54	C9462				
55	Beleodaq® (belinostat)	12/01/14		Postcard June 2017-Annual Policy Review	MBP 117.0
56	J9032				
57	Benlysta® (belimumab)	10/01/11		Postcard June 2017-Annual Policy Review	MBP 90.0
58	J0490				
59	Berinert® (C1 esterase inhibitor)	01/01/11		Postcard July 2017-Annual Policy review	MBP 84.0
60	J0597				
61	Besponsa® (injection, inotuzumab ozogamicin)	01/01/18		Monthly Provider Update February 2018	MBP 160.0
62	J9229				
63	Biofeedback for Non Behavioral Health indications	09/01/00	Prior auth for Gold, Medicaid, FEHBP and certain TPAs. Excluded from coverage for Commercial.	Postcard June 2017-Annual Policy Review	MP 04
64	90901, 90911				
65	Bivigam® (intravenous immune globulin)	1/1/2014		Postcard December 2013	MBP 4
66	J1556				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
67	Blepharoplasty	10/15/00		Postcard May 2017-Annual Policy Review	MP 10
68	15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911				
69	Blinicyto® (blintatumomab)	07/01/15		Postcard June 2015	MBP 128.0
70	J9039				
71	Blood clotting factors given in a nonemergency outpatient Facility setting	04/01/06	Prior auth for Gold and certain TPAs.	Briefly March 2006	Not Applicable
72	J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7199, J7200, J7201, J7202, J7203, J7205, J7207, J7208, J7209, J7210, J7211, C9141, C9468				
73	Boniva® (ibandronate sodium) Intravenous	07/01/07		Briefly June 2007	MBP 42. 0
74	J1740				
75	Botox® (Botulinum toxin Type A)	01/01/00		Postcard July 2016-Annual Policy Review	MBP 11
76	J0585, 46505, 52287, 64611, 64612, 64615, 64616, 64617, 64642, 64643, 64644, 64645, 64646, 64647, 64650, 64653, 67345				
77	Breast Reduction	03/01/02	Prior authorization for all lines of business	Postcard May 2017-Annual Policy Review	MP 68
78	19318				
79	Brineura® (injection, cerliponase alfa)	01/01/18		Postcard November 2017	MBP 157.0
80	J0567				
81	Bronchial Thermoplasty	03/15/18	Prior authorization is not applicable to St. Luke's Univ Health Network employee TPA plan.	Monthly Provider Update February 2018	MP 250
82	31660, 31661, C9751				
83	Carimune® NF (intravenous immune globulin)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4
84	J1566				
85	Cerezyme® (imiglucerase)	10/01/08		Postcard June 2017-Annual Policy Review	MBP 60.0
86	J1786				
87	Chiropractic Services		Prior Authorization is required for PEBTF and CHIP members. Prior authorization is not required for PEBTF Gold members.		
88	98940, 98941, 98942				

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89	Cimzia® (certolizumab pegol)	07/01/10		Briefly June 2010	MBP 74.0
90	J0717				
91	Cinqair® (reslizumab)	12/15/16		Postcard November 2016	MBP 145.0
92	J2786				
93	Cinryze™ (C1-esterase inhibitor)	01/01/11		Postcard July 2017-Annual Policy review	MBP 85.0
94	J0598				
95	Cinvanti® (aprepitant)	6/15/2019		Monthly Provider Update May 2019	MBP 191.0
96	J0185				
97	Clolar® (clofarabine)	04/01/06		Briefly March 2006	MBP 38
98	J9027				
99	Comparative Genomic Hybridization (CGH) or Chromosomal Microarray Analysis (CMA) for Evaluation of Developmental Delay	07/01/11	Prior authorization is not applicable to St. Luke's Univ Health Network employee TPA plan.	Monthly Provider Update March 2018-Annual Policy Review	MP 255
100	S3870, 81228, 81229				
101	Cosentyx® (secukinumab) vials	01/01/16		Postcard July 2017-Annual Policy review	MBP 131.0
102	Currently this drug is reported with an unlisted procedure code.				
103	Cresemba® IV (isavuconazonium sulfate)	01/01/16		Postcard October 2015	MBP 134.0
104	J1833				
105	Crysvita® (burosumab-twza)	12/15/2018		Monthly Provider Update Nov 2018	MBP 182.0
106	J0584				
107	Cuvitru™ (Subcutaneous immune globulin)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4
108	J1555				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
109	Cycramza® (ramucirumab)	12/01/14		Postcard July 2017-Annual Policy Review	MBP 115.0
110	J9308				
111	Dacogen® (decitabine)	07/01/07		Briefly June 2007	MBP 46.0
112	J0894				
113	Dalvance™ (dalbavancin)	03/01/15		Postcard February 2015	MBP 121.0
114	J0875				
115	Darzalex™ (daratumumab)	07/01/16		Postcard March 2016	MBP 139.0
116	J9145				
117	Deep Brain Stimulation	05/01/03		Postcard February 2017-Annual Policy Review	MP 73
118	61850, 61860, 61863, 61864, 61867, 61868, 61870, 61885, 61886				
119	Dental Services including: Extraction of teeth associated with cardiac or transplant surgery and/or radiation therapy, Alveoplasty, Orthognathic Surgery, Dental related Hospital/Ambulatory surgical center services.	04/01/10	St. Luke's Univ Health Network employee TPA plan does not require prior authorization for dental services provided in the Operating Room.	Briefly March 2010	MP 38
120	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21685, 41874, Dental codes related to extraction of teeth				
121	Dorsal Column Stimulation	02/01/04	Prior authorization required prior to the trial implantation (the implantation before the device becomes permanent); Changes to a generator for a previously placed permanent device does not require prior auth;	Briefly March 2006	MP 21
122	63650, 63655, 63685				
123	Durable Medical Equipment (Outpatient) Speech Generating Devices Power Wheelchairs	Contract Dependent	Purchased/Rented DME items with an allowed amount of \$500 or less DO NOT require prior authorization except: • Incontinence Supplies, <u>when a covered benefit</u> • Equipment Repairs • All miscellaneous codes (ie. E1399 & K0108) require Prior Authorization regardless of price. Prior authorization for outpatient Durable Medical Equipment (DME) can be obtained through Medical Management by calling (866) 248-1972 or (570) 271-7127, or faxing your request to (570) 271-7171 Monday through Friday 8:00am to 4:30pm EST.	OPS Bulletin November 2015	Not Applicable
124	See comments section for prior authorization requirements. Specific coding is not available.				

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125	Dysport® (Botulinum toxin Type A)	01/01/10		Postcard July 2016-Annual Policy Review	MBP 11.0
126	J0586				
127	Elaprase® (idursulfase)	07/01/07		Briefly June 2007	MBP 44.0
128	J1743				
129	Electrical Stimulation to aid wound healing	10/01/01		Postcard May 2017-Annual Policy Review	MP 113
130	G0281, G0329, E0761				
131	ElELYso™ (taliglucerase alfa)	04/01/13		Postcard June 2017-Annual Policy Review	MBP 100.0
132	J3060				
133	Elitek® (rasburicase)	03/01/05		Briefly March 2006	MBP 29
134	J2783				
135	Elzonris™ (tagraxofusp-erzs)	8/15/2019		Provider Monthly Update July 2019	MBP 197.0
136	C9049				
137	Emend® IV (fosaprepitant)	08/15/13		Postcard May 2016-Annual Policy Review	MBP 104.0
138	J1453				
139	Empliciti™ (elotuzumab)	04/15/16		Postcard March 2016	MBP 140.0
140	J9176				
141	Entyvio® (vedolizumab)	12/01/14		Postcard June 2017-Annual Policy Review	MBP 118.0
142	J3380				
143	Environmental Lead Testing	04/15/17	Prior authorization for Medicaid only. This service is excluded from coverage for all other lines of business.	Monthly Provider Update March 2018-Annual Policy Review	MP 313
144	T1029				
145	Epidural Injections	07/01/05		Briefly September 2006	MP 151
146	62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 0228T, 0229T, 0230T, 0231T				

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147	Epidural Lysis of Adhesions	10/01/04	Please see "Percutaneous Lysis of Epidural Adhesions".	Postcard February 2017-Annual Policy Review	MP 138
148	62263, 62264				
149	Epogen® (epoetin alpha)	06/15/07		Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007	MBP 49.0
150	J0885				
151	Eraxis™ (anidulafungin)	01/01/08		Briefly December 2007	MBP 53.0
152	J0348				
153	Erwinaze® (asparaginase)	07/01/13		Postcard June 2017-Annual Policy Review	MBP 95.0
154	J9019				
155	Erythropoietin and Darbepoetin Therapy	06/15/07	EPO, epoetin alfa, epoetin beta, darbepoetin alfa	Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007	MBP 49.0
156	J0881, J0882, J0885, Q4081, Q5105, Q5106				
157	Exondys 51™ (eteplirsen)	04/01/17		Postcard June 2017	MBP 148.0
158	J1428				
159	Fabrazyme® (agalsidase beta)	01/01/06		Briefly March 2006	MBP 18
160	J0180				
161	Facet Injections	03/01/15		Postcard February 2015	MP 283
162	64490, 64491, 64492, 64493, 64494, 64495, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T				
163	Facet or Sacroiliac Joint Denervation	05/01/15	Sacroiliac Joint Added	Monthly Provider Update March 2018-Annual Policy Review	MP 231
164	64633, 64634, 64635, 64636, 64640, 64643				
165	Fasenra™ (benralizumab)	8/15/2018		Monthly Provider Update July 2018	MBP 173.0
166	J0517				
167	Fetal Surgery	04/01/99		Postcard September 2016-Annual Policy Review	MP 59
168	59072, 59074, 59076, S2400, S2401, S2402, S2403, S2404, S2405, S2409, S2411				

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169	Flebogamma®/Flebogamma® DIF (intravenous immune globulin)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4
170	J1572				
171	Flolan® (epoprostenol)	01/01/09		Postcard July 2017-Annual Policy Review	MBP 61.0
172	J1325, S0155				
173	Fulphila™ (pegfilgrastim-jmdb)	3/15/2019		Monthly Provider Update February 2019	MBP 59.0
174	Q5108				
175	Gamifant® (emapalumab-lzsg)	8/15/2019		Monthly Provider Update July 2019	MBP 198.0
176	C9050				
177	Gammaked™/Gamunex®/Gamunex-C® (intravenous immune globulin)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4
178	J1561				
179	Gammagard® Liquid (intravenous immune globulin)	1/1/2008		Postcard December 2007	MBP 4
180	J1569				
181	Gammaplex® (intravenous immune globulin)	1/1/2012		Postcard December 2011	MBP 4
182	J1557				
183	Gastric Electrical Stimulation	07/01/12		Postcard July 2017-Annual Policy Review	MP 134
184	43647, 43648, 43881, 64590				
185	Gazyva™ (obinutuzumab)	08/01/14		Postcard July 2017-Annual Policy review	MBP 113.0
186	J9301				
187	Gel-One® (hyaluronan or derivative)	10/01/09		Postcard September 2016-Annual Policy Review	MBP 13.0
188	J7326				
189	Gender Dysphoria and Gender Confirmation Treatment	07/18/16	Covered for Medicaid, CHIP and Medicare. For Commercial lines of business, this will be covered effective 1/1/17 for new and renewing groups.	Postcard July 2016-Annual Policy Review	MP 307
190	11980,19301, 19303, 19304, 19324, 19325, 19350, 19357, 31587, 31750, 53415, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54120, 54520, 54660, 54690, 55175, 55180, 55899, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57295, 57296, 57335, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 90832, 90833, 90834, 90836, 90837, 90838, 92507, 92508, 96372, C1813, C2622, J1950, J9217, J9218, J9219				

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191	Gene Expression Profiling for Breast Cancer (Onco Type DX)	01/01/08	Prior authorization is not applicable to St. Luke's Univ Health Network employee TPA plan.	Postcard September 2016-Annual Policy Review	MP 170
192	81518, 81519, 81520, 81521, S3854, 0045U				
193	Gene Expression Profiling for Colon Cancer (Onco Type DX)	11/01/12	Prior authorization is not applicable to St. Luke's Univ Health Network employee TPA plan.	Postcard September 2016-Annual Policy Review	MP 246
194	81525				
195	Genetic Testing Related to Colorectal Cancer	04/01/11	Prior authorization is not applicable to St. Luke's Univ Health Network employee TPA plan. 81528 no longer requires prior auth effective 1/1/17	Postcard June 2017-Annual Policy Review	MP 98
196	81201, 81202, 81203, 81210, 81288, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317, 81318, 81319, 81435, 81436				
197	GenVisc® 850 (hyaluronan or derivative)	01/01/17		Postcard September 2016-Annual Policy Review	MBP 13.0
198	J7320				
199	Glassia (alpha1-proteinase inhibitor, human)	01/01/12		Briefly March 2007	MBP 43.0
200	J0257				
201	Granix® (TBO-filgrastim)	01/01/14	All locations require prior auth except emergency room locations	Postcard July 2014	MBP 59.0
202	J1447				
203	Halaven - T™ (eribulin mesylate)	07/01/11		Postcard May 2016-Annual Policy Review	MBP 88.0
204	J9179				
205	Health Care Services associated with Non-covered Services (including but not limited to deep sedation and general anesthesia)	Contract Dependent		Briefly March 2006	Not Applicable
206					
207	Hemlibra® (injection, emicizumab-kxwh)	10/15/18		Monthly Provider Update September 2018	MBP 179.0
208	J7170				
209	Hizentra® (injection immune globulin)	01/01/11			MBP 4.0
210	J1559				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
211	Home Health/ Home Phlebotomy	01/01/96	<p>Effective 1/16/18, Prior Authorization is required for PEBTF members. Prior authorization is not required for PEBTF Gold members. Effective May 16, 2017, home health services will no longer require Prior Authorization, with the following exceptions: When a provider is non-participating. When the home health service is non-covered. See OPS Bulletin for additional information. Authorization can be obtained by calling Medical Management at (877) 466-3001 or by faxing your request to (570) 271-5507</p>	OPS Bulletin March 2017	MP 37
212					
213	Home Services for disabled children (Shift Care)	03/01/13	<p>Prior Authorization for Medicaid Only. Certain number of hours per day of non-clinical support will be approved based on clinical history and family situation/support. A request for additional hours may require documentation from physician outlining medical need.</p>		MP 287
214	S9122, S9123, S9124				
215	Hospice	01/01/96	<p>Prior authorization is only required for Hospice when it relates to Inpatient or private duty nursing services. Prior authorization can be obtained by calling Medical Management at (877) 466-3001 or by faxing your request to (570) 271-5507</p>	OPS Bulletin March 2017	MP 37
216	655, 656, T2044, T2045				
217	Hyalgan® (hyaluronate sodium)	10/01/09		Briefly September 2009	MBP 13.0
218	J7321				
219	Hymovis® (hyaluronan or derivative)	01/01/17		Postcard September 2016-Annual Policy Review	MBP 13.0
220	J7322				
221	Hyqvia™ (immune globulin/hyaluronidase)	01/01/16		Postcard June 2017-Annual Policy Review	MBP 4.0
222	J1575				
223	Hysterectomy	03/01/13	Prior Authorization for Medicaid Only		
224	58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 59525				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
225	Ilaris® (canakinumab)	07/01/10		Postcard July 2017-Annual Policy Review	MBP 77.0
226	J0638				
227	Ilumya™ (tildrakizumab-asmn)	4/15/2019		Monthly Provider Update March 2019	MBP 190.0
228	J3245				
229	Iluvien® (fluocinolone acetonide)	08/15/15	First treatment of Iluvien, for diabetic macular edema does not require prior authorization.	Postcard June 2017-Annual Policy Review	MBP 129.0
230	J7313				
231	Imfinzi® (durvalumab)	10/01/17		Postcard September 2017	MBP 156.0
232	J9173				
233	Imlygic™ (talimogene laherparepvec)	04/15/16		Postcard March 2016	MBP 136.0
234	J9325				
235	Impacted Wisdom Teeth	05/15/18	Removal of Impacted Wisdom teeth requires prior authorization for Medicaid and CHIP at all locations.	Monthly Provider Update April 2018	MP 38
236	D7230, D7240				
237	Inflectra® (infliximab-dyyb)	06/15/17		Postcard May 2017-Annual Policy Review	MBP 5.0
238	Q5103, Q5104				
239	Inpatient (planned) hospital admissions	01/01/96	Effective Oct. 1, 2018, GHP will remove the prior authorization requirement for most planned inpatient hospital admissions. This will apply to all GHP lines of business including Geisinger Gold (Medicare Advantage) and GHP Family (PA HealthChoices Medicaid) plans. Please see OPS Bulletin for the applicable exceptions. Prior authorization for the Exceptions must be completed no less than two (2) business days prior to the planned admission and should be called in to the Geisinger Health Plan Utilization Management Department at (800) 544-3907.	OPS Bulletin July 2018	Not Applicable
240	Intercostal Nerve Block	03/01/15		Postcard June 2017-Annual Policy Review	MP 294
241	64420, 64421, 64620				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
242	Intrathecal Infusion Pump	03/01/15	Medication refill does not require Prior Authorization MP 298 has been combined with MP 293	Postcard June 2017-Annual Policy Review	MP 293
243	62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362				
244	Intravenous Immune Globulin (IVIG)	01/01/06	No prior auth needed for Rhogam.	Postcard June 2017-Annual Policy Review	MBP 4
245	J1459, J1556, J1557, J1559, J1561, J1562, J1566, J1568, J1569, J1572, J1575, J1599				
246	Invega Sustenna® (paliperidone palmitate extended release)	08/15/13		Postcard July 2017-Annual Policy Review	MBP 106.0
247	J2426				
248	Invega Trinza® (paliperidone palmitate extended release)	12/15/2015		Postcard November 2015	MBP 106.0
249	Currently there is no specific code for this service.				
250	Istodax® (romidepsin)	10/01/10		Briefly September 2010	MBP 78.0
251	J9315				
252	Ixempra™ (ixabepilone)	10/01/08		Postcard June 2017-Annual Policy Review	MBP 63.0
253	J9207				
254	Jevtana® (cabazitaxel)	01/01/11		Briefly December 2010	MBP 82.0
255	J9043				
256	Kadcyla® (abo-trastuzumab emtansine)	09/01/13		Postcard June 2017-Annual Policy Review	MBP 108.0
257	J9354				
258	Kalbitor® (ecallantide)	01/01/11		Postcard June 2017-Annual Policy Review	MBP 86.0
259	J1290				
260	Kanuma® (sebelipase alfa)	01/01/17			MBP 180.0
261	J2840				
262	Keytruda® (pembrolizumab)	03/01/15		Postcard July 2017-Annual Policy Review	MBP 119.0
263	J9271				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
264	Kymriah™ (tisagenlecleucel, up to 250 million car-positive viable t-cells, including leukapheresis and dose preparation procedures, per infusion)	1/1/2018		Monthly Provider Update February 2018	MBP 159.0
265	Q2042				
266	Kyprolis® (carfilzomib)	01/01/13		Postcard August 2016-Annual Policy Review	MBP 97.0
267	J9047				
268	Laminectomy (Elective)	04/01/13	Prior auth required for Commercial members that are new or renewing as of 4/1/13 and Geisinger Health System TPA members.	Postcard August 2017-Annual Policy Review	MP 268
269	63005, 63012, 63017, 63030, 63035, 63042, 63044, 63047, 63048, 63185, 63190, 63191				
270	Lartruvo™ (olaratumab)	04/15/17		Postcard April 2017	MBP 147.0
271	J9285				
272	Lemtrada® (alemtuzumab)	07/01/15		Postcard June 2015	MBP 125.0
273	J0202				
274	Leukine® (sargramostim)	04/01/08	All locations require prior auth except emergency room locations.	Briefly March 2008	MBP 59.0
275	J2820				
276	Libtayo (cemiplimab-rwlc)	4/1/2019		Monthly Provider Update March 2019	MBP 186.0
277	C9044				
278	Lumizyme® (Alglucosidase alfa)	01/01/11		Postcard June 2017-Annual Policy Review	MBP 83.0
279	J0221				
280	Lumoxiti™ (moxetumomab pasudotox-tdfk)	4/1/2019		Monthly Provider Update March 2019	MBP 189.0
281	C9045				
282	Lung Volume Reduction Surgery	01/01/10		Postcard February 2017-Annual Policy Review	MP 60
283	32491				
284	Lutathera® (lutetium Lu 177 dotatate)	6/15/2018		Monthly Provider Update May 2018	MBP 170.0
285	A9513				

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286	Luxturna™ (voretigene-neparvovec-rzyl)	8/15/2018		Monthly Provider Update July 2018	MBP 174.0
287	J3398				
288	Magnetic Esophageal Sphincter Augmentation (LINX)	06/15/17		Postcard June 2017	MP 315
289	43284, 43285				
290	Makena® (hydroxyprogesterone caproate)	07/01/15		Postcard June 2017-Annual Policy Review	MBP 127.0
291	J1726, J1729				
292	Marqibo® (vincristine sulfate liposome injection)	11/01/14		Postcard June 2017-Annual Policy Review	MBP 111.0
293	J9371				
294	Mastectomy for Gynecomastia	03/01/02	Prior auth for Gold, Medicaid, FEHBP and certain TPAs. This service is excluded from coverage for commercial.	Postcard February 2017-Annual Policy Review	MP 55
295	19300				
296	Mental Health and Substance Abuse (Inpatient, Partial Hospitalization and Outpatient)	Contract Dependent	Providers should refer to the reverse side of the member's Identification Card for the applicable mental health and/or substance abuse services vendor's name and telephone number. For HMO, Gold and GIIC, please call (888) 839-7972. For PEBTF members, please use 800-924-0105. For TPA member's, contact TPA Customer Service Team at (800) 504-0443 to verify the mental health/substance abuse vendor.	Briefly March 2006	Not Applicable
297	Please call the appropriate Mental Health/Substance Abuse vendor to determine which codes require prior authorization.				
298	Mental Health and Substance Abuse (Inpatient, Partial Hospitalization and Outpatient)	03/01/13	For Medicaid Only: Refer to member's Behavioral Health HealthChoices Insurance card for contact information. (Not managed by GHP)	Briefly March 2013	
299	Mepsevii™ (vestronidase alfa-vjbc)	08/15/18		Monthly Provider Update July 2018	MBP 175.0
300	J3397				

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301	Mircera® (epotin beta)	08/15/15	EPO, epoetin beta.	Postcard June 2017-Annual Policy Review	MBP 130.0
302	J0887, J0888				
303	Molecular Profiling of Malignant Tumors to Identify Targeted Therapies	3/15/2019		Monthly Provider Update February 2019	MP 323
304	0037U, 0048U				
305	Monovisc® (hyaluronan or derivative)	10/01/09		Briefly September 2009	MBP 13.0
306	J7327				
307	Mylotarg™ (gemtuzumab ozogamicin)	04/15/18		Monthly Provider Update March 2018	MBP 163.0
308	J9203				
309	Myobloc® (botulinum toxin Type B)	01/01/01		Briefly March 2006	MBP 11.0
310	J0587				
311	Naglazyme® (galsulfase)	10/01/06		Briefly September 2006	MBP 39.0
312	J1458				
313	Neulasta® (pegfilgrastim)	04/01/08	All locations require prior auth except emergency room locations	Briefly March 2008	MBP 59.0
314	J2505				
315	Neupogen® (filgrastim)	04/01/08	All locations require prior auth except emergency room locations	Briefly March 2008	MBP 59.0
316	J1442				
317	Nivestym™ (filgrastim-aafi)	6/15/2019		Monthly Provider Update May 2019	MBP 59.0
318	Q5110				
319	Nplate™ (romiplostim)	07/01/09		Briefly July 2009	MBP 68.0
320	J2796				
321	Nucala® (mepolizumab)	06/15/16		Postcard May 2016-Annual Policy Review	MBP 141.0
322	J2182				

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323	Nulojix® (belatacept)	01/01/12		Postcard June 2017-Annual Policy Review	MBP 93.0
324	J0485				
325	Nutritional Supplements		Requires Prior Auth for all lines of business	Postcard February 2017-Annual Policy Review	MP 247
326	B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4100, B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9998, S9342, S9343, S9433				
327	Obesity Surgery	03/01/02	Prior authorization is not applicable to St. Luke's Univ Health Network employee TPA plan.	Postcard June 2017-Annual Policy Review	MP 65
328	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888				
329	Occipital Nerve Block	03/01/15		Postcard December 2016-Annual Policy Review	MP 296
330	64405				
331	Ocrevus® (ocrelizumab)	10/01/17		Postcard September 2017	MBP 155.0
332	J2350				
333	Octagam® (intravenous immune globulin)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4
334	J1568				
335	Off Label Drug Use-Oncology Indications	01/01/12		Postcard July 2017-Annual Policy Review	MBP 92.0
336	Any off-label drug or biologic used for an oncologic indication not included in the FDA approved labeling for the drug would require prior authorization.				
337	Onivyde™ (irinotecan liposome)	04/15/16		Postcard March 2016	MBP 138.0
338	J9205				
339	Onpattro™ (patisiran)	4/15/2019		Monthly Provider Update March 2019	MBP 188.0
340	C9036				
341	Opdivo® (nivolumab)	07/01/15		Postcard July 2017-Annual Policy Review	MBP 126.0
342	J9299				
343	Orencia® (abatacept)	02/01/07		Briefly December 2006	MBP 40.0
344	J0129				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
345	Orthognathic Surgery (including, but not limited to mandibular and maxillary osteotomies)	04/01/10		Briefly March 2010	MP 38
346	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21685				
347	Orthotics (Custom fabricated & Select High Dollar Items) and Orthopedic Shoes	03/01/13	Prior Authorization for Medicaid Only: Please call Medical Management at (800) 544-3907 to verify if prior auth is needed.		
348	<p>A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513, A5514, A8000, A8001, A8002, A8003, A8004, A9283, D7880, E0485, E0486, K0672, K0903, L0112, L0220, L0452, L0480, L0482, L0484, L0486, L0622, L0624, L0629, L0632, L0634, L0636, L0638, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0861, L1000, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1300, L1310, L1499, L1630, L1640, L1680, L1685, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1844, L1846, L1860, L1900, L1904, L1907, L1920, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2126, L2128, L2627, L2628, L3001, L3002, L3003, L3020, L3030, L3031, L3040, L3050, L3070, L3080, L3090, L3160, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, L3649, L3671, L3674, L3702, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3806, L3808, L3891, L3900, L3901, L3904, L3905, L3906, L3913, L3919, L3921, L3933, L3935, L3956, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3995, L4000, L4002, L4205, L4210, L4631, S1040</p>				
349	Orthovisc® (hyaluronate sodium)	10/01/08		Briefly September 2008	MBP 13.0
350	J7324				
351	Panniculectomy, Lipectomy or other excision of excessive skin or subcutaneous tissue	02/01/02		Briefly March 2006	MP 56
352	00802, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847				
353	Parsabiv™ (etelcalcetide)	6/15/2018		Monthly Provider Update May 2018	MBP 168.0
354	J0606				
355	Percutaneous Lysis of Epidural Adhesions without endoscopic guidance/approach	10/01/04	Prior Authorization required for Gold line of business only; This is not a covered service for other lines of business; also note, percutaneous lysis of epidural adhesions utilizing endoscopic approach is not covered for any line of business.	Briefly March 2006	MP 138
356	62263, 62264				
357	Perseris™ (risperidone)	6/15/2019		Monthly Provider Update May 2019	MBP 106.0
358	C9037				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
359	Phototherapy for the Treatment of Dermatological Conditions	08/15/15		Postcard July 2017-Annual Policy Review	MP 259
360	E0691, E0692, E0693, E0694				
361	Physical, Occupational, or Speech Therapy (Outpatient)	01/01/96	<p><u>Prior authorization is still required for Medicaid. Effective 10/1/16, prior authorization is no longer required for Commercial & TPA lines of business. Benefit limitations remain in effect. Prior authorization requirements will remain for services related to the GHP Medical Spine Management program bundle. Effective 7/1/16, prior authorization is no longer required for the Gold lines of business. Authorization can be obtained through Medical Management at (800) 270-9981 or (570) 271-5301 or fax to 570-271-5302 Monday through Friday 8:00am to 5:00pm</u></p>	Briefly March 2006	Not Applicable
362	<p>420, 421, 422, 423, 424, 429, 430 431, 432, 433, 434, 439, 440, 441, 442, 443, 444, 449, 64550, 92507, 92508, 92520, 92524, 92526, 92597, 92606, 92609, 95831, 95832, 95833, 95834, 95851, 95852, 96105, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97530, 97532, 97533, 97535, 97537, 97542, 97597, 97598, 97602, 97750, 97755, G0283, G0329, S9152, T1015, V5362, V5363, V5364 (Prior authorization for codes 97597, 97598 and 97602 is only required when performed in an Outpatient Rehab setting. They do not require prior authorization when billed by other providers whose services are non-Rehab related.)</p>				
363	Portrazza™ (necitumumab)	6/15/16		Postcard May 2016-Annual Policy Review	MBP 142.0
364	J9295				
365	Poteligeo® (mogamulizumab-kpkc)	3/15/2019		Monthly Provider Update February 2019	MBP 185.0
366	C9038				
367	Praxbind® (idarucizumab)	06/15/16		Postcard May 2016-Annual Policy Review	MBP 143.0
368	Currently this drug is billed with and unlisted procedure code				
369	Prevymis IV™ (letermovir)	8/15/2018		Monthly Provider Update July 2018	MBP 177.0
370	Currently this drug is billed with and unlisted procedure code				
371	Prialt® (ziconotide intrathecal infusion)	01/01/08		Briefly December 2007	MBP 58.0
372	J2278				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
373	Privigen® (intravenous immune globulin)	01/01/06		Postcard June 2017-Annual Policy Review	MBP 4
374	J1459				
375	Procrit® (epoetin alpha)	06/15/07		Operational Bulletin (01-07), Erythropoietin Stimulating Agents and Briefly June 2007	MBP 49.0
376	J0885				
377	Prolastin® (human alpha ₁ -proteinase inhibitor)	04/01/07		Briefly March 2007	MBP 43
378	J0256				
379	Prolia™ (denosumab)	01/01/11		Postcard June 2017-Annual Policy Review	MBP 81.0
380	J0897				
381	Prosthetics	03/01/13	Prior Authorization for Medicaid.		
382	<p>L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L45647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6890, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7360, L7362, L7364, L7366, L7367, L7368, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L7900, L7902, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8300, L8310, L8320, L8330, L8400, L8410, L8415, L8417, L8420, L8430, L8435, L8440, L8460, L8465, L8470, L8480, L8485, L8499, L8500, L8501, L8505, L8507, L8509, L8510, L8511, L8512, L8513, L8514, L8515, L8609, L8610, L8612, L8615, L8616, L8617, L8618, L8619, L8621, L8622, L8623, L8624, L8625, L8627, L8628, L8629, L8630, L8631, L8641, L8642, L8658, L8659, L8670, L8690, L8691, L8692, L8693, L8695, L8699, L9900</p>				
383	Proton Beam Radiation	07/01/09		Postcard March 2017-Annual Policy Review	MP 226
384	77520, 77522, 77523, 77525, S8030				
385	Proveng® (sipuleucel-T)	01/01/11		Postcard June 2017-Annual Policy Review	MBP 79.0
386	Q2043				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
387	Radicava® (edaravone)	10/01/17		Postcard September 2017	MBP 154.0
388	J1301				
389	Remicade® (infliximab)	03/01/01		Postcard June 2017-Annual Policy Review	MBP 05
390	J1745				
391	Remodulin® (treprostinil)	01/01/09		Briefly December 2008	MBP 62.0
392	J3285				
393	Renflexis™ (infliximab-abda)	1/1/2018		Monthly Provider Update March 2018	MBP 5.0
394	Q5104				
395	Restorative or Reconstructive surgical procedures due to their potential cosmetic or limitation of benefit	Contract Dependent		Briefly March 2006	Not Applicable
396	Retacrit™ (epoetin alfa-epbx)	03/15/19		Monthly Provider Update February 2019	MBP 49.0
397	Q5105, Q5106				
398	Revcovi™ (elapegedemase-lvlr)	6/15/2019		Monthly Provider Update May 2019	MBP 193.0
399	Currently this drug is billed with and unlisted procedure code				
400	Rhinoplasty as a stand alone procedure or Rhineoplasty, with or without septal repair, in conjunction with other planned medically necessary surgeries.	11/01/02		Postcard June 2017-Annual Policy Review	MP 204
401	30400, 30410, 30420, 30430, 30435, 30450, 30520, 30620				
402	Rhinoplasty including major septal repair	11/01/02		Postcard June 2016-Annual Policy Review	MP 204
403	30400, 30410, 30420, 30430, 30435, 30450, 30520, 30620				
404	Risperdal Consta® (risperidone)	08/15/13		Postcard July 2017-Annual Policy Review	MBP 106.0
405	J2794				
406	Rituxan® (rituximab)	10/01/07	Per policy, Rituxan does not require prior auth for Non-Hodgkin's Lymphoma (C82-00- C88.9), Chronic Lymphocytic Leukemia (C91.10- C91.12), and Multiple Sclerosis (G35)	Monthly Provider Update September 2018	MBP 48.0
407	J9312				

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1				
2	Procedure/Service	Effective Date for providers	Most recent Communication to Providers	Associated Medical Policy #
408	Rituxan Hycela® (rituximab/hyaluronidase)	04/01/18	Monthly Provider Update March 2018	MBP 165.0
409	J9311			
410	Ruconest® (C1 esterase inhibitor, [recombinant])	07/01/15	Postcard July 2017-Annual Policy Review	MBP 124.0
411	J0596			
412	Sacral Nerve Stimulation - Interstim (including trial implantation)	05/01/03	Briefly March 2006	MP 91
413	64561, 64581, 64590			
414	Sacroiliac Joint Fusion	01/15/16	Postcard December 2015	MP 301
415	27279, 27280			
416	Sacroiliac Joint Injection	05/01/15	Postcard December 2016-Annual Policy Review	MP 295
417	27096, 64493, 64494, 64495, G0260			
418	Sandostatin LAR® (Octreotide acetate)	04/01/13	Briefly March 2013	MBP 99.0
419	J2353			
420	Septoplasty as a stand alone procedure or septoplasty in conjunction with other planned medically necessary surgeries	11/01/02	Postcard June 2016-Annual Policy Review	MP 204
421	30520, 30620			
422	Signifor® LAR (pasireotide)	01/01/16	Postcard July 2017-Annual Policy Review	MBP 133.0
423	J2502			
424	Simponi® Aria (golimumab)	10/01/14	Postcard September 2014	MBP 112.0
425	J1602			
426	Site of Care	10/15/2018	Monthly Provider Update September 2018	MBP 181.0
427	Specific intravenous and injectable drugs must meet applicable medical necessity criteria for coverage.			

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
428	Sivextro® (tedizolid phosphate)	03/01/15		Postcard February 2015	MBP 122.0
429	J3090				
430	Skilled Level of Care Admission	01/01/96	Participating providers are also required to notify the Health Plan of an intermediate level of care admission(s)/discharge(s); PRECERT INFORMATION IS TO BE CALLED TO THE GHP UTILIZATION MANAGEMENT DEPARTMENT AT 1-800-544-3907.	Briefly March 2006	Not Applicable
431	Soliris® (eculizumab)	10/01/08		Postcard May 2016-Annual Policy Review	MBP 54.0
432	J1300				
433	Speech Generating Devices		Requires Prior Auth for all lines of business under DME.	Monthly Provider Update March 2018-Annual Policy Review	MP 275
434	E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599				
435	Spinal Fusion (Elective)	04/01/13	Prior auth required for Commercial members that are new or renewing as of 4/1/13 and Geisinger Health System TPA members.	Postcard August 2017-Annual Policy Review	MP 269
436	22533, 22534, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634				
437	Spinraza® (nusinersen)	07/01/17		Postcard June 2017	MBP 151.0
438	J2326				
439	Spravato™ (esketamine)	8/15/2019		Monthly Provider Update July 2019	MBP 195.0
440	Currently this drug is billed with and unlisted procedure code				
441	Stelara™ (ustekinumab)	07/01/10		Postcard June 2017-Annual Policy Review	MBP 75.0
442	J3357, J3358				
443	Supprelin® LA (histrelin acetate implant)	07/01/09		Postcard July 2017-Annual Policy Review	MBP 67.0
444	J9226				
445	Suprascapular Nerve Block	03/01/15		Postcard December 2016-Annual Policy Review	MP 297
446	64418				

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447	Sustol® (granisetron extended release)	04/15/17		Postcard April 2017	MBP 150.0
448	J1627				
449	Sylvant™ (siltuximab)	03/01/15		Postcard February 2015	MBP 120.0
450	J2860				
451	Sympathetic Nerve Block	03/01/15		Postcard December 2016-Annual Policy Review	MP 292
452	64505, 64510, 64520, 64530				
453	Synagis® (palivizumab)	10/01/05		Briefly March 2006	MBP2
454	90378				
455	Synribo™ (omacetaxine mepesuccinate)	04/01/13		Postcard June 2017-Annual Policy Review	MBP 102.0
456	J9262				
457	Tecentriq™ (atezolizumab)	10/15/16		Postcard July 2017-Annual Policy Review	MBP 144.0
458	J9022				
459	Tepadina® (thiotepa)	12/15/17		Postcard November 2017	MBP 158.0
460	J9340				
461	Termination of Pregnancy (Abortion)	02/01/14	Prior Authorization for all lines of business, except when coverage is excluded. Termination of pregnancy is excluded from the benefits for Religious Exempt Entities.	Monthly Provider Update March 2018-Annual Policy Review	MP 282
462	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S0199				
463	Torisel™ (temsirolimus)	04/01/09		Postcard May 2016-Annual Policy Review	MBP 65.0
464	J9330				
465	Transoral Incisionless Fundoplication	8/15/2019		Monthly Provider Update July 2019	MP 256
466	43210				

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467	Transplant evaluation services (pre-transplant services) and surgical transplantation of organs, bone marrow or stem cells (Solid Organ)	08/01/03	See OPS Bulletin for update on Transplant authorization changes.	Postcard February 2017-Annual Policy Review	MP 20
468	32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33933, 33935, 33940, 33944, 33945, 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243, 44135, 44136, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547, 86367, 86807, 86808, 86812, 86813, 86816, 86817, 86821, 86822, S2053, S2054, S2055, S2060, S2061, S2065, S2102, S2140, S2142, S2150				
469	Tremfya® (guselkumab)	1/1/2019			
470	J1628				
471	Trisenox® (arsenic trioxide)	6/15/2018		Monthly Provider Update May 2018	MBP 172.0
472	J9017				
473	Truxima (rituximab-abbs, biosimilar)	7/1/2019	Per policy, Rituxan does not require prior auth for Non-Hodgkin's Lymphoma (C82-00- C88.9), Chronic Lymphocytic Leukemia (C91.10- C91.12), and Multiple Sclerosis (G35)	Monthly Provider Update June 2019	MBP 48.0
474	Q5115				
475	Tumor Treatment Fields	08/15/16	This is not a covered service for the Gold or Medicaid lines of business. Prior authorization is required for all other lines of business.	Postcard July 2017-Annual Policy Review	MP 306
476	77299, E0766, A4555				
477	Tysabri® (natalizumab)	01/01/08		Briefly December 2007	MBP 57.0
478	J2323				
479	Ultomiris™ (ravulizumab-cwvz)	8/15/2019		Monthly Provider Update July 2019	MBP 196.0
480	C9052				
481	Unituxin™ (dinutuximab)	01/01/16		Postcard October 2015	MBP 135.0
482	There is no code at this time for this drug. This drug should be reported with an unlisted procedure code.				
483	Vabomere™ (meropenem/vaborbactam)	6/15/2018		Monthly Provider Update May 2018	MBP 167.0
484	J2186				

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485	Vagal Nerve Stimulation	12/01/01		Briefly March 2006	MP 51
486	61885, 61886, 64568				
487	Varicose Vein Treatments	02/01/03	Endovenous Radiofrequency Ablation, Sclerosing, Stab Phlebectomy, Vein ligation, Vein Stripping, Transilluminated Power Phlebectomy (Trivex)	Postcard June 2017-Annual Policy Review	MP 33
488	36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T				
489	Varubi® IV (rolapitant)	6/15/2018		Monthly Provider Update May 2018	MBP 171.0
490	J2797				
491	Vectibix® (panitumumab)	07/01/07		Briefly June 2007	MBP 50.0
492	J9303				
493	Velcade® (bortezomib)	08/01/04		Briefly March 2006	MBP 23
494	J9041, J9044				
495	Veletri® (epoprostenol)	07/01/12		Postcard July 2017-Annual Policy Review	MBP 61.0
496	J1325				
497	Vimizim® (elosulfase alfa)	12/01/14		Postcard November 2014	MBP 114.0
498	J1322				
499	Visco-3™ (sodium hyaluronate)	6/15/2018		Monthly Provider Update May 2018	MBP 13.0
500	J7321				
501	Viscosupplementation (Gel-One®, GeneVisc 850®, Hyalgan® Hymovis®, Monovisc®, Orthovisc®, and Visco-3®)	10/01/09	Gel-One, GenVisc850, Hyalgan, Hymovis, Monovisc, Orthovisc, and Visco-3 require prior auth. (Durolane, Euflexxa, Gelsyn-3, Supartz FX, Synvisc, and Synvisc One. DOES NOT require prior auth.)	Briefly September 2009	MBP 13.0
502	J7320, J7321, J7322, J7324, J7326, J7327				
503	Vision Services--(For Medicaid Only)-Low Vision Aids, Eye Occluder	04/27/15	Prior authorization for Medicaid Only.	Department of Human Services-What's New	Medical Assistance Bulletin # 99-15-05
504	V2600, V2610, V2615, V2770				

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2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
505	Vision Therapy/Orthoptics	09/01/13	Prior authorization for Medicaid Only.	Postcard August 2013	MP 277
506	92065				
507	Vivaglobin (immune globulin)	1/1/2007		Postcard December 2006	MBP 4.0
508	J1562				
509	Voraxaze® (glucarpidase)	01/01/14		Postcard June 2017-Annual Policy Review	MBP 96.0
510	C9293				
511	VPRIV® (velaglucerase alfa)	01/01/14		Postcard June 2017-Annual Policy Review	MBP 105.0
512	J3385				
513	Vyxeos (daunorubicin/cytarabine liposomal)	04/15/18		Monthly Provider Update March 2018	MBP 164.0
514	J9153				
515	White Blood Cell Stimulating Factors (Fulphila™, Granix®, Leukine®, Neulasta®, Neupogen®, Nivestym™, Udenyca®, and Zarxio®)	04/01/08	All locations require prior authorization except emergency room locations.	Briefly March 2008	MBP 59.0
516	J1442, J1447, J2505, J2820, Q5101, Q5108, Q5110, Q5111				
517	Whole Exome Sequencing	05/15/16	Prior authorization is not applicable to St. Luke's Univ Health Network employee TPA plan.	Postcard May 2017-Annual Policy Review	MP 280
518	81415, 81416, 81417				
519	Xeomin® (Botulinum toxin Type A)	01/01/12		Briefly December 2011	MBP 11.0
520	J0588				
521	Xerava™ (eravacycline)	6/15/2019		Monthly Provider Update May 2019	MBP 194.0
522	Currently this drug is billed with and unlisted procedure code				
523	Xgeva™ (denosumab)	07/01/11		Postcard June 2017-Annual Policy Review	MBP 89.0
524	J0897				
525	Xiaflex® (collagenase clostridium histolyticum)	01/01/11		Briefly December 2010	MBP 80.0
526	J0775				

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527	Xofigo® (radium Ra 223 dichloride)	09/01/13		Postcard August 2013	MBP 110.0
528	A9606				
529	Xolair® (omalizumab)	02/01/04		Briefly March 2006	MBP 22
530	J2357				
531	Yervoy™ (ipilimumab)	10/01/11		Postcard May 2016-Annual Policy Review	MBP 91.0
532	J9228				
533	Yescarta® (axicabtagene ciloleucel)	04/01/18		Monthly Provider Update March 2018	MBP 162.0
534	Q2041				
535	Yondelis® (trabectedin)	07/01/16		Postcard March 2016	MBP 137.0
536	J9352				
537	Zaltrap® (ziv-aflibercept)	04/01/13		Postcard June 2017-Annual Policy Review	MBP 101.0
538	J9400				
539	Zarxio® (filgrastim- sndz)	01/01/16		Postcard January 2016-Annual Policy Review	MBP 59.0
540	Q5101				
541	Zemaira® (human alpha ₁ -proteinase inhibitor)	04/01/07		Briefly March 2007	MBP 43
542	J0256				
543	Zemdri™ (plazomicin)	4/15/2019		Monthly Provider Update March 2019	MBP 187.0
544	C9039				
545	Zevalin® In-111 and Zevalin® Y-90 (ibritumomab)	01/01/03		Briefly March 2006	MBP 15
546	A9542, A9543				
547	Zilretta® (triamcinolone acetonide ER injection)	8/15/2018		Monthly Provider Update July 2018	MBP 178.0
548	J3304				

	A	B	C	D	E
1	<p>This list of services applies to all lines of business unless otherwise noted below. All drugs newly approved by the FDA should be considered to require prior authorization until such time as they are formally reviewed by the GHP Pharmacy & Therapeutics Committee. Final determinations to require prior authorization for specific drugs will be added to this list as they are made. The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL</p>				
2	Procedure/Service	Effective Date for providers	Comments	Most recent Communication to Providers	Associated Medical Policy #
549	Zinplava™ (bezlotoxumab)	07/01/17		Postcard August 2017	MBP 153.0
550	J0565				
551	Zyprexa Relprevv® (olanzapine)	08/15/13		Postcard July 2017-Annual Policy Review	MBP 106.0
552	J2358				