

WellSense NH Prior Authorization HCPCS Code Look-up Tool

The Plan requires prior authorization for **ALL** inpatient services.

ALL services rendered by out of network providers require prior authorization with limited exceptions. See Out-of-Network medical policy and member benefit documents.

WORD - While holding down the CTRL key, press the F key, type in code, then press ENTER key

TO FIND A CODE OR

For Pharmacy authorization inquiries please see the Pharmacy section on WellSense.org

Vendor detail and authorization information is found on the Prior Authorization/Notification Requirements Matrix for the following vendor managed services:

* Behavioral Health

- * High End Radiology
- * Durable Medical Equipment (DME)
- * Genetic Testing

* Transportation Services

* Musculoskeletal Services

Please refer to the <u>Provider Manual Section 8: Utilization Management and Prior Authorization</u> for information regarding authorizations.

This is not a comprehensive list of every code available. Industry code updates occur quarterly and may be implemented at different intervals than the updates to this code tool. This code tool is only provided as a guide for authorization status and addition or omission of a code does not guarantee payment:

- 1. This tool cannot confirm member eligibility.
- 2. This tool cannot confirm member benefits/coverage. Please refer to the Member's Benefit Documents.
- 3. This tool cannot confirm payment rules, edits, fee schedules and restrictions that may affect code/claim payment even if authorization is obtained.

 The Plan applies standard industry billing and coding rules to claims. Please refer to the Plan Payment Policies.
- 4. This code tool cannot confirm provider contract terms. For questions, please reach out to your provider representative.

Prior authorization or Plan notification is required for services listed in the Prior Authorization/Notification Requirements Matrix, even if a specific code is not listed in the code look-up tool, due to guarterly industry and miscellaneous code updates.

Please contact the WellSense Prior Authorization Team at 877-957-1300 and Press 3 for questions related to authorization requirements for codes that may or may not be listed in this tool.

| Code | | PA Req'd? quired via Medical Policy or Intero t applicable, review Benefits and/ | | UM Service Group |
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| Please | PA REQUIRE review all disclaimers and information on the first p | D for any HCPCS code used wage of this code look-up tool before | | ully for changes |
| A0021 | Ambulance serv,outside state per mile,transport | HMO/PPO Medicaid Clarity No Yes No | For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | |
| | | Policy: | Non-Emergency Transportation Services PolicyTech | |
| A0100 | Nonemergency transportation;taxi | HMO/PPO Medicaid Clarity No Yes No | For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | |
| | | Policy: | Non-Emergency Transportation Services PolicyTech | |
| A0110 | Nonemerg trans/bus,intra/interstate carrier | HMO/PPO Medicaid Clarity No Yes No | For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | |
| | | Policy: | Non-Emergency Transportation Services PolicyTech | |
| A0120 | Nonemergency transportation; mini- bus, intra/interstate carrier | HMO/PPO Medicaid Clarity No Yes No | For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | |
| | | Policy: | Non-Emergency Transportation Services PolicyTech | |
| A0130 | Nonemergency transportation; wheelchair van | HMO/PPO Medicaid Clarity No Yes No | For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | |
| | | Policy: | Non-Emergency Transportation Services <u>PolicyTech</u> | |
| A0140 | Nonemergency trans/air travel,intra/interstate | HMO/PPO Medicaid Clarity No Yes No | For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | |
| | | Policy: | Vendor Managed Transportation | |
| A0160 | Nonemergency transportation;per mile- case/social worker | HMO/PPO Medicaid Clarity No Yes No | For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | |
| | | Policy: | Vendor Managed Transportation | |

| A0170 Transportation ancillary;parking fees,tolls, other No No No Policy: Non-Emergency Transportation Services PolicyTech A0180 Nonemergency transportation:ancillary:lodging-recipient No No No Policy: Non-Emergency Transportation Services PolicyTech For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | | | | | | |
|--|--|--|--|--|--|--|
| A0180 Nonemergency HMO/PPO Medicaid Clarity For information regarding PA requirements, please contact WellSense Transportation regarding PA requirements, please contact WellSense | | | | | | |
| transportation ancillar yelodging recipient Transportation via information located in plan Auth Matrix | | | | | | |
| transportation.anchiary.loughig-recipient No Yes No Transportation via information located in plan Auth Matrix. | | | | | | |
| Policy: Vendor Managed Transportation | | | | | | |
| A0190 Nonemergency transportation:ancilalry:meals,recipient No Yes No For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | | | | | | |
| Policy: Vendor Managed Transportation | | | | | | |
| A0200 Nonemergency transportation:ancillary:lodging,escort No Yes No For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | | | | | | |
| Policy: Vendor Managed Transportation | | | | | | |
| A0210 Nonemergency transportation:ancillary:meals,escort No Yes No For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | | | | | | |
| Policy: Vendor Managed Transportation | | | | | | |
| A0380 BLS mileage(per mile) NEW HMO/PPO Medicaid Clarity No Yes For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | | | | | | |
| Policy: Vendor Managed Transportation | | | | | | |
| A0382 BLS routine disposable supplies | | | | | | |
| Policy: Vendor Managed Transportation | | | | | | |
| A0384 BLS spec service disposable supplies:defibrillation No Yes Yes For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | | | | | | |
| Policy: Vendor Managed Transportation | | | | | | |
| And Ambulance waiting time (ALS/BLS), half hr increments New No Yes Yes For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | | | | | | |
| Policy: Vendor Managed Transportation | | | | | | |

| Code | | PA Req'd? = Auth Required via Medical Policy or Int : Auth not applicable, review Benefits ar | | UM Service Group |
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| Please | | REQUIRED for any HCPCS code used in the first page of this code look-up tool bef | IPIJA I FI J 17/5/71174 PIPRSP PRVIPW CREP | fully for changes |
| A0999 NEW | Unlisted ambualnce service | HMO/PPO Medicaid Clar No No Ye | Health Dian Transportation via information leasted in plan Auth Matrix | |
| | | Poli | PolicyTech Non-Emergency Transportation Services PolicyTech | |
| A2001 NEW | InnovaMatrix,per sqcm | HMO/PPO Medicaid Clar Yes Yes Yes Ye | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2002 NEW | Mirragen, per Sq Cent | HMO/PPO Medicaid Clar Yes Yes Yes Ye | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2004 NEW | Xcellistem,per SQ Cent | HMO/PPO Medicaid Clar Yes Yes Yes Ye | | M1SO-Skin Subs |
| | | Poli | Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2005 NEW | Microlyte matrix,per SQ Cent | HMO/PPO Medicaid Clar Yes Yes Yes Ye | | M1SO-Skin Sub |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2006 NEW | Novosorb, per SQ Cent | HMO/PPO Medicaid Clar Yes Yes Yes Ye | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2007 NEW | Restrata, per SQ cent | HMO/PPO Medicaid Clar Yes Yes Yes Ye | | M1SO-Skin Sub |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |

| Code | | PA Req'd? quired via Medical Policy or t applicable, review Benefit | r InterQual ts and/or Payment Policies | Note | UM Service Group |
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| Please | PA REQUIR review all disclaimers and information on the first | | used w/TMJ DX Codes M26.60-69 I before and/or after your code search | UPDATED 12/5/2024 Please review carefully for cha | anges |
| A2008 NEW | Theragenesis, per SQ Cent | HMO/PPO Medicaid (Yes Yes | Clarity Please review the WellSense policy for Yes | authorization/criteria details | M1SO-Skin Subs |
| | | I | Policy: Skin Substitutes in the Outpatient Settin PolicyTech | g | |
| A2009 NEW | Symphony,per SQ Cent | HMO/PPO Medicaid (Yes Yes | Clarity Please review the WellSense policy for Yes | authorization/criteria details | M1SO-Skin Subs |
| | | I | Policy: Skin Substitutes in the Outpatient Settin PolicyTech | g | |
| A2010 NEW | Apis, per SQ Cent | HMO/PPO Medicaid (Yes Yes | Clarity Please review the WellSense policy for Yes | authorization/criteria details | M1SO-Skin Subs |
| | | Ī | Policy: Skin Substitutes in the Outpatient Settin PolicyTech | g | |
| A2011 NEW | Supra sdrm, per square centimeter | HMO/PPO Medicaid (| Clarity Please review the WellSense policy for Yes | authorization/criteria details | M1SO-Skin Subs |
| | | ļ | Policy: Skin Substitutes in the Outpatient Settin PolicyTech | g | |
| A2012 NEW | Suprathel, per square centimeter | HMO/PPO Medicaid (| Clarity Please review the WellSense policy for Yes | authorization/criteria details | M1SO-Skin Subs |
| | | ſ | Policy: Skin Substitutes in the Outpatient Settin PolicyTech | g | |
| A2013 NEW | Innovamatrix fs, per sq cm | HMO/PPO Medicaid (| Clarity Please review the WellSense policy for Yes | authorization/criteria details | M1SO-Skin Subs |
| | | | Policy: Skin Substitutes in the Outpatient Settin | g | |
| A2014 NEW | Omeza Collagen Matrix, per 100mg | HMO/PPO Medicaid Ves Yes | Clarity Please review the WellSense policy for Yes | authorization/criteria details | M1SO-Skin Subs |
| | | | Policy: Skin Substitutes in the Outpatient Settin | g | |

| Code | | PA Req'd? Auth Required via Medical Policy or Inter Auth not applicable, review Benefits and, | | UM Service Group |
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| Please | | EQUIRED for any HCPCS code used whe first page of this code look-up tool before | TIPIJA IFIJ 1775/7074 PIPASP PRVIPW CARPTUI | lly for changes |
| A2015 NEW | Phoenix Wound Matrix,per sqcm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2016 NEW | PermeaDerm B,per sqcm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2017 NEW | PermeaDerm Glove,each | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2018 NEW | PermeaDerm C,per sqcm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2019 NEW | Kerecis marigen shld sq cm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2020 NEW | Ac5 wound system | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2021 NEW | Neomatrix per sq cm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Skin Substitutes in the Outpatient Setting PolicyTech | |

| Code | | PA Req'd? Required via Medical Policy or Internot applicable, review Benefits and | | UM Service Group |
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| A2022 NEW | Innovaburn/Innovomatrix xl,per sq cm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | : Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2023 NEW | Innovomatrix pd,1 mg | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2024 NEW | Resolve matrix,per sq cm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | : Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2025 NEW | Miro3d, per cubic cm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | : Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2026 NEW | Restrata minimatrix, 5mg | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | : Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2027 NEW | Matriderm, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense medical policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| A2028 NEW | Micromatrix flex, per mg | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense medical policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |

| Code | | PA Req'd? uired via Medical Policy or applicable, review Benefits | InterQual | UM Service Group |
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| Please | PA REQUIRE review all disclaimers and information on the first p | - | sed w/TMJ DX Codes M26.60-69 before and/or after your code search UPDATED 12/5/2024 Please review carefully for char | nges |
| A2029 NEW | Mirotract wound matrix sheet, per cubic cm | HMO/PPO Medicaid Cl | Please review the WellSense medical policy for authorization/criteria details | M1SO-Skin Subs |
| | | Pe | Policy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| A4100 NEW | Skin sub FDA cleared as device, NOS | | Please review the WellSense policy for authorization/criteria details Yes | M1SO-Skin Subs |
| | | Pe | Policy: Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| A4206 NEW | Syringe w/ needle,sterile,1cc/less,each | | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Po | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A4207 NEW | Syringe w/ needle,sterile,2cc,each | | *ALL Providers please CLICK link to determine if your request is handled Yes by Northwood or the Plan. | |
| | | Po | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A4208 NEW | Syringe w/ needle,sterile,3cc each | | *ALL Providers please CLICK link to determine if your request is handled Yes by Northwood or the Plan. | |
| | | Po | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A4209 NEW | Syringe w/ needle,sterile,5cc/more,each | | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Po | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A4210 NEW | Needle-free injection device,each | | *ALL Providers please CLICK link to determine if your request is handled Yes by Northwood or the Plan. | |
| | | Pe | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? n Required via Medical Policy or Inter n not applicable, review Benefits and, | | UM Service Group | | | |
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| A4238 NEW | Supply allow for adjunct, nonimp CGM, al supplies / acces, 1 mo | Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Continuous Glucose Monitoring Systems, Artificial Pancreas Devices and Insu | lin Delivery Devices | | | |
| | | • | PolicyTech Durable Medical Equipment | in Benvery Bevices | | | |
| | | | How provider types are handled by Northwood and the Plan | | | | |
| A4239 NEW | Supply allow for non-adjunct, nonimp CGM, all supplies / acces, 1 mo | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy: | Continuous Glucose Monitoring Systems, Artificial Pancreas Devices and Insu PolicyTech | lin Delivery Devices | | | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| A4244 NEW | Alchohol orperoxide,per pint | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| A4245 NEW | Alchohol wipes,per box | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| A4246 NEW | Betadine or pHisoHex sol,per pint | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| A4247 NEW | Betadine or iodine swabs/wipes,per box | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |

| Code | | PA Req'd? quired via Medical Policy or Inte applicable, review Benefits and | | UM Service Group |
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| Please | PA REQUIRE review all disclaimers and information on the first page. | D for any HCPCS code used wage of this code look-up tool befor | ΤΙΡΙΙΔΙΕΙΙ 17/5/71174 ΡΙΡΝΌ | review carefully for changes |
| A5120 NEW | SKIN BARRIER WIPES OR SWABS EACH | HMO/PPO Medicaid Clarity Yes Yes Yes Policy | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Northwood and the Plan | dled |
| A5121 NEW | SKN BARRIER; SOLID 6X6/EQUVALNT EA | HMO/PPO Medicaid Clarity Yes Yes Yes | by Northwood or the Plan. | dled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A5122 NEW | SKN BARRIER; SOLID 8X8/EQUVALNT EA | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. | dled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A5126 NEW | ADHES/NON-ADHES; DISK/FOAM PAD | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. | dled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A5131 NEW | APPLINC CLNR INCONT&OST APPLN-16 OZ | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. | dled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A5200 NEW | PERQ CATH/TUBE ANCHR DEVC ADHES SKN | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. | dled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A5500 NEW | DM ONLY CSTM PREP SHOE MX DNS INSRT | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. | dled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? quired via Medical Policy or Int applicable, review Benefits an | | Note | UM Service Group |
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| Please | PA REQUIRE review all disclaimers and information on the first | - | w/TMJ DX Codes M26.60-69 ore and/or after your code search | UPDATED 12/5/2024 Please review co | arefully for changes |
| A5510 NEW | DIAB ONLY DIR FORM COMPRS MOLD FT | HMO/PPO Medicaid Clari Yes Yes Yes Police | by Northwood or the Dlan | o determine if your request is handled Northwood and the Plan | |
| A5512 NEW | FOR DIAB ONLY MX DNSITY INSRT PRFAB | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan. | determine if your request is handled | |
| | | Polic | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| A5513 NEW | FOR DIAB ONLY MX DNSITY INSRT CSTM | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Dian | determine if your request is handled | |
| | | Polid | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| A5514 NEW | Diab multi dens insert,CAM tech, CAD model,each | HMO/PPO Medicaid Clari | by Northwood or the Dian | determine if your request is handled | |
| | | Polic | ey: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| A6000 NEW | NON-CNTC WND WARMING COVR W/DEVC | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Dlan | determine if your request is handled | |
| | | Polic | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| A6010 NEW | COLLEGEN WOUND FILLR DRY FORM PER G | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Dlan | determine if your request is handled | |
| | | Polid | ey: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| A6011 NEW | COLLEGEN WOUND FIL GEL/PASTE PER G | HMO/PPO Medicaid Clari | by Northwood or the Dian | determine if your request is handled | |
| | | Polic | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |

| Code | | PA Req'd? quired via Medical Policy o applicable, review Benefit | | |
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| A6197 NEW | ALGINAT/OTH FIBR GELL >16<=48 SQEA | HMO/PPO Medicaid Yes Yes | Yes | by Northwood or the Plan. Durable Medical Equipment |
| A6198 NEW | ALGINAT/OTH FIBR GELL PAD >48 SQ EA | HMO/PPO Medicaid Yes Yes | Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Durable Medical Equipment |
| A6199 | ALGINAT/OTH FIBR GELL DRESS FIL-6IN | HMO/PPO Medicaid | | How provider types are handled by Northwood and the Plan |
| NEW | | Yes Yes | Yes Policy: | by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Northwood and the Plan |
| A6203 NEW | COMPOS DRESS 16 SQ/< W/ADHES BORDR | HMO/PPO Medicaid Yes Yes | Clarity Yes | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan |
| A6204 NEW | COMPOS DRESS >16 <=48 SQ W/ADHES | HMO/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan |
| A6205 NEW | COMPOS DRESS >48SQ W/ADHES BORDR EA | HMO/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan |
| A6206 NEW | CNTCT LAYR STERL 16 SQ IN/ <ea dress<="" td=""><td>HMO/PPO Medicaid Yes Yes</td><td>Clarity Yes</td><td>*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.</td></ea> | HMO/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan |

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| A6407 NEW | PACK STRIPS NON-IMPREGNTD UP 2 IN | HMO/PPO Medicaid Clari Yes Yes Yes Police | by Northwood or the Dlan | |
| A6410 NEW | EYE PAD STERILE EACH | HMO/PPO Medicaid Clari Yes Yes Yes Polic | *ALL Providers please CLICK link to determine if your request is handled | |
| A6411 NEW | EYE PAD NON-STERILE EACH | HMO/PPO Medicaid Clari Yes Yes Yes Yes | by Northwood or the Dlan | |
| A6412 | EYE PATCH OCCLUSIVE EACH | Police HMO/PPO Medicaid Clari | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan *ALL Providers please CLICK link to determine if your request is handled | |
| NEW | | Yes Yes Yes Police | by Northwood or the Plan. y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A6413 NEW | ADHESIVE BANDAGE FIRST-AID TYPE EA | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan. | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A6441 NEW | PADD BANDGE NON-ELAST NON- WOVEN/NON | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan. | |
| | | Polic | /: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A6442 NEW | CONFORMING BANDGE NON-ELAST KNITTED | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan. | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? Yes= Auth Required via Medical Po No= Auth not applicable, review B | | | UM Service Group |
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| A6443 NEW | CONFORMING BANDGE NON-EL KNITTED | AST HMO/PPO Medic Yes Yes | Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Durable Medical Equipment | |
| A6444 NEW | CONFORMING BANDGE NON-EL | AST HMO/PPO Medic Yes Yes | | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A6445 NEW | CONFORMING BANDGE NON-EL | AST HMO/PPO Medic Yes Yes | Yes | by Northwood or the Plan. Durable Medical Equipment | |
| A6446 NEW | CONFORMING BANDGE NON-EL | AST HMO/PPO Medic Yes Yes | | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A6447 NEW | CONFORMING BANDGE NON-EL | AST HMO/PPO Medic Yes Yes | | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A6448 NEW | LT COMPRS BANDGE ELAST WD | TH < 3 IN HMO/PPO Medic Yes Yes | | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A6449 NEW | LT COMPRS BANDGE WDTH >/= | 3 & <5 IN HMO/PPO Medic Yes Yes | | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

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| Please | PA REQ review all disclaimers and information on the | JIRED for any HCPCS code used virst page of this code look-up tool befor | · IIVIIA IFII 1775/71174 VIPAS | e review carefully for changes |
| A6450 NEW | LT COMPRS BANDGE WDTH >/= 5 IN | HMO/PPO Medicaid Clarity Yes Yes Yes Policy | *ALL Providers please CLICK link to determine if your request is had by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Northwood and the Plan | andled |
| A6451 NEW | MOD COMPRS BANDGE WD >/= 3 & <5 | Yes Yes Yes | - · · · · · · · · · · · · · · · · · · · | andled |
| A6452 | HI COMPRS BANDGE WD >/= 3 & <5 IN | HMO/PPO Medicaid Clarit | How provider types are handled by Northwood and the Plan | andled |
| NEW | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A6453 NEW | SELF-ADHERENT BANDGE WDTH = 3 I</td <td>Yes Yes Yes</td> <td>by Northwood or the Plan. : Durable Medical Equipment</td> <td>andled</td> | Yes Yes Yes | by Northwood or the Plan. : Durable Medical Equipment | andled |
| A6454 NEW | SLF ADHERNT BANDGE WD >/= 3 & <5 I | HMO/PPO Medicaid Clarit Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is he by Northwood or the Plan. | andled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A6455 NEW | SELF-ADHERENT BANDGE WDTH >/= 5 I | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is had by Northwood or the Plan. | andled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A6456 NEW | ZINC PAST BANDGE WD >/= 3 & <5 IN | HMO/PPO Medicaid Clarity Yes Yes Yes | by Northwood or the Plan. | andled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

How provider types are handled by Northwood and the Plan

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| A6526 NEW | Gradient comp garment, lower leg/foot, padded,nighttime use, custom, each | HMO/PPO Medicaid Clarity Yes Yes Yes | by Northwood or the Plan. | | | |
| Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | | |
| A6527 NEW | Gradient comp garment, full leg/foot, padded,nighttime use, custom,each | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | |
| A6528 NEW | Gradient compression garment, bra, for nighttime use, each | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | |
| A6529 NEW | Gradient compression garment, bra, for nighttime use, custom, each | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | |
| A6530 NEW | GRADIENT COMPRS STK BK 18-30 MMHG | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | |
| A6531 NEW | GRADIENT COMPRS STK BK 30-40 MMHG | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | |
| A6532 NEW | GRADIENT COMPRS STK BK 40-50 MMHG | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | |

| Code | | PA Req'd? Yes= Auth Required via Med No= Auth not applicable, re | | | UM Service Group |
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| Please | review all disclaimers and information | | | r/TMJ DX Codes M26.60-69 and/or after your code search UPDATED 12/5/2024 Please review car | refully for changes |
| A7524 NEW | TRACHEOSTOMA STENT/STUD/ EACH | BUTTON HMO/PPO Yes | Medicaid Clarity Yes Yes Policy: | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Durable Medical Equipment | |
| A7525 NEW | TRACHEOSTOMY MASK EACH | HMO/PPO Yes | Medicaid Clarity Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A7526 NEW | TRACHEOSTOMY TUBE COLLAR | /HOLDER EA HMO/PPO Yes | Medicaid Clarity Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A7527 NEW | TRACHEOST/LRYNGCT TUBE PL | UG/STOP EA HMO/PPO Yes | Medicaid Clarity Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A8000 NEW | HELMET PROTECTIVE SOFT PRE | FAB HMO/PPO Yes | Medicaid Clarity Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A8001 NEW | HELMET PROTECTIVE HARD PR | EFAB HMO/PPO Yes | Medicaid Clarity Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A8002 NEW | HELMET PROTECTIVE SOFT CUS | TOM FAB HMO/PPO Yes | Medicaid Clarity Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

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| A9279 NEW | MON FEATURE/DEVC ALONE/INTEGRAT NOC | HMO/PPO Medicaid Clarity Yes Yes Yes Policy | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Northwood and the Plan | dled |
| A9280 NEW | ALERT OR ALARM DEVICE NOC | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. | dled |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A9281 NEW | REACH/GRABBING DEVC ANY TYPE/LEN EA | HMO/PPO Medicaid Clarity Yes Yes Yes | by Northwood or the Plan. | dled |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A9282 NEW | WIG ANY TYPE EACH | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. | dled |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A9283 NEW | FOOT PRESSURE OFF LOAD/SUPP DEV EA | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. | dled |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A9284 NEW | SPIROMETER NONELECTRONC INCL ACCESS | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. | dled |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A9285 NEW | INVERSION/EVERSION CORRECTION DEVC | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is han by Northwood or the Plan. | dled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

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| A9286 | HYG I/DVC DISPBL/NON-DISPBL ANY T | E HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A9292 NEW | RX digital visual sftwr-only,fda clrd,per course of tx | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1EB-MN/E&I |
| | | | Policy: | Experimental and Investigational Treatment PolicyTech | |
| | | | Policy: | Vision Therapy PolicyTech | |
| A9300 | EXERCISE EQUIPMENT | HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A9900 NEW | DME SUP/ACCESS/SRV-COMPON/OTH HCPCS | HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A9901 NEW | DME DEL SET&/DSPNS SRVC ANOTH H | CPCS HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| A9999 NEW | MISCELLANEOUS DME SUPPLY/ACCES | NOS HMO/PPO Medicaid Yes Yes | | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| B4034 NEW | Ent feed supp kit;syringe fed, per day | HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

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| B9998 NEW | NOC FOR ENTERAL SUPPLIES | HMO/PPO Medicaid Clarit | by Northwood or the Plan | determine if your request is handled | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by I | Northwood and the Plan | |
| B9999 NEW | NOC FOR PARENTERAL SUPPLIES | HMO/PPO Medicaid Clarit | by Northwood or the Plan | determine if your request is handled | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by I | Northwood and the Plan | |
| C1062 | Intravertebral fx aug impl | HMO/PPO Medicaid Clarif | ty InterQual® criteria used in conjunct | ion with medical policy | |
| | | Polic | y: InterQual® | | |
| C1821 | INTER PROC DIST DEV IMP | HMO/PPO Medicaid Clarit | Please review the WellSense policy | for authorization/criteria details | |
| | | Polic | y: Experimental and Investigational Tre PolicyTech | atment | |
| C1825 | Gen, neuro, carot sinus baro | HMO/PPO Medicaid Clarit | | for authorization/criteria details | |
| | | Polic | y: Experimental and Investigational Tre <u>PolicyTech</u> | atment | |
| C1831 | Personalized interbody cage | HMO/PPO Medicaid Clarit | | for authorization/criteria details | |
| | | Polic | y: Experimental and Investigational Tre PolicyTech | atment | |
| C7557 | Cath plcmnt for cor angio,w/FFR, for atherosclerosis stenosis intervention | HMO/PPO Medicaid Clarit | | | |
| | | Polic | y: eviCore Radiology eviCore | | |

| Code | | PA Req'd? juired via Medical Policy applicable, review Benef | | | UM Service Group |
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| Please | PA REQUIRE review all disclaimers and information on the first p | - | | /TMJ DX Codes M26.60-69 and/or after your code search UPDATED 12/5/2024 Please | e review carefully for changes |
| C8000 | Support dev,extravascular,arteriovenous fistula(implantable) | HMO/PPO Medicaid Yes No | Clarity No | Please review the WellSense medical policy for authorization/crite details | eria A2TO-E&I |
| | | | Policy: | Experimental and Investigational Treatment <u>PolicyTech</u> | |
| C9016 | INJECTION TRIPTORELIN EXTENDED- RELEASE 3.75 MG | HMO/PPO Medicaid No Yes | Clarity No | | |
| | | | Policy: | Pharmacy managed | |
| C9047 | Injection, caplacizumab-yhdp | HMO/PPO Medicaid Yes No | Clarity | | |
| | | | | Care Continuum Medical Drug Management <u>EverNorth</u> | |
| C9166 NEW | Injection, secukinumab | HMO/PPO Medicaid Yes No | Clarity | | |
| | | | Policy: | Care Continuum Medical Drug Management <u>EverNorth</u> | |
| C9167 | Injection, apadamtase alfa | HMO/PPO Medicaid | Clarity | | |
| NEW | | Yes No | Yes | | |
| | | | Policy: | Care Continuum Medical Drug Management <u>EverNorth</u> | |
| C9172 | Injection, fidanacogene elaparvovec-dzkt, per ther dose(Beqvez) | HMO/PPO Medicaid Yes No | Clarity | Please review the WellSense medical policy for authorization/crite details | eria PH10-Gene/Cell Ther |
| | | | Policy: | Medically Necessary PolicyTech | |
| C9257 | INJECTION BEVACIZUMAB 10 MG | HMO/PPO Medicaid | Clarity | | |
| | | No Yes | No | | |
| | | | Policy: | Pharmacy managed | |

| Code | | PA Req'd? Required via Medical Policy contapplicable, review Benef | | Qual | Note | UM Service Group |
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| Please | PA REQUI review all disclaimers and information on the fir | - | | /TMJ DX Codes M26.60-69 and/or after your code search | JPDATED 12/5/2024 Please review carefully fo | r changes |
| C9399 | Unclassified drugs or biologicals | HMO/PPO Medicaid Yes No | No | Review the applicable medical policy for gene/cell therapies without treatment specific Casgevy PolicyTech | | PH1O-Gene/Cell Ther |
| | | | Policy: | Medically Necessary PolicyTech | | |
| C9761 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral catheterization i | HMO/PPO Medicaid Yes No | Clarity No | Please review the WellSense policy for a | uthorization/criteria details | |
| | | | Policy: | Experimental and Investigational Treatmental PolicyTech | ent | |
| C9762 | Cardiac MR;strain imaging | HMO/PPO Medicaid Yes No | Clarity No | | | |
| | | | Policy: | eviCore Radiology eviCore | | |
| C9763 | Cardiac MR; with stress imaging | HMO/PPO Medicaid Yes No | Clarity No | | | |
| | | | Policy: | eviCore Radiology eviCore | | |
| C9769 | Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and inci | HMO/PPO Medicaid Yes No | Clarity No | Please review the WellSense policy for a | uthorization/criteria details | |
| | | | Policy: | Experimental and Investigational Treatment PolicyTech | ent | |
| C9772 | Revasc lithotrip tibi/perone | HMO/PPO Medicaid Yes No | Clarity No | Please review the WellSense policy for a | uthorization/criteria details | |
| | | | Policy: | Experimental and Investigational Treatment PolicyTech | ent | |

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| C9773 | Revasc lithotr-stent tib/per | HMO/PPO Medicaid Clarity Yes No No | Please review the WellSense policy for authorization/criteria d | etails |
| | | Policy | Experimental and Investigational Treatment PolicyTech | |
| C9774 | Revasc lithotr-ather tib/per | HMO/PPO Medicaid Clarity Yes No No | Please review the WellSense policy for authorization/criteria d | etails |
| | | Policy | Experimental and Investigational Treatment PolicyTech | |
| C9775 | Revasc lith-sten-ath tib/per | HMO/PPO Medicaid Clarity Yes No No | Please review the WellSense policy for authorization/criteria d | etails |
| | | Policy | Experimental and Investigational Treatment PolicyTech | |
| C9781 | Arthro/shoul surg; w/spacer | HMO/PPO Medicaid Clarity Yes No No | | details |
| | | Policy | Experimental and Investigational Treatment PolicyTech | |
| C9782 | Blind myocar trpl bon marrow | HMO/PPO Medicaid Clarity Yes No No | Please review the WellSense policy for authorization/criteria | details |
| | | Policy | Experimental and Investigational Treatment PolicyTech | |
| C9783 | Blind cor sinus reducer impl | HMO/PPO Medicaid Clarity Yes No No | Please review the WellSense policy for authorization/criteria | details |
| | | Policy | Experimental and Investigational Treatment PolicyTech | |
| C9784 | Endo sleeve gastro w/tube | HMO/PPO Medicaid Clarity Yes No No | | etails |
| | | Policy | Experimental and Investigational Treatment PolicyTech | |

| Code | Short Description | Yes= Auth Requi | | | ·Qual /or Payment Policies | Note | UM Service Group |
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| Please | review all disclaimers and informat | | | | v/TMJ DX Codes M26.60-69 e and/or after your code search | UPDATED 12/5/2024 Please review careful | ly for changes |
| C9785 | Endo outlet restrict w/tube | [| Yes Me | No No | Please review the WellSense policy Experimental and Investigational Tre | | |
| C9791 NEW | MRI w inhaled xenon-129, che prep/admin | est,incl I | Yes Me | No Yes | eviCore Radiology | | |
| C9793 | 3D predictive model gen,prepl proc,use of CTA data | lan cardiac | Yes Me | No No | eviCore Radiology | | |
| C9796 | Repair enterocutaneous fistula intestine/colon w/plug | a sm 📗 | HMO/PPO Me | No No | Please review the WellSense policy Experimental and Investigational Tre | | M1EB-MN/E& |
| E0100 NEW | CANE ALL MATL ADJUSTBLE/F | IXED W/TIP | HMO/PPO Me | Yes Yes | | determine if your request is handled | |
| E0105 | CANE QUAD/3-PRONG ALL MA | ATL W/TIPS | HMO/PPO Me | - | How provider types are handled by N | | |
| E0110 | CRTCHES FORARM VARIOUS N | ΛATL PAIR | HMO/PPO Me | edicaid Clarity | Durable Medical Equipment How provider types are handled by N *ALL Providers please CLICK link to a by Northwood or the Plan. | | |
| NEW | | | Yes | Yes Yes Policy | : Durable Medical Equipment How provider types are handled by N | Northwood and the Plan | |

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| E0188 NEW | SYNTHETIC SHEEPSKIN PAD | HMO/PPO Medicaid Clarity Yes Yes Yes Policy | by Northwood or the Plan. Durable Medical Equipment | |
| E0189 NEW | LAMBSWOOL SHEEPSKIN PAD ANY SIZE | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Durable Medical Equipment | |
| E0190 NEW | PSTN CUSH/PILLOW/EDGE ALL COMPONENT | HMO/PPO Medicaid Clarity | How provider types are handled by Northwood and the Plan | |
| NEW | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0191 NEW | HEEL OR ELBOW PROTECTOR EACH | Yes Yes Yes Policy | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Durable Medical Equipment | |
| E0193 NEW | POWERED AIR FLOTATION BED | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0194 NEW | AIR FLUIDIZED BED | HMO/PPO Medicaid Clarity Yes Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0196 NEW | GEL PRESSURE MATTRESS | HMO/PPO Medicaid Clarity Yes Yes Yes | by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

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| E0232 NEW | WOUND WARMING WOUND COVER | HMO/PPO Medicaid Clar Yes Yes Ye Police | by Northwood or the Plan | determine if your request is handled Northwood and the Plan | |
| E0235 NEW | PARAFFIN BATH UNIT PORTABLE | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Dian | determine if your request is handled | |
| | | Poli | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| E0236 NEW | PUMP FOR WATER CIRCULATING PAD | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Dlan | determine if your request is handled | |
| | | Poli | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| E0239 NEW | HYDROCOLLATOR UNIT PORTABLE | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Dlan | determine if your request is handled | |
| | | Poli | Cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| E0240 NEW | BATH/SHOWER CHAIR W/WO WHLS ANY SZ | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Plan | determine if your request is handled | |
| | | Poli | Cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| E0241 NEW | BATHTUB WALL RAIL EACH | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Dlan | determine if your request is handled | |
| | | Poli | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| E0242 NEW | BATHTUB RAIL FLOOR BASE | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Dian | determine if your request is handled | |
| | | Poli | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |

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| E0243 NEW | TOILET RAIL EACH | HMO/PPO Medicaid Clarity Yes Yes Yes | by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0244 NEW | RAISED TOILET SEAT | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0245 NEW | TUB STOOL OR BENCH | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0246 NEW | TRANSFER TUB RAIL ATTACHMENT | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0247 NEW | TRNSF BENCH TUB/TOILET W/WO COMMODE | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0248 NEW | TRNSF BENCH HEVY DUTY TUB/TOILET | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0249 NEW | PAD H2O CIRC HEAT UNIT REPLCMT ONLY | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? Yes= Auth Required via Mer No= Auth not applicable, ro | | | UM Service Group |
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| Please | Freview all disclaimers and informatio | | | w/TMJ DX Codes M26.60-69 re and/or after your code search UPDATED 12/5/2024 Ple | ase review carefully for changes |
| E0738 NEW | Up extrem rehab sys,active assis education | st muscl re- Yes | Medicaid Clarif | by Northwood or the Dlan | handled |
| | | | Tolic | How provider types are handled by Northwood and the Plan | |
| E0739 | Rehab sys w/interactive interfactive assist in rehab therapy | te prov HMO/PPO Yes | Medicaid Clarif | | etails M1EB-MN/E& |
| | | | Polic | y: Experimental and Investigational Treatment PolicyTech | |
| E0740 NEW | N-IMPL PELV FLR ELEC STIM CM | PL SYS HMO/PPO Yes | Medicaid Clarif | | etails S18B-PF |
| | | | Polic | y: Durable Medical Equipment | |
| | | | Polic | How provider types are handled by Northwood and the Plan Pelvic Floor Stimulation for the Treatment of Incontinence and/PolicyTech | or Overactive Bladder |
| E0743 | External low ext nerve stim,restings syndrome, each | less legs HMO/PPO Yes | Medicaid Clarit | hy Northwood or the Plan | handled |
| | | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0744 NEW | NEUROMUSCULAR STIMULATOR | R SCOLIOSIS HMO/PPO Yes | Medicaid Clarif | *ALL Providers please CLICK link to determine if your request is | handled |
| | | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0745 | NEUROMUSC STIM ELEC SHOCK | UNIT HMO/PPO | Medicaid Clarit | y Please review the WellSense policy for authorization/criteria de | etails S1ZB-Sacral Nerve |
| | | | | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| | | | Polic | y: Peripheral Nerve Stimulation Policy Tech | |

 E0755
 ELEC SALIVARY REFLEX STIMULATOR
 HMO/PPO
 Medicaid
 Clarit

 NEW
 Yes
 Yes
 Yes
 Yes

*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.

Policy: Durable Medical Equipment

How provider types are handled by Northwood and the Plan

 E0760
 OSTOGNS STIM LW INTENS US NONINVASV
 HMO/PPO
 Medicaid
 Clarity

 NEW
 Yes
 Yes
 Yes

*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.

Policy: Durable Medical Equipment

How provider types are handled by Northwood and the Plan

E0762 TRANSCUT ELEC JOINT STIM DEVC SYS

NEW

HMO/PPO Medicaid Clarity
Yes Yes Yes

*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.

Policy: Durable Medical Equipment

How provider types are handled by Northwood and the Plan

| Code | | PA Req'd? uired via Medical Policy or Inter applicable, review Benefits and, | | UM Service Group |
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| Please | PA REQUIRE review all disclaimers and information on the first p | D for any HCPCS code used vage of this code look-up tool before | I IPIJA I FIJ. 1775/7074 PIPRSP PRVIPW CREPTUIN | y for changes |
| E0764 NEW | FUNC NEUROMUSC STIM CMPT SC INJ | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0765 NEW | FDA APPRVD NRV STIM TX NAUSA&VOMIT | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0766 NEW | ELEC STM DVC CA TX ALL ACC ANY TYPE | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | ETOP-Elec Tumor |
| | | Policy | Electric Tumor Treatment Fields (TTF) PolicyTech | |
| E0767 NEW | Intrabuccal,syst del amplitude-modualted radio-electromag field dev,for CA | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense medical policy for authorization/criteria details | M1EB-MN/E&I |
| | | Policy | Experimental and Investigational Treatment PolicyTech | |
| E0769 NEW | ESTIM/ELECMAGNET WOUND TX DEVC NOC | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0770 NEW | FES TRANSQ STIM NERV&/MUSC CMPL NOS | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0776 NEW | IV POLE | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? equired via Medical Policy or Into ot applicable, review Benefits an | | UM Service Group |
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| Please | PA REQUIF review all disclaimers and information on the firs | - | w/TMJ DX Codes M26.60-69 re and/or after your code search UPDATED 12/5/2024 Please review car | efully for changes |
| E0940 NEW | TRAPEZ BAR FREESTND CMPL W/GRAB BAF | HMO/PPO Medicaid Clari Yes Yes Yes Police | by Northwood or the Plan. y: Durable Medical Equipment | |
| E0941 NEW | GRAVITY ASSTD TRAC DEVICE ANY TYPE | HMO/PPO Medicaid Clari Yes Yes Yes Polic | by Northwood or the Dian | |
| E0942 | CERVICAL HEAD HARNESS/HALTER | HMO/PPO Medicaid Clari | How provider types are handled by Northwood and the Plan Y *ALL Providers please CLICK link to determine if your request is handled | |
| NEW | | Yes Yes Yes Polic | by Northwood or the Plan. J: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0944 NEW | PELVIC BELT/HARNESS/BOOT | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan. | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0945 NEW | EXTREMITY BELT/HARNESS | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0946 NEW | FX FRAM DUAL CROSS BARS ATTACH BED | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0947 NEW | FX FRAME ATTCH CMPLX PELV TRAC | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan. | |
| | | Polic | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? Required via Medical Policy or Internot applicable, review Benefits and | | UM Service Group |
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| Please | PA REQU review all disclaimers and information on the f | IRED for any HCPCS code used was page of this code look-up tool before | | carefully for changes |
| E0967 NEW | MNL WC AC HND RIM PROJ REPL ONL E | Yes Yes Yes | by Northwood or the Plan. Durable Medical Equipment | |
| E0968 NEW | COMMODE SEAT WHEELCHAIR | HMO/PPO Medicaid Clarity Yes Yes Yes Policy | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Durable Medical Equipment | |
| E0969 NEW | NARROWING DEVICE WHEELCHAIR | HMO/PPO Medicaid Clarity Yes Yes Yes Policy | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Durable Medical Equipment | |
| E0970 NEW | NO 2 FOOTPLATES EXCEPT ELEV LEGRES | HMO/PPO Medicaid Clarity Yes Yes Yes Yes | by Northwood or the Plan. | |
| 50074 | MANUALICA COSC ANITH TIRRING DEVICES | | : Durable Medical Equipment How provider types are handled by Northwood and the Plan **ALL Provider types are handled by Northwood and the Plan | |
| NEW | MNL WC ACSS ANTI-TIPPING DEVC EA | Yes Yes Yes Policy | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. : Durable Medical Equipment | |
| E0973 | WC ACCSS ADJ HT DTACH ARMRST EA | HMO/PPO Medicaid Clarity Yes Yes Yes | How provider types are handled by Northwood and the Plan | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0974 NEW | MNL WC ACCESS ANTI-ROLLBACK DEVC I | Yes Yes Yes | by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? th Required via Medical Policy or Inte th not applicable, review Benefits and | | UM Service Group |
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| Please | PA RE review all disclaimers and information on the | QUIRED for any HCPCS code used a first page of this code look-up tool befo | 11PI)A1FI) 17/5/71174 PIP | ase review carefully for changes |
| E0978 NEW | WC ACSS PSTN/SFTY BELT/PELV STRP | A HMO/PPO Medicaid Clarit Yes Yes Yes Yes | by Northwood or the Plan | handled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0980 NEW | SAFETY VEST WHEELCHAIR | HMO/PPO Medicaid Clarit Yes Yes Yes | by Northwood or the Dlan | handled |
| | | Police | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0981 NEW | WC ACSS SEAT UPHLSTER REPL ONLY | A HMO/PPO Medicaid Clarit Yes Yes Yes | by Northwood or the Dlan | handled |
| | | Police | /: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0982 NEW | WC ACSS BACK UPHLSTER REPL ONLY | Yes Yes Yes Yes | by Northwood or the Dlan | handled |
| | | Police | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0983 NEW | MNL WC ACSS PWR ADD-ON CNVRT N | NL HMO/PPO Medicaid Clarit Yes Yes Yes Yes | by Northwood or the Plan | handled |
| | | Police | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0984 NEW | MNL WC ACSS PWR ADD-ON CNVRT N | NL HMO/PPO Medicaid Clarit Yes Yes Yes Yes | by Northwood or the Plan | handled |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E0985 NEW | WHEELCHAIR ACCESS SEAT LIFT MECH | HMO/PPO Medicaid Clarit Yes Yes Yes | by Northwood or the Dlan | handled |
| | | Policy | The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are handled by Northwood and the Plan The provider types are types ar | |

| Code | | PA Req'd? quired via Medical Policy or Int t applicable, review Benefits ar | | Note | UM Service Group |
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| E1357 NEW | O2 ACCESS BATTRY CHARGER REPL EA | HMO/PPO Medicaid Clar Yes Yes Ye Poli | by Northwood or the Dlan | determine if your request is handled Northwood and the Plan | |
| E1358 NEW | O2 ACCESS DC POWER ADAPTER REPL EA | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Plan. | determine if your request is handled | |
| | | Poli | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| E1372 NEW | IMMERSION EXTERNAL HEATER NEBULIZER | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Dlan | determine if your request is handled | |
| | | Poli | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| E1390 NEW | O2 CONC 85%/>02 CONC PRSC FLW RATE | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Dlan | determine if your request is handled | |
| | | Poli | Ey: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| E1391 NEW | 02 CONC 2 DEL 85%/>02 CONC FLW RATE | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Dlan | determine if your request is handled | |
| | | Poli | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| E1392 NEW | PORTABLE OXYGEN CONCENTRATOR RENTAL | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Plan | determine if your request is handled | |
| | | Poli | Ey: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |
| E1399 NEW | DME MISCELLANEOUS | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Dlan | determine if your request is handled | |
| | | Poli | cy: Durable Medical Equipment How provider types are handled by | Northwood and the Plan | |

E2202 MNL WC ACSS SEAT WIDTH 24-27 IN

Wes Yes Yes Yes Yes Northwood or the Plan.

HMO/PPO Medicaid Clarity *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.

HMO/PPO Medicaid

Yes

Yes

E2203

NEW

E2204

NEW

MNL WC ACSS SEAT DEPTH 22-25 IN

Policy: Durable Medical Equipment

How provider types are handled by Northwood and the Plan

MNL WC ACSS SEAT DEPTH 20 < 11 IN

| HMO/PPO | Medicaid | Clarity | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.

Policy: Durable Medical Equipment

How provider types are handled by Northwood and the Plan

*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.

Policy: Durable Medical Equipment

How provider types are handled by Northwood and the Plan

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| Please | PA REQU | IRED for any HCPCS code used stated and stated rest page of this code look-up tool before | | ase review carefully for changes |
| E2342 NEW | PWR WC NONSTD SEAT DEPTH 20/21 IN | HMO/PPO Medicaid Clarit Yes Yes Yes Policy | *ALL Providers please CLICK link to determine if your request is help by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Northwood and the Plan | handled |
| E2343 NEW | PWR WC NONSTD SEAT DEPTH 22-25 IN | HMO/PPO Medicaid Clarit Yes Yes Yes | by Northwood or the Plan. | nandled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E2351 NEW | PWR WC ACSS ELEC OP SPCH GEN DEVC | HMO/PPO Medicaid Clarit Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is by Northwood or the Plan. | nandled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E2358 NEW | PWR WC GRP 34 NONSEALED LA BATT EA | HMO/PPO Medicaid Clarit Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is h by Northwood or the Plan. | nandled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E2359 NEW | PWR WC GRP 34 SEALED LA BATT EA | HMO/PPO Medicaid Clarit Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is h by Northwood or the Plan. | nandled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E2360 NEW | PWR WC ACSS 22 NF NON-SEALED BATTI | Y HMO/PPO Medicaid Clarit Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is by Northwood or the Plan. | nandled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| E2361 NEW | PWR WC ACSS 22NF SEALED LEAD BATTR | Y HMO/PPO Medicaid Clarit Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is h by Northwood or the Plan. | nandled |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? The Required via Medical Policy or the not applicable, review Benefits | | UM Service Group | | | | |
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| Please | PA REQUIRED for any HCPCS code used w/TMJ DX Codes M26.60-69 Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search UPDATED 12/5/2024 Please review carefully for changes | | | | | | | |
| E3000 NEW | Speech volume mod sys,any type,inc al comp/acc | | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | Pi | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| E8000 NEW | GAIT TRAINER PED SZ POST SUPP | HMO/PPO Medicaid Cl | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | Pi | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| E8001 NEW | GAIT TRAINER PED SZ UPRIGHT SUPP | HMO/PPO Medicaid C | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | P | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| E8002 NEW | GAIT TRAINER PED SZ ANT SUPP | HMO/PPO Medicaid Cl | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | P | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| G0151 NEW | SRVC PT HOM HLTH/HOSPICE EA 15 M | | InterQual® criteria used in conjunction with medical policy | Н1РО-ННС РТ | | | | |
| | | | licy: Home Health Care for Maintenance Services PolicyTech | | | | | |
| | | | licy: Home Health Care NH Clarity PolicyTech licy: Home Health Care NHMA | | | | | |
| | | | PolicyTech licy: Home Health Care Services for an Acute Episode of Care | | | | | |
| | | P | PolicyTech licy: InterQual® | | | | | |

PolicyTech

Policy: InterQual®

No= Auth not applicable, review Benefits and/or Payment Policies

PA REQUIRED for any HCPCS code used w/TMJ DX Codes M26.60-69

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UPDATED 12/5/2024 Please review carefully for changes

| G0156 | SRVC HH/HOSPICE AIDE EA 15 MIN | HMO/PPO Medicaid | Clarity | InterQual® criteria used in conjunction with medical policy | H1AO-HH Aide |
|-------|---------------------------------------|------------------|---------|--|--------------|
| NEW | | Yes Yes | Yes | | |
| | | | Policy: | Home Health Care for Maintenance Services | |
| | | | | <u>PolicyTech</u> | |
| | | | Policy: | Home Health Care NH Clarity | |
| | | | | <u>PolicyTech</u> | |
| | | | Policy: | Home Health Care NHMA | |
| | | | | PolicyTech | |
| | | | Policy: | Home Health Care Services for an Acute Episode of Care | |
| | | | | <u>PolicyTech</u> | |
| | | | Policy: | InterQual® | |
| G0157 | SRVC PT ASSIST HH/HOSPICE EA 15 MIN | HMO/PPO Medicaid | Clarity | InterQual® criteria used in conjunction with medical policy | |
| NEW | | Yes No | Yes | | |
| | _ | | Policy: | Home Health Care NH Clarity | |
| | | | • | <u>PolicyTech</u> | |
| | | | Policy: | Home Health Care NHMA | |
| | | | | <u>PolicyTech</u> | |
| | | | Policy: | InterQual® | |
| G0158 | SRVC OT ASSIST HH/HOSPICE EA 15 MIN | HMO/PPO Medicaid | Clarity | InterQual® criteria used in conjunction with medical policy | |
| NEW | 1 | Yes No | Yes | mer dual officera asea in conjunction men medical policy | |
| 10200 | | | | Home Health Care NH Clarity | |
| | | | i oney. | PolicyTech | |
| | | | Policy: | Home Health Care NHMA | |
| | | | , . | <u>PolicyTech</u> | |
| | | | Policy: | InterQual® | |
| G0159 | SRVC PT HH EST/DEL PT MP EA 15 MINS | HMO/PPO Modicaid | Clarity | InterQual® criteria used in conjunction with medical policy | |
| NEW | SAVET FAIR ESTABLE FT WIF LA 13 WIINS | Yes No | Yes | interiodali eriteria usea in conjunction with medical policy | |
| INEVV | | | | Harra Harlib Cara Mill Clarib | |
| | | | rolicy: | Home Health Care NH Clarity PolicyTech | |
| | | | Policy | Home Health Care NHMA | |
| | | | . Oncy. | PolicyTech | |
| | | | | InterQual® | |

Code **Short Description** PA Reg'd? Note **UM Service Group** Yes= Auth Required via Medical Policy or InterQual No= Auth not applicable, review Benefits and/or Payment Policies PA REQUIRED for any HCPCS code used w/TMJ DX Codes M26.60-69 UPDATED 12/5/2024 Please review carefully for changes Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search HMO/PPO Medicaid G0160 SRVC OT HH EST/DEL OT MP EA 15 MIN Clarity InterQual® criteria used in conjunction with medical policy NEW Yes No Yes Policy: Home Health Care NH Clarity PolicyTech Policy: Home Health Care NHMA **PolicyTech** Policy: InterQual® G0161 SRVC SLP HH EST/DEL SLP TX MP 15 MN HMO/PPO Medicaid Clarity InterQual® criteria used in conjunction with medical policy NEW Yes No Yes Policy: Home Health Care NHMA PolicyTech Policy: InterQual® HMO/PPO Medicaid G0162 SKILLED SERVICE RN M&E PLAN OF CARE; Clarity Please review the WellSense policy for authorization/criteria details H1NO-RN EA 15 MINS NEW No No Yes Policy: Home Health Care NH Clarity PolicyTech INJ SI JNT; ANES &/TX AGT &ARTHROG HMO/PPO Medicaid Clarity G0260 **NEW** Yes Yes Yes Policy: eviCore Musculoskeletal eviCore G0277 HPO UND PRSS FULL B CHMBR PER 30 MN HMO/PPO Medicaid Clarity InterQual® criteria used in conjunction with medical policy Q31B-HBOT **NEW** Yes Yes Yes Policy: Hyperbaric Oxygen Therapy (HBOT) or Topical Oxygen Therapy (TOT) PolicyTech Policy: InterQual® G0283 E-STIM 1/>NOT WND CARE PART TX PLAN HMO/PPO Medicaid Clarity Please review the WellSense policy for authorization/criteria details S18B-PFS **NEW** Yes Yes Yes Policy: Pelvic Floor Stimulation for the Treatment of Incontinence and/or Overactive Bladder PolicyTech

| Code | Short Description | PA Req'd? Yes= Auth Required via Medic No= Auth not applicable, revi | | | | UM Service Group |
|---|--|--|---------|--|---|------------------|
| Please | review all disclaimers and inform | PA REQUIRED for any HCPO ation on the first page of this code lo | | UPDATED | 12/5/2024 Please review carefully for cha | inges |
| G0490 NEW | FACE-TO-FACE HH NSG VST F AREA SHTG HHA | HC/FQHC HMO/PPO No | No Yes | Please review the WellSense policy for authorizate | tion/criteria details | |
| Policy: Home Health Care NH Clarity PolicyTech | | | | | | |
| G0493 | SKILLED SERVICES RN OBV & COND EA 15 MIN | ASMT PT HMO/PPO NO No | No Yes | Please review the WellSense policy for authorizate | cion/criteria details | |
| Policy: Home Health Care NH Clarity PolicyTech | | | | | | |
| G0494 NEW | SKILLED SRVC LPN OBS & ASI EA 15 MIN | MT PT COND HMO/PPO NO No | No Yes | Please review the WellSense policy for authorizate | tion/criteria details | |
| Policy: Home Health Care NH Clarity PolicyTech | | | | | | |
| G0495 NEW | SKD SRVC RN TRAIN&/EDU P HH/HOSPC EA 15 MIN | T/FAM HMO/PPO N | No Yes | Please review the WellSense policy for authorizate | ion/criteria details | |
| | | | Policy: | Home Health Care NH Clarity <u>PolicyTech</u> | | |
| G0496 NEW | SKD SRVC LPN TRAIN&/EDU HH/HOSPC E 15 MIN | PT/FAM HMO/PPO No | No Yes | Please review the WellSense policy for authorization | ion/criteria details: | |
| | | | Policy: | Home Health Care NH Clarity <u>PolicyTech</u> | | |
| G0659 | DRUG TST DEFIN DR ID M AN | Y # DR CLS HMO/PPO No | No No | Please review the WellSense policy for authoriza | tion/criteria details | |
| | | | Policy: | Drug Screening/Testing for Drugs of Abuse and/or PolicyTech | Controlled Substances | |
| | | | | Drug Screening/Testing for Drugs of Abuse and/or Substances PolicyTech | Controlled | |

| Code | | PA Req'd? Juired via Medical Policy or Ir applicable, review Benefits a | nterQual | ice Group |
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| Please r | PA REQUIRE review all disclaimers and information on the first p | | ed w/TMJ DX Codes M26.60-69 efore and/or after your code search UPDATED 12/5/2024 Please review carefully for changes | |
| G2168 NEW | SERVICES PRFRM BY PT ASST HH SETTING EA 15 MIN | Yes No Y | InterQual® criteria used in conjunction with medical policy | |
| | | | licy: Home Health Care NH Clarity PolicyTech If you have the like Care NHAAA | |
| | | PO | licy: Home Health Care NHMA PolicyTech | |
| G2169 NEW | SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN | | InterQual® criteria used in conjunction with medical policy | |
| | | Pol | licy: Home Health Care NH Clarity PolicyTech | |
| | | Pol | licy: Home Health Care NHMA PolicyTech | |
| G6015 NEW | INTENS MOD TX DEL 1/MX FLDS TX SESS | HMO/PPO Medicaid Cla Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | T1IO-IMRT |
| | | Pol | licy: Intensity Modulated Radiation Therapy, Outpatient PolicyTech | |
| G6016 NEW | CMP-B BM MD TX DEL I PLND TX P TX S | | Please review the WellSense policy for authorization/criteria details | T1IO-IMR |
| | | Pol | licy: Intensity Modulated Radiation Therapy, Outpatient PolicyTech | |
| G9143 NEW | Warfarin resp test/ gen tech, any meth, any numb spec(s) | HMO/PPO Medicaid Cla Yes Yes Yes | es es | |
| | | Pol | licy: eviCore Genetic Testing eviCore | |
| J0129 NEW | inj abatacept 10 mg medicare adm Supv Phys | HMO/PPO Medicaid Clar | es | |
| | | | licy: Care Continuum Medical Drug Management EverNorth | |
| | | Pol | licy: Pharmacy managed | |

| Code | | PA Req'd? Required via Medical Policy or InterQual not applicable, review Benefits and/or Payment Policies | Note | UM Service Group |
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| Please | | RED for any HCPCS code used w/TMJ DX Codes M26.60-69 st page of this code look-up tool before and/or after your code search | UPDATED 12/5/2024 Please revie | w carefully for changes |
| J0135 | INJECTION ADALIMUMAB 20 MG | HMO/PPO Medicaid Clarity No Yes No | | |
| J0172 | Injection, aducanumab-avwa, 2 mg | Policy: Pharmacy managed HMO/PPO Medicaid Clarity | | |
| NEW | injection, addicandinab-avwa, 2 mg | Yes No Yes | | |
| | | Policy: Care Continuum Medical Drug N <u>EverNorth</u> | Management | |
| J0174 NEW | Inj, lecanemab-irmb, 1 mg | HMO/PPO Medicaid Clarity Yes No Yes | | |
| | | Policy: Care Continuum Medical Drug N <u>EverNorth</u> | Management | |
| J0177 NEW | Inj, aflibercept hd, 1 mg | HMO/PPO Medicaid Clarity Yes No Yes | | |
| | | Policy: Care Continuum Medical Drug N <u>EverNorth</u> | Management (| |
| J0178 NEW | Aflibercept injection | HMO/PPO Medicaid Clarity Yes No Yes | | |
| | | Policy: Care Continuum Medical Drug N <u>EverNorth</u> | Management (| |
| J0179 NEW | Inj, brolucizumab-dbll, 1 mg | HMO/PPO Medicaid Clarity Yes No Yes | | |
| | | Policy: Care Continuum Medical Drug N <u>EverNorth</u> | lanagement | |
| J0180 NEW | Agalsidase beta injection | HMO/PPO Medicaid Clarity Yes No Yes | | |
| | | Policy: Care Continuum Medical Drug N <u>EverNorth</u> | Management (| |

EverNorth

| Code | | PA Req'd? quired via Medical Policy or Inter t applicable, review Benefits and, | | UM Service Group |
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| Please | PA REQUIRE review all disclaimers and information on the first | ED for any HCPCS code used v | | 2/5/2024 Please review carefully for changes |
| J1412 NEW | Inj,voloctocogene roxaparvovec-rvox,per ml,cntns nomnl 2x10 vctr genes(Roctavian) | HMO/PPO Medicaid Clarity Yes Yes Yes Policy | Please review the WellSense medical policy for authorized details Medically Necessary PolicyTech | horization/criteria PH1O-Gene/Cell Ther |
| J1413 NEW | Inj, delandistrogene moxeparvovec-rokl, per therapeutic dose(Elevidys) | HMO/PPO Medicaid Clarity Yes Yes Yes Policy | Please review the WellSense medical policy for authorized details Elevidys | horization/criteria PH1O-Gene/Cell Ther |
| J1426 NEW | Injection, casimersen, 10 mg | HMO/PPO Medicaid Clarity Yes No Yes Policy | Care Continuum Medical Drug Management | |
| J1427 NEW | Inj. viltolarsen | HMO/PPO Medicaid Clarity Yes No Yes Policy | EverNorth Care Continuum Medical Drug Management | |
| J1428 NEW | Inj, eteplirsen, 10 mg | HMO/PPO Medicaid Clarity Yes No Yes | <u>EverNorth</u> | |
| | | Policy | Care Continuum Medical Drug Management <u>EverNorth</u> | |
| J1429 NEW | Inj golodirsen 10 mg | HMO/PPO Medicaid Clarity Yes No Yes Policy | Care Continuum Medical Drug Management | |
| J1437 NEW | Inj. fe derisomaltose 10 mg | HMO/PPO Medicaid Clarity Yes No Yes | | |
| | | Policy | Care Continuum Medical Drug Management <u>EverNorth</u> | |

| Code | | PA Req'd? uth Required via Medical Policy uth not applicable, review Ben | | | UM Service Group |
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| Please | PA REQUIRED for any HCPCS code used w/TMJ DX Codes M26.60-69 Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search UPDATED 12/5/2024 Please review carefully for changes | | | | |
| J3394 NEW | Injection,lovotibeglogene autotemcel, trmnt(Lyfgenia) | per HMO/PPO Medicaio Yes Yes | Clarity | Please review the WellSense medical policy for authorization/criteria details | PH1O-Gene/Cell Ther |
| | | | Policy: | Lyfgenia PolicyTech | |
| J3397 NEW | Inj., vestronidase alfa-vjbk | HMO/PPO Medicaio Yes No | Clarity | | |
| | | | Policy: | Care Continuum Medical Drug Management <u>EverNorth</u> | |
| J3398 NEW | Inj, voretigene neparvovec-rzyl, 1 billio vector genomes(Luxterna) | Medicaic Yes Yes | Clarity | Please review the WellSense medical policy for authorization/criteria details | PH1O-Gene/Cell Ther |
| | | | Policy: | Luxterna PolicyTech | |
| J3399 NEW | Inj,onasemnogene abeparvovec-xioi, p trmnt, up to 5x1015 vctr gnms(Zolgen | | Clarity | Please review the WellSense medical policy for auth/criteria details | PH1O-Gene/Cell Ther |
| | | | Policy: | Zolgensma Policy Tech | |
| J3489 NEW | Zoledronic acid 1mg | HMO/PPO Medicaio Yes No | Clarity | | |
| | | | Policy: | Care Continuum Medical Drug Management <u>EverNorth</u> | |
| J3490 NEW | UNCLASSIFIED DRUGS | HMO/PPO Medicaio Yes Yes | Clarity | | |
| | | | Policy: | Care Continuum Medical Drug Management <u>EverNorth</u> | |
| | | | Policy: | Pharmacy managed | |

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EverNorth

Policy: Care Continuum Medical Drug Management

| Code | | PA Req'd? Required via Medical Policy or Into not applicable, review Benefits an | | Note | UM Service Group | |
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| Please | PA REQUIRED for any HCPCS code used w/TMJ DX Codes M26.60-69 Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search UPDATED 12/5/2024 Please review carefully for changes | | | | | |
| J9312 NEW | INJECTION RITUXIMAB 10 MG | HMO/PPO Medicaid Clari Yes Yes Yes Police | | gement | | |
| | | Polic | y: Pharmacy managed | | | |
| J9325 NEW | Injection,talimogene laherparepvec,per 1 mill plaque form units(Imlygic) | Yes Yes Yes | . , | for authorization/criteria details | PH20-OncViral Ther | |
| | | Polic | y: Imlygic Policy Tech | | | |
| J9332 NEW | Inj efgartigimod 2mg | HMO/PPO Medicaid Clari Yes No Yes | | | | |
| | | Polic | y: Care Continuum Medical Drug Mana EverNorth | gement | | |
| J9333 NEW | Inj ronzanolixizum-noli 1 mg | HMO/PPO Medicaid Clari Yes No Yes | | | | |
| | | Polic | y: Care Continuum Medical Drug Mana <u>EverNorth</u> | gement | | |
| J9334 NEW | Inj efgart-alfa 2mg hya-qvfc | HMO/PPO Medicaid Clari Yes No Yes | | | | |
| | | Polic | y: Care Continuum Medical Drug Mana <u>EverNorth</u> | gement | | |
| J9355 NEW | INJECTION TRASTUZUMAB 10 MG | HMO/PPO Medicaid Clari No Yes No | У | | | |
| | | Polic | y: Pharmacy managed | | | |
| J9356 NEW | INJECTION TRASTUZUMAB 10 MG & HYALURONIDASE-OYSK | HMO/PPO Medicaid Clari No Yes No | | | | |
| | | Polic | y: Pharmacy managed | | | |

| Code | | PA Req'd? uired via Medical Policy or InterQual applicable, review Benefits and/or Payment Po | Note olicies | UM Service Group |
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| Please | PA REQUIRE review all disclaimers and information on the first p | D for any HCPCS code used w/TMJ DX Coage of this code look-up tool before and/or after you | | w carefully for changes |
| J9376 NEW | Inj pozelimab-bbfg, 1 mg | HMO/PPO Medicaid Clarity Yes No Yes Policy: Care Continu | uum Medical Drug Management | |
| J9381 NEW | Inj teplizumab mzwv 5 mcg | HMO/PPO Medicaid Clarity Yes No Yes | | |
| J9999 | Not otherwise classified, atine oplastic drugs | EverNorth | uum Medical Drug Management applicable medical policy for auth/criteria details for | PH1O-Gene/Cell The |
| NEW | | Yes Yes Yes gene/cell th | nerapies without treatment specific HCPCS codes. For other with this code, see Pharmacy policies. | |
| K0001 NEW | STANDARD WHEELCHAIR | | lers please CLICK link to determine if your request is handled and or the Plan. | I |
| K0002 | STANDARD HEMI WHEELCHAIR | How provide [HMO/PPO] Medicaid Clarity *ALL Provide | er types are handled by Northwood and the Plan lers please CLICK link to determine if your request is handled good or the Plan. | 1 |
| | | Policy: Durable Med | dical Equipment er types are handled by Northwood and the Plan | |
| K0003 | LIGHTWEIGHT WHEELCHAIR | Yes Yes Yes by Northwo | lers please CLICK link to determine if your request is handled god or the Plan. | I |
| V0004 | LUCII CTDENICTII LICUTWEIGUT WILL CHAR | | er types are handled by Northwood and the Plan | |
| NEW | HIGH STRENGTH LIGHTWEIGHT WHLCHAIR | | lers please CLICK link to determine if your request is handled ood or the Plan. dical Equipment | |
| How provider types are handled by Northwood and the Plan | | | | |

| Code | | PA Req'd? Auth Required via Medical Policy of Auth not applicable, review Benefi | | | UM Service Group |
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| Please | PA review all disclaimers and information o | REQUIRED for any HCPCS code to the first page of this code look-up too | | IIPIJA I FIJ. 1775/71174 PIPASP FPVIPW CATPTI | illy for changes |
| L0454 NEW | TLSO FLEX SC JUNC T-9 PRFAB CUST | Yes Yes | Yes Policy: | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0455 NEW | Thor-lumb-sac orthosis,off the shel | Yes Yes | Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0456 NEW | TLSO FLEX SC SCAP SPN PRFAB CUS | TOM HMO/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | - | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0457 | Thor-lumb-sac orthosis, flex w expe | rtise HMO/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0458 NEW | TLSO TRIPLANR 2 SHELL ANT-XIPHO | ID HMO/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | - | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0460 NEW | TLSO TRIPLANR 2 SHELL ANT-STERN | HMO/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | - | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0462 NEW | TLSO TRIPLANR 3 SHELL ANT-STERN | L HMO/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | - | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? equired via Medical Policy or Inter ot applicable, review Benefits and | | UM Service Group |
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| Please | PA REQUIR review all disclaimers and information on the first | ED for any HCPCS code used volume page of this code look-up tool before | · IIPIJA IFIJ 1775/71174 PIPASP RPVIPW CA | refully for changes |
| L0970 NEW | TLSO CORSET FRONT | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0972 NEW | LSO CORSET FRONT | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0974 NEW | TLSO FULL CORSET | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0976 NEW | LSO FULL CORSET | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0978 NEW | AXILLARY CRUTCH EXTENSION | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0980 NEW | PERONEAL STRAPS PREFAB PAIR | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L0982 NEW | STOCKING SUPPORT GRIPS PREFAB SET 4 | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

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| Please | PA REQU review all disclaimers and information on the f | RED for any HCPCS code used st page of this code look-up tool befo | | carefully for changes |
| L1210 NEW | ADDITION TLSO LATERAL THORACIC EXT | HMO/PPO Medicaid Clarit Yes Yes Yes | by Northwood or the Plan. | |
| | | Police | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L1220 NEW | ADDITION TLSO ANT THORACIC EXT | HMO/PPO Medicaid Clarit Yes Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Police | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L1230 NEW | ADD TLSO MLWAKEE TYPE SUPERSTRCT | HMO/PPO Medicaid Clarit Yes Yes Yes | by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L1240 NEW | ADDITION TLSO LUMBAR DEROTATION P | AD HMO/PPO Medicaid Clarit Yes Yes Yes Yes | by Northwood or the Plan | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L1250 NEW | ADDITION TO TLSO ANTERIOR ASIS PAD | HMO/PPO Medicaid Clarit Yes Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | T: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L1260 NEW | ADD TLSO ANT THOR DEROTATION PAD | HMO/PPO Medicaid Clarit Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Police | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L1270 NEW | ADDITION TO TLSO ABDOMINAL PAD | HMO/PPO Medicaid Clarit Yes Yes Yes Yes | by Northwood or the Dlan | |
| | | Police | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? Auth Required via Medical Policy or Auth not applicable, review Benefits | | Note | UM Service Group |
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| Please | PA review all disclaimers and information o | EQUIRED for any HCPCS code us the first page of this code look-up tool by | | UPDATED 12/5/2024 Please review of | carefully for changes |
| L1990 NEW | AFO DBL UPRT DORSIFLX STIRUP CS | Yes Yes | *ALL Providers please CLICK lin by Northwood or the Plan. olicy: Durable Medical Equipment How provider types are handled | k to determine if your request is handled by Northwood and the Plan | |
| L2000 NEW | KAFO 1 UPRT SOLID STIRUP CSTM | HMO/PPO Medicaid C Yes Yes | *ALL Providers please CLICK lin Yes by Northwood or the Plan. | k to determine if your request is handled | |
| | | P | olicy: Durable Medical Equipment How provider types are handled | I by Northwood and the Plan | |
| L2005 NEW | KAFO ANY MATL AUTO RLS ANK JN | | *ALL Providers please CLICK lin Yes by Northwood or the Plan. | k to determine if your request is handled | |
| | | P | olicy: Durable Medical Equipment How provider types are handled | by Northwood and the Plan | |
| L2006 NEW | Knee ank foot dev custom | HMO/PPO Medicaid C Yes Yes | *ALL Providers please CLICK lin Yes by Northwood or the Plan. | k to determine if your request is handled | |
| | | P | olicy: Durable Medical Equipment How provider types are handled | by Northwood and the Plan | |
| L2010 NEW | KAFO 1 UPRT STIRUP NO KNEE JNT | | *ALL Providers please CLICK lin Yes by Northwood or the Plan. | k to determine if your request is handled | |
| | | P | olicy: Durable Medical Equipment How provider types are handled | by Northwood and the Plan | |
| L2020 NEW | KAFO DBL UPRT STIRUP THI&CALF | | *ALL Providers please CLICK lin Yes by Northwood or the Plan. | k to determine if your request is handled | |
| | | Р | olicy: Durable Medical Equipment How provider types are handled | d by Northwood and the Plan | |
| L2030 NEW | KAFO DBL UPRT STIRUP NO KNEE JI | | *ALL Providers please CLICK lin by Northwood or the Plan. | k to determine if your request is handled | |
| | | P | olicy: Durable Medical Equipment How provider types are handled | by Northwood and the Plan | |

| Code | Short Description | | PA Req'd? uired via Medical Policy applicable, review Bene | | | UM Service Group |
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| Please | review all disclaimers and informa | | - | | /TMJ DX Codes M26.60-69 and/or after your code search UPDATED 12/5/2024 Please review carefully | for changes |
| L2405 NEW | ADDITION KNEE JOINT DROP | LOCK EACH | HMO/PPO Medicaid Yes Yes | Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L2415 NEW | ADD KNEE LOCK-INTEGRATD | RLSE EA JNT | HMO/PPO Medicaid Yes Yes | Yes | | |
| L2425 | ADD KNEE JNT DISC/DIAL LOG | CK EA JNT | HMO/PPO Medicaid | | How provider types are handled by Northwood and the Plan *ALL Providers please CLICK link to determine if your request is handled | |
| NEW | | | Yes Yes | Yes Policy: | by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L2430 NEW | ADD KNEE JNT RATCHT LOCK | EXT EA JNT | HMO/PPO Medicaid Yes Yes | Yes | by Northwood or the Plan. | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L2492 NEW | ADD KNEE LIFT LOOP DROP L | OCK RING | HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L2500 NEW | ADD LW EXTRM THIGH/WT E | BEAR RING | HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L2510 NEW | ADD LW EXTRM THI/WT BEA | R MOLD PT | HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? quired via Medical Policy or Inter t applicable, review Benefits and, | | UM Service Group | | | |
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| L3209 NEW | SURGICAL BOOT EACH CHILD | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| L3211 NEW | SURGICAL BOOT EACH JUNIOR | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| L3212 NEW | BENESCH BOOT PAIR INFANT | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| L3213 NEW | BENESCH BOOT PAIR CHILD | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| L3214 NEW | BENESCH BOOT PAIR JUNIOR | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| L3215 NEW | ORTHOPED FTWEAR LADIES OXFORD EA | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| L3216 NEW | ORTHO FTWEAR LADIES SHOE DPTH INLAY | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |

| Code | | PA Req'd? Required via Medical Policy or Info not applicable, review Benefits an | | UM Service Group | | | |
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| L3260 NEW | SURGICAL BOOT/SHOE EACH | HMO/PPO Medicaid Clar Yes Yes Ye Poli | by Northwood or the Plan | | | | |
| L3265 | PLASTAZOTE SANDAL EACH | HMO/PPO Medicaid Clar | How provider types are handled by Northwood and the Plan | | | | |
| NEW | | Yes Yes Ye | by Northwood or the Plan | | | | |
| L3300 | LIFT ELEV HEEL TAPERED MTS PER INCH | HMO/PPO Medicaid Clar | How provider types are handled by Northwood and the Plan *ALL Providers please CLICK link to determine if your request is handled | | | | |
| NEW | | Yes Yes Ye | by Northwood or the Dlan | | | | |
| L3310 | LIFT ELEV HEEL&SOLE NEOPRENE-INCH | HMO/PPO Medicaid Clar | by Northwood or the Plan | | | | |
| NEW | | Yes Yes Yes Poli | cy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| L3320 NEW | LIFT ELEV HEEL&SOLE CORK PER INCH | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Plan | | | | |
| | | Poli | Ey: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| L3330 NEW | LIFT ELEVATION METAL EXTENSION | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Plan | | | | |
| | | Poli | Ey: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |
| L3332 NEW | LIFT ELEV IN SHOE TAPERED TO 1/2 IN | HMO/PPO Medicaid Clar Yes Yes Ye | by Northwood or the Plan. | | | | |
| | | Poli | Ey: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | |

| Code | | PA Req'd? n Required via Medical Policy or InterQual n not applicable, review Benefits and/or Payment Policies | UM Service Group | | | | |
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| L3460 NEW | HEEL NEW RUBBER STANDARD | HMO/PPO Medicaid Clarity *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| L3465 NEW | HEEL THOMAS WITH WEDGE | HMO/PPO Medicaid Clarity *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| L3470 NEW | HEEL THOMAS EXTENDED TO BALL | HMO/PPO Medicaid Clarity *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| L3480 NEW | HEEL PAD AND DEPRESSION FOR SPUR | HMO/PPO Medicaid Clarity *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| L3485 NEW | HEEL PAD REMOVABLE FOR SPUR | HMO/PPO Medicaid Clarity *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| L3500 NEW | ORTHOPED SHOE ADD INSOLE LEATHR | HMO/PPO Medicaid Clarity *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| L3510 NEW | ORTHOPED SHOE ADD INSOLE RUBBER | HMO/PPO Medicaid Clarity *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | | | | | |
| | | Policy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |

| Code | | PA Req'd? n Required via Medical Policy or In n not applicable, review Benefits a | | Note | UM Service Group |
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| Please | PA REG | | d w/TMJ DX Codes M26.60-69 fore and/or after your code search | UPDATED 12/5/2024 Please review c | arefully for changes |
| L5200 NEW | AK MOLD SOCKT 1 AXIS CONSTANT FR | Yes Yes Yes | by Northwood or the Dlan | o determine if your request is handled y Northwood and the Plan | |
| L5210 NEW | AK SHRT PROS NO KNEE JNT-ANK JNT | Yes Yes Yes | by Northwood or the Plan. | o determine if your request is handled | |
| | | Pol | icy: Durable Medical Equipment How provider types are handled b | y Northwood and the Plan | |
| L5220 NEW | AK SHRT PROSTH W/ARTIC ANK/FOOT | | *ALL Providers please CLICK link to by Northwood or the Plan. | o determine if your request is handled | |
| | | Pol | icy: Durable Medical Equipment How provider types are handled b | y Northwood and the Plan | |
| L5230 NEW | AK PROX FEM FOCAL DEFIC SACH FT | HMO/PPO Medicaid Clar Yes Yes Yes | by Northwood or the Dlan | o determine if your request is handled | |
| | | Pol | icy: Durable Medical Equipment How provider types are handled b | y Northwood and the Plan | |
| L5250 NEW | HIP DISRTC CANADIAN; MOLD SCKT HI | HMO/PPO Medicaid Clar Yes Yes Yes Yes | by Northwood or the Dlan | o determine if your request is handled | |
| | | Pol | icy: Durable Medical Equipment How provider types are handled b | y Northwood and the Plan | |
| L5270 NEW | HIP DISRTC TLT TABL; MOLD SCKT LOC | HMO/PPO Medicaid Cla Yes Yes Yes | by Northwood or the Plan | o determine if your request is handled | |
| | | Pol | icy: Durable Medical Equipment How provider types are handled b | y Northwood and the Plan | |
| L5280 NEW | HEMIPELVECT CANADIAN; MOLD SOCI | | *ALL Providers please CLICK link t by Northwood or the Plan. | o determine if your request is handled | |
| | | Pol | icy: Durable Medical Equipment How provider types are handled b | y Northwood and the Plan | |

| Code | | Yes= Auth Required | | | Qual or Payment Policies | Note | UM Service Group |
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| Please | review all disclaimers and information | | • | | /TMJ DX Codes M26.60-69 and/or after your code search | UPDATED 12/5/2024 Please review care | efully for changes |
| L5925 NEW | ADD ENDO AK/HIP DISARTIC M | | O/PPO Medicaid Yes Yes | Yes | *ALL Providers please CLICK link to det by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Nor | | |
| L5926 NEW | ADD TO LE PROSTH ENDOSKEL ROT U ANY TYP | | O/PPO Medicaid Yes Yes | Yes | *ALL Providers please CLICK link to det by Northwood or the Plan. | ermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |
| L5930 NEW | ADD ENDO HI ACTV KNEE CNTR | | O/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to det by Northwood or the Plan. | ermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |
| L5940 NEW | ADD ENDOSKEL BELW KNEE UL | | O/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to det by Northwood or the Plan. | ermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |
| L5950 NEW | ADD ENDOSKEL ABVE KNEE ULT | | O/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to det by Northwood or the Plan. | ermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |
| L5960 NEW | ADD ENDOSKL HIP DISARTC ULT | | O/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to det by Northwood or the Plan. | ermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |
| L5961 NEW | ADD ENDO SYS POLYCNTRC HIP | | O/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to det by Northwood or the Plan. | ermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |

| Code | Short Description | Yes= Auth Requ | PA Req'd? uired via Medical Policy applicable, review Bene | | | Note | UM Service Group |
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| Please | review all disclaimers and informa | | | | /TMJ DX Codes M26.60-69 and/or after your code search | UPDATED 12/5/2024 Please review co | refully for changes |
| L5972 NEW | ALL LOW EXT PROS FOOT FLE | EXIBLE KEEL | HMO/PPO Medicaid Yes Yes | Yes | *ALL Providers please CLICK link to det by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Nor | | |
| L5973 NEW | ENDO ANK FOOT MICROPROPERTOR | CSS CNTRL | HMO/PPO Medicaid Yes Yes | Yes | by Northwood or the Plan. | rermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |
| L5974 NEW | ALL LW EXTRM PRSTH FT 1 A | XIS ANK/FT | HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to det by Northwood or the Plan. | ermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |
| L5975 NEW | ALL LW EXTRM PROSTH COM | IB 1 AXIS ANK | HMO/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to det by Northwood or the Plan. | rermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |
| L5976 NEW | ALL LW EXTRM PROSTH ENEF | RGY STOR FT | HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to det by Northwood or the Plan. | rermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |
| L5978 NEW | ALL LW EXTRM PRSTH FT MX | -AXL ANK/FT | HMO/PPO Medicaid Yes Yes | Clarity Yes | *ALL Providers please CLICK link to det by Northwood or the Plan. | termine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |
| L5979 NEW | ALL LW XTRM PRSTH MX-AXL | ANK 1 PECE | HMO/PPO Medicaid Yes Yes | Clarity | *ALL Providers please CLICK link to det by Northwood or the Plan. | ermine if your request is handled | |
| | | | | Policy: | Durable Medical Equipment How provider types are handled by Nor | thwood and the Plan | |

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| L8600 NEW | IMPL BREAST PROSTH SILICONE/E | EQUAL HMO/PPO Medicaid Clarity Yes Yes Yes | For ICD F64.0-F64.9, Z87.890 see Gender AS policy, all other DX use other policy | S1RB-Breast Recon,S11O-GendAS |
| | | Policy: | Breast Reconstruction PolicyTech | |
| | | Policy: | Gender Affirmation Surgeries PolicyTech | |
| L8603 NEW | Inj bulk agent,coll imp,uri track 2.5 | .5ml HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L8604 NEW | Inj bulk agent,dextranomer/HL aci track,1ml | cid imp,uri HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L8605 NEW | Inj bul agent, dextranomer/HL acid anal canal,1ml | id imp, HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L8606 NEW | Inj bulk agent,synth imp,uri track, | ,1ml HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L8607 NEW | Inj bulk agent,voval vord med,0.1r | ml HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| L8614 NEW | COCHLEAR DEVC INCL INT&EXT CO | COMPNENT HMO/PPO Medicaid Clarity Yes Yes Yes | InterQual® criteria used. | S1HB-Cochlear/BAHA |
| | | Policy: | InterQual® | |

| Code | | PA Req'd? equired via Medical Policy or Inter ot applicable, review Benefits and | | UM Service Group |
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| L8615 NEW | HEADSET/HEADPIECE COCHLR IMPL REPL | HMO/PPO Medicaid Clarity Yes Yes Yes | InterQual® criteria used. | S1HB-Cochlear/BAHA |
| | | Policy | : InterQual® | |
| L8616 NEW | MICROPHONE COCHLEAR IMPL DEVC REPL | HMO/PPO Medicaid Clarity Yes Yes Yes | InterQual® criteria used. | S1HB-Cochlear/BAHA |
| | | Policy | : InterQual® | |
| L8617 NEW | TRNSMTTING COIL COCHLEAR IMPL REPL | HMO/PPO Medicaid Clarity Yes Yes Yes | InterQual® criteria used. | S1HB-Cochlear/BAHA |
| | | Policy | : InterQual® | |
| L8618 NEW | TRANSMITER CABLE COCHLEAR IMPL REPL | HMO/PPO Medicaid Clarity Yes Yes Yes | InterQual® criteria used. | S1HB-Cochlear/BAHA |
| | | Policy | : InterQual® | |
| L8619 NEW | COCHLR IMPL SPCH PRCSSR/CNTLR REPL | HMO/PPO Medicaid Clarity Yes Yes Yes | InterQual® criteria used. | S1HB-Cochlear/BAHA |
| | | Policy | : InterQual® | |
| L8627 NEW | COCHLEAR IMPL EXT PROCSSR CMPNT RPL | HMO/PPO Medicaid Clarity Yes Yes Yes | InterQual® criteria used. | S1HB-Cochlear/BAHA |
| | | Policy | : InterQual® | |
| L8628 NEW | COCHLR IMPL EXT CONTRLLR CMPNT REPL | HMO/PPO Medicaid Clarity Yes Yes Yes | InterQual® criteria used. | S1HB-Cochlear/BAHA |
| | | Policy | : InterQual® | |
| L8629 NEW | TRANSMIT COIL CABLE COCHLR DEV RPL | HMO/PPO Medicaid Clarity Yes Yes Yes | InterQual® criteria used. | S1HB-Cochlear/BAHA |
| | | Policy | : InterQual® | |
| L8680 NEW | IMPL NEUROSTIMULATOR ELECTRODE EA | HMO/PPO Medicaid Clarity No Yes Yes | Please review the WellSense policy for authorization/criteria details. InterQual® criteria used | ails or S1ZB-Sacral Nerve,S12B-Vagus Nerve |
| | | Policy | Peripheral Nerve Stimulation Policy Tech | |

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| L8681 NEW | PT PRG IMP NEURO PLSE GEN | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | S1ZB-Sacral Nerve | |
| | | | Peripheral Nerve Stimulation Policy Tech | | |
| L8682 NEW | IMPL NEUROSTIMULATOR RADIOFREQ RECV | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details or InterQual® criteria used | S1ZB-Sacral Nerve,S12B-Vagus Nerve | |
| Policy: Peripheral Nerve Stimulation Policy Tech | | | | | |
| L8683 NEW | RF TRNSMT W/IMPL NEUROSTIM RF RECV | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details or InterQual® criteria used | S1ZB-Sacral Nerve,S12B-Vagus Nerve | |
| | | Policy | Peripheral Nerve Stimulation Policy Tech | | |
| L8684 NEW | RAD TRSM IMP SAC ROOT STIM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | S1ZB-Sacral Nerve | |
| | | Policy | Peripheral Nerve Stimulation Policy Tech | | |
| L8685 NEW | IMPL NEUROSTIM 1 ARRAY RECHARGEABLE | HMO/PPO Medicaid Clarity No Yes Yes | Please review the WellSense policy for authorization/criteria details or InterQual® criteria used | S1ZB-Sacral Nerve,S12B-Vagus Nerve | |
| | | Policy | Peripheral Nerve Stimulation Policy Tech | | |
| L8686 NEW | IMPL NEUROSTIM 1 ARRAY NON-RECHARGE | HMO/PPO Medicaid Clarity No Yes Yes | Please review the WellSense policy for authorization/criteria details or InterQual® criteria used | S1ZB-Sacral Nerve,S12B-Vagus Nerve | |
| | | Policy | Peripheral Nerve Stimulation Policy Tech | | |
| L8687 NEW | IMPL NEUROSTIM 2 ARRAY RECHARGEABLE | HMO/PPO Medicaid Clarity No Yes Yes | Please review the WellSense policy for authorization/criteria details or InterQual® criteria used | S1ZB-Sacral Nerve,S12B-Vagus Nerve | |
| | | Policy | Peripheral Nerve Stimulation Policy Tech | | |

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| Please | PA REQUIR review all disclaimers and information on the first | ED for any HCPCS code used v page of this code look-up tool before | IPDATED 17/5/2024 PIPASP REVIEW CO | refully for changes |
| L8688 NEW | IMPL NEUROSTIM 2 ARRAY NON-RECHARGE | No Yes Yes | Please review the WellSense policy for authorization/criteria details or InterQual® criteria used | S1ZB-Sacral Nerve,S12B-Vagus Nerve |
| | | Policy | Peripheral Nerve Stimulation Policy Tech | |
| L8689 NEW | EXT CHRG BATT IMP STIM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | S1ZB-Sacral Nerve |
| | | Policy | Peripheral Nerve Stimulation Policy Tech | |
| L8690 NEW | AUDITORY OSSEOINTEGRTD INT/EXT COMP | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | S1HB-Cochlear/BAHA |
| | | Policy | Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech | |
| L8691 NEW | AUDITORY OSSEOINTEGRTD EXT SND REPL | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | S1HB-Cochlear/BAHA |
| | | Policy | : Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech | |
| L8693 NEW | AUD OSSEOINTEGRATED DEVC ABUT REPL | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | S1HB-Cochlear/BAHA |
| | | Policy | : Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech | |
| L8694 NEW | AUD OI DVC TRNSDUCR/ACTUATR REPL EA | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | S1HB-Cochlear/BAHA |
| | | | : Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech | |
| L8695 NEW | EXT RECHARG SYS IMPL NEUROSTIM REPL | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | S1ZB-Sacral Nerve |
| | | | Peripheral Nerve Stimulation Policy Tech | |

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| Please | PA REQUIF review all disclaimers and information on the firs | - | ed w/TMJ DX Codes M26.60-69 efore and/or after your code search UPDATED 12/5/2024 Please review carefully for changes |
| L8701 NEW | Pow up ext ROM assist dev,custom | HMO/PPO Medicaid Clar | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. |
| | | Po | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan |
| L8702 NEW | Pow up ext ROM assist dev,custom | HMO/PPO Medicaid Clare | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. |
| | | Po | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan |
| L8720 NEW | Ext low ext sensory prothesis, cutaneous stim, per leg | HMO/PPO Medicaid CI: Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. |
| | | Po | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan |
| L8721 NEW | Receptor sole for use with I8720 replcmnt,each | HMO/PPO Medicaid CI | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. |
| | | Po | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan |
| L9900 NEW | ORTHO/PROSTH SUPP ACCES &/ SERV | HMO/PPO Medicaid Clary | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. |
| | | Po | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan |
| Q0138 NEW | Ferumoxytol, non-esrd | HMO/PPO Medicaid Clar | rity 'es |
| | | Po | licy: Care Continuum Medical Drug Management <u>EverNorth</u> |
| Q2028 NEW | INJECTION SCULPTRA 0.5 MG | HMO/PPO Medicaid Clare | Please review the WellSense policy for authorization/criteria details S1CB-Cosm |
| | | Pc | licy: Cosmetic Reconstructive, and Restorative Services PolicyTech |

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| Please | PA REQUIRE review all disclaimers and information on the first p | D for any HCPCS code used wage of this code look-up tool before | · IIPDA I FD 17757 | /2024 Please review carefully for changes |
| Q2041 NEW | AXICABTAGENE CILOLEUCEL | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/o | criteria details M1DO-CAR T |
| | | Policy | Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech | S |
| Q2042 NEW | CTIL019 TO 600 M CAR-+ VI T CE P TD | HMO/PPO Medicaid Clarity Yes Yes Yes Yes | Please review the WellSense policy for authorization/o | criteria details M1DO-CAR T |
| | | | Car T-Cell Therapy to Treat Hematological Malignancies <u>PolicyTech</u> | 3 |
| Q2053 NEW | Brexucabtagene car pos t | HMO/PPO Medicaid Clarity Yes Yes Yes Yes | Please review the WellSense policy for authorization/o | criteria details M1DO-CAR T |
| | | | Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech | 3 |
| Q2054 NEW | Lisocabtagene mara car pos t | HMO/PPO Medicaid Clarity Yes Yes Yes Yes | Please review the WellSense policy for authorization/c | riteria details M1DO-CAR T |
| | | | Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech | 5 |
| Q2055 NEW | Idecbtagene vicleucal, bcma(Abecma) | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/c | criteria details M1DO-CAR T |
| | | Policy | Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech | |
| Q2056 NEW | CILTA CEL TO 100 M AUTO BCMA DIR CAR- POS TC DOSE | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/c | riteria details M1DO-CAR T |
| | | Policy: | Car T-Cell Therapy to Treat Hematological Malignancies PolicyTech | |
| Q4081 | INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS | HMO/PPO Medicaid Clarity No Yes Yes Policy: | Pharmacy managed | |

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| Q4100 NEW | SKIN SUBSTITUTE NOT OTHERWISE SPECI | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4101 NEW | APLIGRAF PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4102 NEW | OASIS WOUND MATRIX PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4103 NEW | OASIS BURN MATRIX PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4104 NEW | INTEGRA BMWD PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4105 NEW | INTGRA DRT/OMNIGR DERM RGN MTX P SC | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4106 NEW | DERMAGRAFT PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4107 NEW | GRAFTJACKET PER SQ CM | HMO/PPO Medicaid Cla | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setti PolicyTech | ng | |
| Q4108 NEW | INTEGRA MATRIX PER SQ CM | HMO/PPO Medicaid Cla Yes Yes Y | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setti PolicyTech | ng | |
| Q4110 NEW | PRIMATRIX PER SQ CM | HMO/PPO Medicaid Cla Yes Yes Y | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setti PolicyTech | ng | |
| Q4111 NEW | GAMMAGRAFT PER SQ CM | HMO/PPO Medicaid Cla Yes Yes Y | Please review the WellSense policy for es | or authorization/criteria details | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setti PolicyTech | ng | |
| Q4112 NEW | CYMETRA INJECTABLE 1 CC | HMO/PPO Medicaid Cla Yes Yes Y | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setti PolicyTech | ng | |
| Q4113 NEW | GRAFTJACKET XPRESS INJECTABLE 1CC | HMO/PPO Medicaid Cla Yes Yes Y | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setti PolicyTech | ng | |
| Q4114 NEW | INTEGRA FLOWABL WND MATRIX INJ 1 CC | HMO/PPO Medicaid Cla Yes Yes Y | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setti PolicyTech | ng | |

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| Q4115 NEW | ALLOSKIN PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4116 NEW | ALLODERM PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4117 NEW | HYALOMATRIX PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4118 NEW | MATRISTEM MICROMATRIX 1 MG | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4121 NEW | THERASKIN PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4122 NEW | DERMACELL PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4123 NEW | ALLOSKIN RT PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| IdEas | | | : Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Please | PA REQUI review all disclaimers and information on the first | | ed w/TMJ DX Codes M26.60-69 efore and/or after your code search UPDATED 12/5/2024 Please review carefully for | changes |
| Q4124 NEW | OASIS ULTRA TRI-LAY WND MATRX SQ CM | HMO/PPO Medicaid Cla | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4125 NEW | ARTHROFLEX PER SQ CM | | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4126 NEW | MEMODERM TRANZGRAFT/INTEGUPLY SO | | Please review the WellSense policy for authorization/criteria details es | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4127 NEW | TALYMED PER SQ CM | | Please review the WellSense policy for authorization/criteria details es | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4128 NEW | FLEX HD OR ALLOPATCH HD PER SQ CM | | Please review the WellSense policy for authorization/criteria details es | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4130 NEW | STRATTICE PER SQ CM | | Please review the WellSense policy for authorization/criteria details es | M1SO-Skin Subs |
| | | Ро | licy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4132 NEW | GRAFIX CORE PER SQUARE CENTIMETER | | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Po | licy: Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4133 NEW | GRAFIX PRIME PER SQUARE CENTIMETER | HMO/PPO Medicaid Clar | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4134 NEW | HMATRIX PER SQUARE CENTIMETER | HMO/PPO Medicaid Clar | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4135 NEW | MEDISKIN PER SQUARE CENTIMETER | HMO/PPO Medicaid Clar Yes Yes Ye | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4136 NEW | E-Z DERM PER SQUARE CENTIMETER | HMO/PPO Medicaid Clar Yes Yes Ye | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4137 NEW | AMNIOEXCEL OR BIODEXCEL PER SQ CM | HMO/PPO Medicaid Clar | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4138 NEW | BIODFENCE DRYFLEX PER SQ CM | HMO/PPO Medicaid Clar | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4139 NEW | AMNIOMATRIX OR BIODMATRIX INJ 1 CC | HMO/PPO Medicaid Clar | | M1SO-Skin Subs |
| | | | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4140 NEW | BIODFENCE PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4141 NEW | ALLOSKIN AC PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4142 NEW | XCM BIOLOGIC TISSUE MATRIX PER SQ C | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4143 NEW | REPRIZA PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Suk |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4145 NEW | EPIFIX INJECTABLE 1 MG | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sul |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4146 NEW | TENSIX PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Suk |
| | | | Policy: | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4147 NEW | ARCHITECT EXTRACELLULAR MATRIX PER | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Suk |
| | | | | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4148 NEW | NEOX 1K PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4149 NEW | EXCELLAGEN 0.1 CC | HMO/PPO Medicaid Clarity Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4150 NEW | ALLOWRAP DS/DRY PER SQ CENT | TIMETER HMO/PPO Medicaid Clarity Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4151 NEW | AMNIOBAND/GUARDIAN PER SQ CENTIMETR | HMO/PPO Medicaid Clarity Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4152 NEW | DERMAPURE PER SQUARE CENTI | METER HMO/PPO Medicaid Clarity Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4153 NEW | DERMAVEST AND PLURIVEST PER | R SQ CM HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4154 NEW | BIOVANCE PER SQUARE CENTIME | HMO/PPO Medicaid Clarity Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4155 NEW | NEOXFLO OR CLARIXFLO 1 MG | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4156 NEW | NEOX 100 PER SQUARE CENTIMETER | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4157 NEW | REVITALON PER SQUARE CENTIMETER | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | _ | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4158 NEW | MARIGEN PER SQUARE CENTIMETER | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4159 NEW | AFFINITY PER SQUARE CENTIMETER | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4160 NEW | NUSHIELD PER SQUARE CENTIMETER | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4161 NEW | BIO-CONNEKT WOUND MATRIX PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4162 NEW | AMNIOPRO FLOW AMNIOGEN-C 0.5 CC | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4163 NEW | AMNIOPRO AMNIOGEN-200 PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4164 NEW | HELICOLL PER SQUARE CENTIMETER | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4165 NEW | KERAMATRIX PER SQUARE CENTIMETER | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4166 NEW | CYTAL PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4167 NEW | TRUSKIN PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4168 NEW | AMNIOBAND 1 MG | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4169 NEW | ARTACENT WOUND PER SQ CM | HMO/PPO Medicaid Clar Yes Yes Yes | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4170 NEW | CYGNUS PER SQ CM | HMO/PPO Medicaid Clar Yes Yes Yes | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4171 NEW | INTERFYL 1 MG | HMO/PPO Medicaid Clar Yes Yes Yes | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4173 NEW | PALINGEN/PALINGEN XPLUS PER SQ CM | HMO/PPO Medicaid Clar Yes Yes Yes | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4174 NEW | PALINGEN/PROMATRX 0.36 MG P 0.25 CC | HMO/PPO Medicaid Clar Yes Yes Yes | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4175 NEW | MIRODERM PER SQ CM | HMO/PPO Medicaid Clar Yes Yes Yes | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4176 NEW | NEOPATCH PER SQUARE CM | HMO/PPO Medicaid Clar Yes Yes Yes | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4177 NEW | FLOW AMNIOPATCH 0.1CC | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4178 NEW | FLOWERAMNIOPATCH PER SQUARE CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4179 NEW | FLOWERDERM PER SQUARE CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4180 NEW | REVITA PER SQUARE CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Suk |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4181 NEW | AMNIO WOUND PER SQUARE CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Suk |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4182 NEW | TRANSCYTE PER SQUARE CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4183 NEW | SURGIGRAFT PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4184 NEW | CELLESTA PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4185 NEW | CELLESTA FLOWABLE AMNION;PER 0.5 CC | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4186 NEW | EPIFIX PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4187 NEW | EPICORD PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4188 NEW | AMNIOARMOR PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4189 NEW | ARTACENT AC 1 MG | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4190 NEW | ARTACENT AC PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4191 NEW | RESTORIGIN PER SQ CM | HMO/PPO Medica Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | • | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4192 NEW | RESTORIGIN 1 CC | HMO/PPO Medica Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4193 NEW | COLL-E-DERM PER SQ CM | HMO/PPO Medica Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sul |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4194 NEW | NOVACHOR PER SQ CM | HMO/PPO Medica Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Su |
| | | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4195 NEW | PURAPLY PER SQ CM | HMO/PPO Medica Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sul |
| | | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4196 NEW | PURAPLY AM PER SQ CM | HMO/PPO Medica Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sul |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4197 NEW | PURAPLY XT PER SQ CM | HMO/PPO Medica Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sul |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4198 NEW | GENESIS AMNIOTIC MEMBRANE PER SQ CN | HMO/PPO Medicaid Clar | Please review the WellSense policy for | or authorization/criteria details | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setti PolicyTech | ing | |
| Q4199 NEW | Cygnus matrix, per SQ cent | HMO/PPO Medicaid Clar Yes Yes Yes | | r authorization/criteria details | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setti PolicyTech | ing | |
| Q4200 NEW | SKINTE PER SQ CM | HMO/PPO Medicaid Clar Yes Yes Yes | | or authorization/criteria details | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setti PolicyTech | ing | |
| Q4201 NEW | MATRION PER SQ CM | HMO/PPO Medicaid Clar Yes Yes Yes | . , | or authorization/criteria details | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setti PolicyTech | ing | |
| Q4202 NEW | KEROXX (2.5G/CC) 1CC | HMO/PPO Medicaid Clar Yes Yes Yes | | or authorization/criteria details | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | ing | |
| Q4203 NEW | DERMA-GIDE PER SQ CM | HMO/PPO Medicaid Clar Yes Yes Yes | | or authorization/criteria details | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setti | ing | |
| Q4204 NEW | XWRAP PER SQ CM | HMO/PPO Medicaid Clar | | or authorization/criteria details | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setti | ing | |

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| Q4205 NEW | Membrane graft or membrane wrap, per square centimeter | Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4206 NEW | Fluid flow or fluid GF, 1 cc | HMO/PPOMedicaidClaritYesYesYes | | M1SO-Skin Subs |
| | | Police | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4208 NEW | Novafix, per square cenitmeter | HMO/PPO Medicaid Clarit Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4209 NEW | Surgraft, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4211 NEW | Amnion bio or Axobiomembrane, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4212 NEW | Allogen, per cc | HMO/PPO Medicaid Clarit Yes Yes Yes | | M1SO-Skin Subs |
| | | Police | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4213 NEW | Ascent, 0.5 mg | HMO/PPO Medicaid Clarit Yes Yes Yes | | M1SO-Skin Subs |
| | | Police | y: Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4214 NEW | Cellesta cord, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4215 NEW | Axolotl ambient or axolotl cryo, 0.1 mg | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4216 NEW | Artacent cord, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4217 NEW | Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4218 NEW | Surgicord, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4219 NEW | Surgigraft-dual, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4220 NEW | BellaCell HD or Surederm, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4221 NEW | Amniowrap2, per square centimeter | HMO/PPO Medicaid Clari | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Polic | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4222 NEW | Progenamatrix, per square centimeter | HMO/PPO Medicaid Clari | | M1SO-Skin Subs |
| | | Polic | PolicyTech | |
| Q4224 NEW | Hhf10-p per sq cm | HMO/PPO Medicaid Clari | | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4225 NEW | Amniobind, per sq cm | HMO/PPO Medicaid Clari | • • • | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4226 NEW | MyOwn Skin, per square centimeter | HMO/PPO Medicaid Clari | | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4227 NEW | AMNIOCORETM PER SQ CM | HMO/PPO Medicaid Clari | | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4229 NEW | COGENEX AMNIOTIC MEMBRANE PER SQ CM | HMO/PPO Medicaid Clari | | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4230 NEW | COGENEX FLOWABLE AMNION PER 0.5 CC | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4231 NEW | CORPLEX P PER CC | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4232 NEW | CORPLEX PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4233 NEW | SURFACTOR OR NUDYN PER 0.5 CC | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4234 NEW | XCELLERATE PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4235 NEW | AMNIOREPAIR OR ALTIPLY PER SQ CM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4236 NEW | Carepatch, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4237 NEW | CRYO-CORD PER SQ CM | HMO/PPO Medicaid Clar | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4238 NEW | DERM-MAXX PER SQ CM | HMO/PPO Medicaid Clar | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4239 NEW | AMNIO-MAXX OR AMNIO-MAXX LITE PER SQ CM | HMO/PPO Medicaid Clar | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4240 NEW | CORECYTE FOR TOPICAL USE ONLY PER 0.5 | HMO/PPO Medicaid Clar Yes Yes Yes | · | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4241 NEW | POLYCYTE FOR TOPICAL USE ONLY PER 0.5 | HMO/PPO Medicaid Clar Yes Yes Yes | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4242 NEW | AMNIOCYTE PLUS PER 0.5 CC | HMO/PPO Medicaid Clar Yes Yes Yes | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4245 NEW | AMNIOTEXT PER CC | HMO/PPO Medicaid Clar | | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4246 NEW | CORETEXT OR PROTEXT PER CC | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4247 NEW | AMNIOTEXT PATCH PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4248 NEW | DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4249 NEW | Amniply, for topical use only, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4250 NEW | Amnioamp-mp, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Suk |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4251 NEW | Vim, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4252 NEW | Vendaje, per square centimet | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4253 NEW | Zenith amniotic membrane psc | HMO/PPO Medicaid Clarit | y Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Police | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4254 NEW | Novafix dl, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | | M1SO-Skin Subs |
| | | Police | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4255 NEW | Reguard, for topical use only, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | | M1SO-Skin Subs |
| | | Policy | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4256 NEW | Mlg complet, per sq cm | HMO/PPO Medicaid Clarit Yes Yes Yes | | M1SO-Skin Subs |
| | | Police | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4257 NEW | Relese, per sq cm | HMO/PPO Medicaid Clarit Yes Yes Yes | | M1SO-Skin Subs |
| | | Police | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4258 NEW | Enverse, per sq cm | HMO/PPO Medicaid Clarit Yes Yes Yes | | M1SO-Skin Subs |
| | | Police | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4259 NEW | Celera per sq cm | HMO/PPO Medicaid Clarit | | M1SO-Skin Subs |
| | | Police | y: Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4260 NEW | Siganature apatch, per sq cm | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4261 NEW | Tag, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4262 NEW | Dual layer impax mem per sq cent | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4263 NEW | Surgraft tl, per sq cent | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4264 NEW | Cocoon mem per sq cent | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sul |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4265 NEW | Neostim tl, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4266 NEW | Neostim membrane, per square centimete | Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Suk |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4267 NEW | Neostim dl, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4268 NEW | Surgraft ft, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4269 NEW | Surgraft xt, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4270 NEW | Complete sl, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4271 NEW | Complete ft, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4272 NEW | Esano a, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4273 NEW | Esano aaa, per square centimeter | HMO/PPO Medicaid Yes Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4274 NEW | Esano ac, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | y Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4275 NEW | Esano aca, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4276 NEW | Orion, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4278 NEW | Epieffect, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4279 NEW | Vendaje ac, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | y Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4280 NEW | Xcell amnio matrix, per square cent | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4281 NEW | Barrera sl or barrera dl, per square cent | HMO/PPO Medicaid Clarity Yes Yes Yes | y Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | : Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4282 NEW | Cygnus dual, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4283 NEW | Biovance tri-layer or biovance 3I, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4284 NEW | Dermabind sl, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4285 NEW | Nudyn dl ornudyn mesh,per sq cm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4286 NEW | Nudyn sl or Nudyn slw,per sq cm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4287 NEW | Dermabind dl, per sqcm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4288 NEW | Dermabind ch, per sqcm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4289 NEW | Revoshield + amniotic barrier, per sqcm | | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Po | licy: Skin Substitutes in the Outpatient Set PolicyTech | ting | |
| Q4290 NEW | Membrane wrap-hydro, per sqcm | | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Po | licy: Skin Substitutes in the Outpatient Set PolicyTech | ting | |
| Q4291 NEW | Lamellas xt, per sqcm | | rity Please review the WellSense policy form | or authorization/criteria details | M1SO-Skin Subs |
| | | Po | licy: Skin Substitutes in the Outpatient Set PolicyTech | ting | |
| Q4292 NEW | Lamellas, per sqcm | | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Po | licy: Skin Substitutes in the Outpatient Set PolicyTech | ting | |
| Q4293 NEW | Acesso dl, per sqcm | | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Po | licy: Skin Substitutes in the Outpatient Set PolicyTech | ting | |
| Q4294 NEW | Amnio quad-core, per sqcm | | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Po | licy: Skin Substitutes in the Outpatient Set PolicyTech | ting | |
| Q4295 NEW | Amnio tri-core amniotic, per sqcm | HMO/PPO Medicaid Clar | rity Please review the WellSense policy fo | or authorization/criteria details | M1SO-Skin Subs |
| | | Po | licy: Skin Substitutes in the Outpatient Set PolicyTech | ting | |

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| Q4296 NEW | Rebound matrix, per sqcm | HMO/PPO Medica Yes Yes | | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4297 NEW | Emerge matrix, per sqcm | HMO/PPO Medica | | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | , | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4298 NEW | Amnicore pro, per sqcm | HMO/PPO Medica Yes Yes | | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sub |
| | | , | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4299 NEW | Amnicore pro+, per sqcm | HMO/PPO Medica Yes Yes | | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Suk |
| | | | | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4300 NEW | Acesso tl, per sqcm | HMO/PPO Medica | | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Sul |
| | | | - | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4301 NEW | Activate matrix, per sqcm | HMO/PPO Medica | | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Suk |
| | | | Policy: | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4302 NEW | Complete aca, per sqcm | HMO/PPO Medica Yes Yes | | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Suk |
| | | | Policy: | Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4303 NEW | Complete aa, per sqcm | HMO/PPO Medicaid Clari | Please review the WellSense policy for authorization/criteria details | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4304 NEW | Grafix plus, per sqcm | HMO/PPO Medicaid Clari | | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4305 NEW | American amnion ac tri-layer,per sqcm | HMO/PPO Medicaid Clari | | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4306 NEW | American amnion ac,per sqcm | HMO/PPO Medicaid Clari | • • • | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4307 NEW | American amnion,per sqcm | HMO/PPO Medicaid Clari | | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4308 NEW | Sanopellis, per sqcm | HMO/PPO Medicaid Clari | | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4309 NEW | Via matrix,per sqcm | HMO/PPO Medicaid Clari | | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4310 NEW | Procenta,per 100mg | Yes Yes | Please review the WellSense policy for Yes Skin Substitutes in the Outpatient Setting | | M1SO-Skin Subs |
| Q4311 NEW | Acesso, per square centimeter | | PolicyTech arity Please review the WellSense medical process details | olicy for authorization/criteria | M1SO-Skin Subs |
| | | Po | Dlicy: Skin Substitutes in the Outpatient Settin <u>PolicyTech</u> | ng | |
| Q4312 NEW | Acesso ac,per square centimeter | Yes Yes | Please review the WellSense medical position details | | M1SO-Skin Subs |
| | | Po | Dlicy: Skin Substitutes in the Outpatient Settin <u>PolicyTech</u> | ng e e e e e e e e e e e e e e e e e e e | |
| Q4313 NEW | Dermabind fm,per square centimeter | | Please review the WellSense medical page details | olicy for authorization/criteria | M1SO-Skin Subs |
| | | Po | Dlicy: Skin Substitutes in the Outpatient Settin <u>PolicyTech</u> | ng | |
| Q4314 NEW | Reeva ft,per square cenitmeter | | Please review the WellSense medical process details | olicy for authorization/criteria | M1SO-Skin Subs |
| | | Po | Dlicy: Skin Substitutes in the Outpatient Settin <u>PolicyTech</u> | ng | |
| Q4315 NEW | Regenelink amniotic membrane allograft, per sqcm | | Please review the WellSense medical party details | olicy for authorization/criteria | M1SO-Skin Subs |
| | | Po | Dlicy: Skin Substitutes in the Outpatient Settin PolicyTech | ng | |
| Q4316 NEW | Amchoplast, per square centimeter | | Yes details | | M1SO-Skin Subs |
| | | Po | Dlicy: Skin Substitutes in the Outpatient Settin <u>PolicyTech</u> | ng | |

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| Q4317 NEW | Vitograft,per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes Yes | dotails | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting <u>PolicyTech</u> | |
| Q4318 NEW | E-graft, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes Yes | dotails | M1SO-Skin Subs |
| | | | : Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4319 NEW | Sanograft, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | details | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4320 NEW | Pellograft, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | details | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4321 NEW | Renograft, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes Yes | dotails | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4322 NEW | Caregraft, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | dotails | M1SO-Skin Subs |
| | | | : Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4323 NEW | Alloply, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | dotaile | M1SO-Skin Subs |
| 11217 | | | : Skin Substitutes in the Outpatient Setting PolicyTech | |

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| Q4324 NEW | Amniotx, per square centimeter | HMO/PPO Medicaid Clari Yes Yes Yes | details | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4325 NEW | Acapatch, per square centimeter | HMO/PPO Medicaid Clari Yes Yes Yes | details | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4326 NEW | Woundplus, per square centimet | er HMO/PPO Medicaid Clari Yes Yes Yes Yes | details | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4327 NEW | Duoamnion, per square centimet | er HMO/PPO Medicaid Clari Yes Yes Yes | details | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4328 NEW | Most, per square centimeter | HMO/PPO Medicaid Clari Yes Yes Yes | details | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4329 NEW | Singlay, per square centimeter | HMO/PPO Medicaid Clari Yes Yes Yes | details | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4330 NEW | Total, per square centimeter | HMO/PPO Medicaid Clari | detaile | M1SO-Skin Subs |
| | | Polic | y: Skin Substitutes in the Outpatient Setting PolicyTech | |

| Code | | PA Req'd? Auth Required via Medical Policy or Inte Auth not applicable, review Benefits and | | UM Service Group |
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| Q4331 NEW | Axolotl graft, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes Yes | dotails | M1SO-Skin Subs |
| | | Policy | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4332 NEW | Axolotl dualgraft, per square centime | ter HMO/PPO Medicaid Clarit Yes Yes Yes Yes | datails | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4333 NEW | Ardeograft, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | dataile | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4334 NEW | Amnioplast 1, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | details | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4335 NEW | Amnioplast 2, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | datails | M1SO-Skin Subs |
| | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4336 NEW | Artacent c, per square centimeter | HMO/PPO Medicaid Clarit Yes Yes Yes | dotails | M1SO-Skin Subs |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4337 NEW | Artacent trident, per square centime | rer HMO/PPO Medicaid Clarit Yes Yes Yes | dotaile | M1SO-Skin Subs |
| 14544 | | | y: Skin Substitutes in the Outpatient Setting PolicyTech | |

| Code | | PA Req'd? quired via Medical Policy or Inter applicable, review Benefits and | | UM Service Group |
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| Please | PA REQUIRE review all disclaimers and information on the first p | D for any HCPCS code used vage of this code look-up tool before | TIPIJA I FIJ. 1775/71174 PIPASP REVIEW CARPTIIIIV TOR | changes |
| Q4338 NEW | Artacent velos, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes Policy | Please review the WellSense medical policy for authorization/criteria details Skin Substitutes in the Outpatient Setting | M1SO-Skin Subs |
| Q4339 NEW | Artacent vericlen, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | PolicyTech Please review the WellSense medical policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4340 NEW | Simpligraft, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | details | M1SO-Skin Subs |
| | | Policy | : Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4341 NEW | Simplimax, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense medical policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | : Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4342 NEW | Theramend, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense medical policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4343 NEW | Dermacyte ac matrix amniotic membrane allograft, per sqcm | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense medical policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | : Skin Substitutes in the Outpatient Setting PolicyTech | |
| Q4344 NEW | Tri-membrane wrap, per square centimeter | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense medical policy for authorization/criteria details | M1SO-Skin Subs |
| | | Policy | Skin Substitutes in the Outpatient Setting PolicyTech | |

| Code | | PA Req'd? Juired via Medical Policy or Int applicable, review Benefits a | | Note | UM Service Group |
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| Please r | PA REQUIRE review all disclaimers and information on the first p | | I w/TMJ DX Codes M26.60-69 ore and/or after your code search | UPDATED 12/5/2024 Please review carefully for a | hanges |
| Q4345 NEW | Matrix hd allograft dermis, per square centimeter | HMO/PPO Medicaid Clar Yes Yes Ye | dotaile | policy for authorization/criteria | M1SO-Skin Subs |
| | | Poli | cy: Skin Substitutes in the Outpatient Setti PolicyTech | ing | |
| Q5101 NEW | INJECTION FILGRASTIM BIOSIMILAR 1 MICROGRAM | HMO/PPO Medicaid Clar Yes Yes Ye | | | |
| | | | cy: Care Continuum Medical Drug Manage <u>EverNorth</u> | ement | |
| | | Poli | cy: Pharmacy managed | | |
| Q5103 NEW | INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG | HMO/PPO Medicaid Clar Yes Yes Ye | | | |
| | | Poli | cy: Care Continuum Medical Drug Manage <u>EverNorth</u> | ement | |
| | | Poli | cy: Pharmacy managed | | |
| Q5104 NEW | INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG | HMO/PPO Medicaid Clar Yes Yes Ye | | | |
| | | Poli | cy: Care Continuum Medical Drug Manage <u>EverNorth</u> | ement | |
| | | Poli | cy: Pharmacy managed | | |
| Q5106 NEW | INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U | HMO/PPO Medicaid Clar Yes Yes Ye | | | |
| | | | cy: Care Continuum Medical Drug Manage <u>EverNorth</u> | ement | |
| | | Poli | cy: Pharmacy managed | | |
| Q5107 | INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG | HMO/PPO Medicaid Clar No Yes No | | | |
| | | Poli | cy: Pharmacy managed | | |

| Code | | PA Req'd? uired via Medical Policy or In applicable, review Benefits a | | Note | UM Service Group | | | | |
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| Please | PA REQUIRED for any HCPCS code used w/TMJ DX Codes M26.60-69 Please review all disclaimers and information on the first page of this code look-up tool before and/or after your code search UPDATED 12/5/2024 Please review carefully for changes | | | | | | | | |
| Q5137 | Injection,ustekinumab- auub(wezlana),biosimilar, subc,1mG | HMO/PPO Medicaid Cla No Yes N | | | | | | | |
| | | Pol | icy: Pharmacy managed | | | | | | |
| Q5138 | Injection, ustekinumab- auub (wezlana), biosimilar, intrav, 1 mg | HMO/PPO Medicaid Cla No Yes N | | | | | | | |
| | | Pol | icy: Pharmacy managed | | | | | | |
| Q9992 | INJECTION BUPRENORPHINE EXTENDED- RELEASE >100 MG | HMO/PPO Medicaid Cla No Yes N | | | | | | | |
| | | Pol | icy: Pharmacy managed | | | | | | |
| S0013 NEW | Esketamine, nasal spray | HMO/PPO Medicaid Cla Yes No Ye | | | | | | | |
| | | Pol | icy: Care Continuum Medical Drug Mana <u>EverNorth</u> | gement | | | | | |
| S0189 NEW | Testosterone pellet 75 mg | HMO/PPO Medicaid Cla Yes No Ye | * | | | | | | |
| | | Pol | icy: Care Continuum Medical Drug Mana <u>EverNorth</u> | gement | | | | | |
| S0207 | PARAMED INTERCEPT NON-HOS-BASED ALS | HMO/PPO Medicaid Cla No Yes N | Transportation via information local | | | | | | |
| | | Pol | icy: Vendor Managed Transportation | | | | | | |
| S0208 | PARAMED INTRCPT ALS NON-TRNSPRT | HMO/PPO Medicaid Cla No Yes N | Transportation via information loss | | | | | | |
| | | Pol | icy: Vendor Managed Transportation | | | | | | |
| S0209 | WHEELCHAIR VAN MILEAGE PER MILE | HMO/PPO Medicaid Cla No Yes N | o Transportation via information local | | | | | | |
| | | Pol | icy: Vendor Managed Transportation | | | | | | |

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| Please | PA REQUIF review all disclaimers and information on the firs | RED for any HCPCS code used we page of this code look-up tool before | | carefully for changes |
| S0215 | NON-EMERG TRANSPORTATION; PER MILE | HMO/PPO Medicaid Clarity No Yes No | For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | |
| | | Policy: | Non-Emergency Transportation Services PolicyTech | |
| S0515 NEW | Scleral lens,liq bandage dev,per lens | HMO/PPO Medicaid Clarity No Yes Yes | Please review the WellSense policy for authorization/criteria details | |
| | | Policy: | Contact Lens and Scleral Lens PolicyTech | |
| S1030 NEW | Con't non invasive glucose monitor,purchase | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy: | Continuous Glucose Monitoring Systems, Artificial Pancreas Devices and In PolicyTech | sulin Delivery Devices |
| | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| \$1031 NEW | Con't non invasive glucose monitor,rental | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy: | Continuous Glucose Monitoring Systems, Artificial Pancreas Devices and In PolicyTech | sulin Delivery Devices |
| | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| S1034 NEW | ARTIF PANC DEVC SYS CMNCT ALL DEVC | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | • | Continuous Glucose Monitoring Systems, Artificial Pancreas Devices and In PolicyTech | sulin Delivery Devices |
| | | Policy: | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

PolicyTech

| Code | Short Description | Yes= Auth Req No= Auth not | | • | | Note Qual or Payment Policies | UM Service Group |
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| Please | review all disclaimers and informa | | | | | r/TMJ DX Codes M26.60-69 uPDATED 12/5/2024 Please review care | fully for changes |
| S2060 NEW | LOBAR LUNG TRANSPLANTAT | ION | HMO/PPO No | Medicaid Yes | Clarity | Please review the WellSense policy for authorization/criteria details | S1LI-Lung Tx |
| | | | | | Policy: | Transplantation of Lung or Lobar Lung <u>PolicyTech</u> | |
| S2065 NEW | SIMULTANEOUS PANC KIDNE | Y TPLNT | HMO/PPO No | Medicaid Yes | Clarity | Please review the WellSense policy for authorization/criteria details | S1PI-Pancreas Tx |
| | | | | | Policy: | Transplantation of Pancreas or Pancreas-Kidney <u>PolicyTech</u> | |
| S2102 NEW | ISLET CELL TISS TPLNT PANC; | ALLOGEN | HMO/PPO No | Medicaid Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1EB-MN/E&I |
| | | | | | Policy: | Medically Necessary PolicyTech | |
| S2230 NEW | IMPL MAGNT CMPNT SEMI-IN | ЛРL HEAR DVC | HMO/PPO No | Medicaid Yes | Clarity | Please review the WellSense policy for authorization/criteria details | S1HB-Cochlear/BAHA |
| | | | | | Policy: | Implantable Bone-Conduction (Bone-Anchored) Hearing Aids PolicyTech | |
| | | | | | Policy: | Medically Necessary PolicyTech | |
| S2348 | DECOMP PERQ DISC RF 1/MX | LUMB | HMO/PPO No | Medicaid Yes | Clarity | Please review the WellSense policy for authorization/criteria details | M1EB-MN/E&I |
| | | | | | Policy: | Experimental and Investigational Treatment <u>PolicyTech</u> | |
| S3800 NEW | Genetic testing for amyotroph sclerosis (ALS) | nic lateral | HMO/PPO No | Medicaid Yes | Clarity | | |
| | | | | | Policy: | eviCore Genetic Testing eviCore | |
| S3840 NEW | DNA ANALYSIS RET PROTO-OI | NCOGENE | HMO/PPO No | Medicaid Yes | Clarity | | |
| | | | | | Policy: | eviCore Genetic Testing eviCore | |

| Code | Short Description | Yes= Auth Requ | PA Req'd? uired via Medical Po applicable, review B | | Qual /or Payment Policies | Note | UM Service Group |
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| Please | review all disclaimers and informa | | | | v/TMJ DX Codes M26.60-69 e and/or after your code search | UPDATED 12/5/2024 Please review | carefully for changes |
| S3841 NEW | GENETIC TESTING FOR RETING | DBLASTOMA | HMO/PPO Medic | |] | | |
| | | | | Policy: | eviCore Genetic Testing eviCore | | |
| S3842 NEW | GENETIC TST VON HIPPEL-LIN | DAU DZ | HMO/PPO Medic | | | | |
| | | | | Policy: | eviCore Genetic Testing eviCore | | |
| S3844 NEW | DNA ANALY GJB2 CONGN PFN | ID DEAFNESS | HMO/PPO Medic No Yes | | | | |
| | | | | Policy | eviCore Genetic Testing eviCore | | |
| S3845 NEW | GENETIC TESTING ALPHA-THA | LASSEMIA | HMO/PPO Medic No Yes | | | | |
| | | | | Policy | eviCore Genetic Testing eviCore | | |
| S3846 NEW | GENETIC TST HGB E BETA-THA | ALASSEMIA | HMO/PPO Medic No Yes | | | | |
| | | | | Policy | eviCore Genetic Testing eviCore | | |
| S3850 NEW | GENETIC TESTING SICKLE CELL | ANEMIA | HMO/PPO Medic No Yes | | | | |
| | | | | Policy | eviCore Genetic Testing eviCore | | |
| S3852 NEW | DNA ANALY APOE EPSILON 4 / | ALLELE ALZ | HMO/PPO Medic No Yes | | | | |
| | | | | Policy | eviCore Genetic Testing eviCore | | |

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| Please | PA REQU review all disclaimers and information on the fi | RED for any HCPCS code used w/T st page of this code look-up tool before an | | review carefully for changes |
| S3854 NEW | GENE EXPRESSION PROFILING PANEL | HMO/PPO Medicaid Clarity No Yes Yes | | |
| | | • | viCore Genetic Testing viCore | |
| S3861 NEW | GENETIC TEST SCN5A&VARIANTS SPCT BS | HMO/PPO Medicaid Clarity No Yes Yes | | |
| | | | viCore Genetic Testing viCore | |
| S3865 NEW | COMP GENE SEQUENCE ANALYSIS HCM | HMO/PPO Medicaid Clarity No Yes Yes | | |
| | | | viCore Genetic Testing viCore | |
| S3866 NEW | GENETIC ANALYSIS GENE MUTAT HCM | HMO/PPO Medicaid Clarity No Yes Yes | | |
| | | | viCore Genetic Testing viCore | |
| S3870 NEW | CGH MICROARRAY TEST DD ASD &/OR ID | HMO/PPO Medicaid Clarity No Yes Yes | | |
| | | | viCore Genetic Testing viCore | |
| \$4988 NEW | Penile contracture dev, manual, greater the 3lbs force | n HMO/PPO Medicaid Clarity P No Yes Yes | Please review the WellSense policy for authorization/criteria detail | s M1EB-MN/E&I |
| | | | perimental and Investigational Treatment plicyTech | |
| S5102 | DAY CARE SERVICES ADULT; PER DIEM | HMO/PPO Medicaid Clarity P | Please review the WellSense policy for authorization/criteria detail | ils H1CO-AMDO |
| | | | dult Medical Day Care <u>blicyTech</u> | |

| Code | | PA Req'd? Required via Medical Policy or Into not applicable, review Benefits an | | UM Service Group | | | | |
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| S8120 NEW | O2 CNTN GASEOUS 1 U = 1 CUBIC FOOT | HMO/PPO Medicaid Clari Yes Yes Yes Polic | by Northwood or the Plan | | | | | |
| \$8121 NEW | O2 CONTENTS LQD 1 U EQUALS 1 POUNI | HMO/PPO Medicaid Clari Yes Yes Yes Yes | by Northwood or the Dlan | | | | | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| \$8130 NEW | INTERFERENTIAL CURR STIM 2 CHANNEL | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan. | | | | | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| \$8131 NEW | INTERFERENTIAL CURR STIM 4 CHANNEL | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Dlan | | | | | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| S8185 NEW | FLUTTER DEVICE | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan | | | | | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| S8186 NEW | SWIVEL ADAPTOR | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Plan | | | | | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |
| S8189 NEW | TRACHEOSTOMY SUPPLY NOC | HMO/PPO Medicaid Clari Yes Yes Yes | by Northwood or the Dlan | | | | | |
| | | Polic | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | | | | | |

| Code | | PA Req'd? Required via Medical Policy or not applicable, review Benefits | | UM Service Group |
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| Please | PA REQUI review all disclaimers and information on the fir | - | d w/TMJ DX Codes M26.60-69 fore and/or after your code search UPDATED 12/5/2024 Please review care | efully for changes |
| S8431 NEW | COMPRESSION BANDAGE ROLL | | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. licy: Durable Medical Equipment | |
| \$8450 NEW | SPLINT PREFABRICATED DIGIT | | by Northwood or the Plan. | |
| S8451 | SPLINT PREFABRICATED WRIST OR ANKLE | HMO/PPO Medicaid C | iicy: Durable Medical Equipment How provider types are handled by Northwood and the Plan rity *ALL Providers please CLICK link to determine if your request is handled | |
| NEW | SPLINI FREFABRICATED WRIST OR ANNEL | Yes Yes | by Northwood or the Plan. licy: Durable Medical Equipment | |
| \$8452 NEW | SPLINT PREFABRICATED ELBOW | HMO/PPO Medicaid C | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | P | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| S8460 NEW | CAMISOLE POST-MASTECTOMY | HMO/PPO Medicaid C Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | P | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| S8999 NEW | Resucitation bag | HMO/PPO Medicaid C Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | P | licy: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| S9002 NEW | Intra-vaginal motion sens sys,biofeedback,pel flr rehab dev | | es | M1EB-MN/E& |
| | | P | licy: Experimental and Investigational Treatment PolicyTech | |

| Code | | PA Req'd? uired via Medical Policy or Inte applicable, review Benefits and | rQual | 1 Service Group |
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| Please | PA REQUIRE review all disclaimers and information on the first p | | w/TMJ DX Codes M26.60-69 re and/or after your code search UPDATED 12/5/2024 Please review carefully for change | :5 |
| S9055 NEW | PROCUREN/OTH GROWTH FACTOR PREP | HMO/PPO Medicaid Clarit Yes Yes Yes Policy | : Experimental and Investigational Treatment | M1EB-MN/E& |
| S9123 | NRS CARE HOM; REGISTERED NURSE-HOUR | HMO/PPO Medicaid Clarit | | H1DO-PDI |
| 50404 | AUJOSING CARE THE HOME ARM PER HOUR | | Private Duty Nursing Services PolicyTech | |
| S9124 | NURSING CARE THE HOME; LPN PER HOUR | No Yes No Policy | y Please review the WellSense policy for authorization/criteria details y: Private Duty Nursing Services | H1DO-PD |
| S9432 | Med foods, noninborn errors metabolism | HMO/PPO Medicaid Clarit | PolicyTech *ALL Providers please CLICK link to determine if your request is handled | |
| NEW | | Yes Yes Yes | by Northwood or the Dlan | |
| S9433 | MED FOOD NUTR ORAL 100% NUTR INTAKE | HMO/PPO Medicaid Clarit | | |
| NEW | | Yes Yes Yes Policy | by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| S9434 NEW | MOD SOLID FOOD SUP INBORN ERR METAB | HMO/PPO Medicaid Clarit Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled | |
| | | Policy | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| S9435 NEW | MEDICAL FOODS INBORN ERRORS METAB | HMO/PPO Medicaid Clarit Yes Yes Yes | by Northwood or the Plan. | |
| | | Policy | y: Durable Medical Equipment How provider types are handled by Northwood and the Plan | |

| Code | | PA Req'd? quired via Medical Policy or Inter(applicable, review Benefits and/ | | UM Service Group | | | |
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| S9472 NEW | CARD REHAB PROGM NON-PHYS PROV DIEM | HMO/PPO Medicaid Clarity Yes Yes Yes | Please review the WellSense policy for authorization/criteria details | M1EB-MN/E&I | | | |
| | | Policy: | Experimental and Investigational Treatment PolicyTech | | | | |
| | | Policy: | Medically Necessary PolicyTech | | | | |
| S9960 | AMB SERVC AIR NON-ER 1 WAY FIX WING | HMO/PPO Medicaid Clarity No Yes No | For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | | | | |
| | | Policy: | Vendor Managed Transportation | | | | |
| S9961 | AMB SERVC AIR NON-ER 1 WAY ROT WING | HMO/PPO Medicaid Clarity No Yes No | For information regarding PA requirements, please contact WellSense Transportation via information located in plan Auth Matrix. | | | | |
| | Policy: Vendor Managed Transportation | | | | | | |
| \$9990 | SRVC PROV PART PHASE II CLIN TRIAL | HMO/PPO Medicaid Clarity No Yes No | Potentially Experimental/Investigational | M1EB-MN/E&I | | | |
| | | Policy: | Experimental and Investigational Treatment PolicyTech | | | | |
| S9991 | SRVC PROV PART PHASE III CLIN TRIAL | HMO/PPO Medicaid Clarity No Yes No | Potentially Experimental/Investigational | M1EB-MN/E&I | | | |
| | | Policy: | Experimental and Investigational Treatment PolicyTech | | | | |
| T1019 | PERSONAL CARE SERVICES PER 15 MINS | HMO/PPO Medicaid Clarity No Yes No | Please review the WellSense NH policy for authorization/criteria details | H1IO-PCA | | | |
| | | Policy: | Personal Care Assistant Services PolicyTech | | | | |
| T1021 | HOME HLTH AIDE/CERT NURSE ASST VST | HMO/PPO Medicaid Clarity No Yes No | Please review the WellSense policy for authorization/criteria details | H1AO-HHC Aide | | | |
| | | Policy: | Home Health Care for Maintenance Services <u>PolicyTech</u> | | | | |
| | | Policy: | Home Health Care Services for an Acute Episode of Care <u>PolicyTech</u> | | | | |

How provider types are handled by Northwood and the Plan

| Code | | PA Req'd? Required via Medical Policy or Inter not applicable, review Benefits and, | | UM Service Group |
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| T4543 NEW | ADULT DISP INCONTINENCE PROD ABV XL | HMO/PPO Medicaid Clarity Yes Yes Yes Policy: | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| T4544 NEW | ADULT SZ DISP INCONT PDCT | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| T4545 NEW | INC PRDCT,DISP PENILE WRAP, EACH | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| T5001 NEW | PSTN SEAT PERSON SPECL/ORTHO NEEDS | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| T5999 NEW | SUPPLY NOT OTHERWISE SPECIFIED | HMO/PPO Medicaid Clarity Yes Yes Yes | *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan. | |
| | | Policy | : Durable Medical Equipment How provider types are handled by Northwood and the Plan | |
| V2500 | CNTC LENS PMMA SPHERICAL PER LENS | HMO/PPO Medicaid Clarity No Yes No | Please review the WellSense policy for authorization/criteria details | M1VO-Contact Ler |
| | | Policy | Contact Lens and Scleral Lens PolicyTech | |
| V2501 | CNTC LENS PMMA/PRISM BALLST LENS | HMO/PPO Medicaid Clarity No Yes No | Please review the WellSense policy for authorization/criteria details | M1VO-Contact Ler |
| | | | : Contact Lens and Scleral Lens PolicyTech | |

| Code | | PA Req'd? uth Required via Medical Policy or Inte uth not applicable, review Benefits and | | UM Service Group | | | |
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| V2502 | CONTACT LENS PMMA BIFOCAL PER | ENS HMO/PPO Medicaid Clarity No Yes No | y Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | | | y: Contact Lens and Scleral Lens PolicyTech | | | | |
| V2503 | CNTC LENS PMMA COLR VISN DEFIC | ENS HMO/PPO Medicaid Clarit | y Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | | | y: Contact Lens and Scleral Lens PolicyTech | | | | |
| V2510 | CNTC LENS GAS PRMEABL SPHERICL | ENS HMO/PPO Medicaid Clarit | y Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | | | y: Contact Lens and Scleral Lens PolicyTech | | | | |
| V2511 | CNTC LENS GAS PRMEABL PRSM BLL | T EA HMO/PPO Medicaid Clarit | y Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | | | y: Contact Lens and Scleral Lens PolicyTech | | | | |
| V2512 | CNTC LENS GAS PERMEABLE BIFOCL | ENS HMO/PPO Medicaid Clarit | y Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | | | y: Contact Lens and Scleral Lens PolicyTech | | | | |
| V2513 | CNTC LENS GAS PRMEABL EXT WEAR | LENS HMO/PPO Medicaid Clarity No Yes No | | M1VO-Contact Lens | | | |
| | | | y: Contact Lens and Scleral Lens PolicyTech | | | | |
| V2520 | CNTC LENS HYDROPHIL SPHERICAL L | NS HMO/PPO Medicaid Clarit | y Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | | | y: Contact Lens and Scleral Lens PolicyTech | | | | |

| Code | | PA Req'd? equired via Medical Policy or Inter ot applicable, review Benefits and | | UM Service Group | | | |
|--------------|---|--|---|-------------------|--|--|--|
| Please | PA REQUIF review all disclaimers and information on the firs | RED for any HCPCS code used v t page of this code look-up tool befor | TIPIJΔ I FIJ 17/5/7074 PIPASP TPVIPW CATP | fully for changes | | | |
| V2521 | CNTC LENS HYDROPHL/PRISM BLLST LENS | HMO/PPO Medicaid Clarity No Yes No | Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | | | : Contact Lens and Scleral Lens PolicyTech | | | | |
| V2522 | CNTC LENS HYDROPHIL BIFOCAL LENS | HMO/PPO Medicaid Clarity No Yes No | y Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | | Policy | c: Contact Lens and Scleral Lens PolicyTech | | | | |
| V2523 | CNTC LENS HYDROPHIL EXT WEAR LENS | HMO/PPO Medicaid Clarity No Yes No | Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | Policy: Contact Lens and Scleral Lens PolicyTech | | | | | | |
| V2524 | Contact lens, hydrophilic, spherical, photochromic additive, per lens | HMO/PPO Medicaid Clarity No Yes No | Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | | Policy | Contact Lens and Scleral Lens PolicyTech | | | | |
| V2530 NEW | CNTC LENS SCLERAL GAS IMPERMEBL PER | HMO/PPO Medicaid Clarity No Yes Yes | | M1VO-Contact Lens | | | |
| | | Policy | Contact Lens and Scleral Lens PolicyTech | | | | |
| V2531 NEW | CNTC LENS SCLERAL GAS PERMEABLE PER | HMO/PPO Medicaid Clarity No Yes Yes | | M1VO-Contact Lens | | | |
| | | Policy | Contact Lens and Scleral Lens PolicyTech | | | | |
| V2599 | CONTACT LENS OTHER TYPE | HMO/PPO Medicaid Clarity No Yes No | Please review the WellSense policy for authorization/criteria details | M1VO-Contact Lens | | | |
| | | Policy | Contact Lens and Scleral Lens PolicyTech | | | | |

Policy: Contact Lens and Scleral Lens
PolicyTech

Policy: Durable Medical Equipment
How provider types are handled by Northwood and the Plan

Clarity *ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.

Policy: Durable Medical Equipment

How provider types are handled by Northwood and the Plan

V2629 PROSTHETIC EYE OTHER TYPE

HMO/PPO Medicaid Clarity

*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.

Yes

HMO/PPO Medicaid

Yes

V2628

NEW

FABRICATION&FIT OCULAR CONFORMER

Policy: Durable Medical Equipment

How provider types are handled by Northwood and the Plan

| Code | Short Description | PA Req'd? Yes= Auth Required via Me No= Auth not applicable, r | ical Policy or InterQual view Benefits and/or Payment Policies | Note | UM Service Group |
|---------------------|------------------------------------|--|--|--|-----------------------|
| Please | review all disclaimers and informa | | PCS code used w/TMJ DX Codes M26.60-69 look-up tool before and/or after your code search | UPDATED 12/5/2024 Please review of | carefully for changes |
| V2790 NEW | AMNIOTIC MEMBRANE SURG | RECNSTR- HMO/PPO Yes | Medicaid Clarity Please review the WellSense po | olicy for authorization/criteria details | S1CB-Cosmetic |
| | | | Policy: Cosmetic Reconstructive, and Re | estorative Services | |
| | | | <u>PolicyTech</u> | | |
| V5273 NEW | ASSTIVE LISTEN DEVC W/COC | HMO/PPO Yes | Medicaid Clarity InterQual® criteria used. Yes Yes | | S1HB-Cochlear/BAHA |
| | | | Policy: InterQual® | | |