

## 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 <a href="Pharmacy section on WellSense.org">Pharmacy section on WellSense.org</a>

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 <a href="Plan Payment Policies">Plan Payment Policies</a>.
- 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
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		fully 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 <u>PolicyTech</u>	
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 <u>PolicyTech</u>	
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 <u>PolicyTech</u>	
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
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 o t applicable, review Benefit	or InterQual its and/or Payment Policies	Note	UM Service Group
Please	PA REQUIRI review all disclaimers and information on the first		used w/TMJ DX Codes M26.60-69 Il 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
		ı	<b>Policy:</b> 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
		ı	<b>Policy:</b> 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
		ı	<b>Policy:</b> Skin Substitutes in the Outpatient Settin PolicyTech	g	
A2011 NEW	Supra sdrm, per square centimeter	HMO/PPO Medicaid Yes Yes	Clarity Please review the WellSense policy for Yes	authorization/criteria details	M1SO-Skin Subs
		ı	<b>Policy:</b> Skin Substitutes in the Outpatient Settin PolicyTech	g	
A2012 NEW	Suprathel, per square centimeter	HMO/PPO Medicaid ( Yes Yes	Clarity Please review the WellSense policy for Yes	authorization/criteria details	M1SO-Skin Subs
			<b>Policy:</b> Skin Substitutes in the Outpatient Settin PolicyTech	ng	
A2013 NEW	Innovamatrix fs, per sq cm	HMO/PPO Medicaid Yes Yes	Clarity Please review the WellSense policy for Yes	authorization/criteria details	M1SO-Skin Subs
			<b>Policy:</b> Skin Substitutes in the Outpatient Settin	ng	
A2014 NEW	Omeza Collagen Matrix, per 100mg	HMO/PPO Medicaid (	Clarity Please review the WellSense policy for Yes	authorization/criteria details	M1SO-Skin Subs
			<b>Policy:</b> Skin Substitutes in the Outpatient Settir	ng	

Code		PA Req'd? Auth Required via Medical Policy or Inter Auth not applicable, review Benefits and,		UM Service Group
Please		EQUIRED for any HCPCS code used whe first page of this code look-up tool before	IIPIJA IFIJ 17/5/7074 PIPASP RPVIPW 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
Please	PA REQU review all disclaimers and information on the f	IRED for any HCPCS code used verst page of this code look-up tool befor	' IPDΔ IFD 17/5/7074 PIPASP REVIEW CAI	refully for changes
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	Service Group
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 changes	
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 PolicyTech	
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 *ALL Providers please CLICK link to determine if your request is handled	
		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 *ALL Providers please CLICK link to determine if your request is handled	
		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  *ALL Providers please CLICK link to determine if your request is handled	
		Pe	Policy: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	

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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						
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 Inter applicable, review Benefits and		UM Service Group
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 befor	· IIVIIA IFII 17/5/71174 VIP	ase 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 by Northwood or the Plan.  Durable Medical Equipment  How provider types are handled by Northwood and the Plan	handled
A5121 NEW	SKN BARRIER; SOLID 6X6/EQUVALNT EA	HMO/PPO Medicaid Clarity Yes Yes Yes	by Northwood or the Plan.	handled
		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 by Northwood or the Plan.	handled
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
A5126 <b>NEW</b>	ADHES/NON-ADHES; DISK/FOAM PAD	HMO/PPO Medicaid Clarity Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is by Northwood or the Plan.	handled
		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 by Northwood or the Plan.	handled
		Policy	Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
A5200 <b>NEW</b>	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 by Northwood or the Plan.	handled
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
A5500 <b>NEW</b>	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 by Northwood or the Plan.	handled
		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		e	UM Service Group
Please	PA REQUIRE review all disclaimers and information on the first		w/TMJ DX Codes M26.60-69 re and/or after your code search	ATED 12/5/2024 Please review careful	lly for changes
A5510 NEW	DIAB ONLY DIR FORM COMPRS MOLD FT	HMO/PPO Medicaid Clarit Yes Yes Yes Police	by Northwood or the Plan		
A5512 NEW	FOR DIAB ONLY MX DNSITY INSRT PRFAB	HMO/PPO Medicaid Clarit Yes Yes Yes	by Northwood or the Plan.	ne if your request is handled	
		Polic	y: Durable Medical Equipment How provider types are handled by Northwo	ood and the Plan	
A5513 <b>NEW</b>	FOR DIAB ONLY MX DNSITY INSRT CSTM	HMO/PPO Medicaid Clarit Yes Yes Yes Yes	by Northwood or the Dlan	ne if your request is handled	
		Polic	y: Durable Medical Equipment How provider types are handled by Northwo	ood and the Plan	
A5514 NEW	Diab multi dens insert,CAM tech, CAD model,each	HMO/PPO Medicaid Clarit Yes Yes Yes Yes	by Northwood or the Dlan	ne if your request is handled	
		Polic	y: Durable Medical Equipment How provider types are handled by Northwo	ood and the Plan	
A6000 NEW	NON-CNTC WND WARMING COVR W/DEVC	HMO/PPO Medicaid Clarit Yes Yes Yes Yes	by Northwood or the Plan	ne if your request is handled	
		Polic	y: Durable Medical Equipment  How provider types are handled by Northwo	ood and the Plan	
A6010 NEW	COLLEGEN WOUND FILLR DRY FORM PER G	HMO/PPO Medicaid Clarit Yes Yes Yes	by Northwood or the Plan	ne if your request is handled	
		Police	y: Durable Medical Equipment How provider types are handled by Northwo	ood and the Plan	
A6011 NEW	COLLEGEN WOUND FIL GEL/PASTE PER G	HMO/PPO Medicaid Clarit Yes Yes Yes Yes	by Northwood or the Dlan	ne if your request is handled	
		Police	y: Durable Medical Equipment How provider types are handled by Northwo	ood and the Plan	

Code		PA Req'd? Juired via Medical Policy or applicable, review Benefits	
Please	PA REQUIRE review all disclaimers and information on the first p	•	Ised w/TMJ DX Codes M26.60-69 before and/or after your code search  UPDATED 12/5/2024 Please review carefully for changes
A6197 <b>NEW</b>	ALGINAT/OTH FIBR GELL >16<=48 SQEA		*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.  Policy: Durable Medical Equipment
A6198 NEW	ALGINAT/OTH FIBR GELL PAD >48 SQ EA	HMO/PPO Medicaid CI Yes Yes	*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.
		Pe	Policy: Durable Medical Equipment  How provider types are handled by Northwood and the Plan
A6199 <b>NEW</b>	ALGINAT/OTH FIBR GELL DRESS FIL-6IN		Yes by Northwood or the Plan.
		Po	Policy: Durable Medical Equipment  How provider types are handled by Northwood and the Plan
A6203 NEW	COMPOS DRESS 16 SQ/< W/ADHES BORDR		Yes by Northwood or the Plan.
		Po	Policy: Durable Medical Equipment  How provider types are handled by Northwood and the Plan
A6204 NEW	COMPOS DRESS >16 <=48 SQ W/ADHES		*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
A6205 NEW	COMPOS DRESS >48SQ W/ADHES BORDR EA	HMO/PPO Medicaid CI Yes Yes	*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
A6206 NEW	CNTCT LAYR STERL 16 SQ IN/ <ea dress<="" td=""><td></td><td>Yes by Northwood or the Plan.</td></ea>		Yes by Northwood or the Plan.
		Po	Policy: Durable Medical Equipment  How provider types are handled by Northwood and the Plan

Code		PA Req'd? Required via Medical Policy or Into not applicable, review Benefits an		UM Service Group
Please	PA REQU	IRED for any HCPCS code used st page of this code look-up tool before the state of	I I I I I I I I I I I I I I I I I I I	carefully for changes
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 Poli No= Auth not applicable, review Be			UM Service Group
Please		PA REQUIRED for any HCPCS coon on the first page of this code look-up		· IIPI)Δ I FI) 17/5/7074 PIPASP PRVIPW CARPTUI	ly for changes
A6443 NEW	CONFORMING BANDGE NON-EL	AST HMO/PPO Medica 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	
A6444 <b>NEW</b>	CONFORMING BANDGE NON-EL	AST HMO/PPO Medica 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	
A6445 <b>NEW</b>	CONFORMING BANDGE NON-EL	AST HMO/PPO Medica 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	
A6446 <b>NEW</b>	CONFORMING BANDGE NON-EL	AST HMO/PPO Medica 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	
A6447 <b>NEW</b>	CONFORMING BANDGE NON-EL	AST HMO/PPO Medica 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	
A6448 <b>NEW</b>	LT COMPRS BANDGE ELAST WD	TH < 3 IN HMO/PPO Medica Yes Yes	id 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	
A6449 NEW	LT COMPRS BANDGE WDTH >/=	3 & <5 IN HMO/PPO Medica 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	

Code		PA Req'd? Required via Medical Policy or Internot applicable, review Benefits and		UM Service Group
Please	PA REQUING PAIR PAIR PAIR PAIR PAIR PAIR PAIR PAIR	IRED for any HCPCS code used verst page of this code look-up tool befor	- 11μ11Δ1F11 1775/71174 μιρακρ του	riew carefully for changes
A6450 <b>NEW</b>	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 handle by Northwood or the Plan.  : Durable Medical Equipment  How provider types are handled by Northwood and the Plan	ed
A6451 <b>NEW</b>	MOD COMPRS BANDGE WD >/= 3 & <5 II	Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is handle by Northwood or the Plan.	ed
A6452	HI COMPRS BANDGE WD >/= 3 & <5 IN	HMO/PPO Medicaid Clarity	<ul> <li>Durable Medical Equipment         How provider types are handled by Northwood and the Plan     </li> <li>*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.</li> </ul>	ed
NEW		Yes Yes Yes Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
A6453 NEW	SELF-ADHERENT BANDGE WDTH = 3 IN</td <td>HMO/PPO Medicaid Clarity Yes Yes Yes Policy</td> <td>*ALL Providers please CLICK link to determine if your request is handle by Northwood or the Plan.  : Durable Medical Equipment</td> <td>ed</td>	HMO/PPO Medicaid Clarity Yes Yes Yes Policy	*ALL Providers please CLICK link to determine if your request is handle by Northwood or the Plan.  : Durable Medical Equipment	ed
A6454 <b>NEW</b>	SLF ADHERNT BANDGE WD >/= 3 & <5 IN	HMO/PPO Medicaid Clarity Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is handle by Northwood or the Plan.	ed
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
A6455 NEW	SELF-ADHERENT BANDGE WDTH >/= 5 IN	HMO/PPO Medicaid Clarity Yes Yes Yes	by Northwood or the Plan.	ed
			: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
A6456 NEW	ZINC PAST BANDGE WD >/= 3 & <5 IN	Yes Yes Yes	by Northwood or the Plan.	ed
		Ропсу	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	

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		
Please	PA REQUIR review all disclaimers and information on the first	ED for any HCPCS code used was page of this code look-up tool before	· IIPIJΔ I FIJ 17/5/7074 PIPASP PRVIPW CARPTI	ılly for changes		
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 <b>NEW</b>	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 <b>NEW</b>	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	<ul> <li>Durable Medical Equipment</li> <li>How provider types are handled by Northwood and the Plan</li> </ul>			
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
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 <b>NEW</b>	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 <b>NEW</b>	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	

Code		PA Req'd? quired via Medical Policy or Inter applicable, review Benefits and,		UM Service Group
Please	PA REQUIRE review all disclaimers and information on the first page.	D for any HCPCS code used voge of this code look-up tool before	11PDATED 17/5/7074 PIPOSP	review carefully for changes
A9279 <b>NEW</b>	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 har by Northwood or the Plan.  Durable Medical Equipment  How provider types are handled by Northwood and the Plan	ndled
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 har by Northwood or the Plan.	ndled
		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.	ndled
		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 har by Northwood or the Plan.	ndled
		Policy	Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
A9283 <b>NEW</b>	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 har by Northwood or the Plan.	ndled
		Policy	Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
A9284 <b>NEW</b>	SPIROMETER NONELECTRONC INCL ACCESS	HMO/PPO Medicaid Clarity Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is har by Northwood or the Plan.	ndled
		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 har by Northwood or the Plan.	ndled
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	

Code		PA Req'd? th Required via Medical Policy th not applicable, review Bene			UM Service Group
Please	PA REC review all disclaimers and information on the			u/TMJ DX Codes M26.60-69 e and/or after your code search  UPDATED 12/5/2024 Please review carefully for ch	anges
A9286	HYG I/DVC DISPBL/NON-DISPBL ANY T	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 <b>NEW</b>	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 <b>NEW</b>	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	PCS 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 <b>NEW</b>	MISCELLANEOUS DME SUPPLY/ACCESS	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.	
			Policy:	Durable Medical Equipment  How provider types are handled by Northwood and the Plan	

Code		PA Req'd? equired via Medical Policy or Inte ot applicable, review Benefits an		Note	UM Service Group
Please	PA REQUIR review all disclaimers and information on the first	-	w/TMJ DX Codes M26.60-69 re and/or after your code search	UPDATED 12/5/2024 Please review cal	refully for changes
B9998 <b>NEW</b>	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 <b>NEW</b>	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	<b>y:</b> InterQual®		
C1821	INTER PROC DIST DEV IMP	HMO/PPO Medicaid Clarif	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	<b>y:</b> 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 or applicable, review Benefit:		Note	UM Service Group
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 fo	r changes
C8000	Support dev,extravascular,arteriovenous fistula(implantable)	HMO/PPO Medicaid C Yes No	No Please review the WellSense m	edical policy for authorization/criteria	A2TO-E&I
		P	<b>Policy:</b> Experimental and Investigationa PolicyTech	al Treatment	
C9016	INJECTION TRIPTORELIN EXTENDED- RELEASE 3.75 MG	HMO/PPO Medicaid C	Clarity No		
		P	Policy: Pharmacy managed		
C9047	Injection, caplacizumab-yhdp		Clarity Yes		
			Policy: Care Continuum Medical Drug N <u>EverNorth</u>	/Janagement	
C9166 NEW	Injection, secukinumab	HMO/PPO Medicaid C	Clarity Yes		
		P	Policy: Care Continuum Medical Drug N <u>EverNorth</u>	Management ( )	
C9167	Injection, apadamtase alfa	HMO/PPO Medicaid			
NEW			Yes  Policy: Care Continuum Medical Drug N  EverNorth	Management Programme Transfer of the Control of the	
C9172	Injection, fidanacogene elaparvovec-dzkt, per ther dose(Beqvez)	HMO/PPO Medicaid C	Please review the WellSense m details	edical policy for authorization/criteria	PH10-Gene/Cell Ther
		P	Policy: Medically Necessary PolicyTech		
C9257	INJECTION BEVACIZUMAB 10 MG		Clarity		
		No Yes P	Policy: Pharmacy managed		

Code		PA Req'd? Required via Medical Policy of not applicable, review Benef		Qual	Note	UM Service Group
Please	PA REQUI review all disclaimers and information on the fire	-		/TMJ DX Codes M26.60-69 and/or after your code search	UPDATED 12/5/2024 Please review carefully	r for changes
C9399	Unclassified drugs or biologicals	HMO/PPO Medicaid Yes No	No	Review the applicable medical policy for gene/cell therapies without treatment  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	Please review the WellSense policy for	authorization/criteria details	
			Policy:	Experimental and Investigational Treatment PolicyTech	nent	
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			
			Policy:	eviCore Radiology eviCore		
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and inci	HMO/PPO Medicaid Yes No	Clarity	Please review the WellSense policy for	authorization/criteria details	
			Policy:	Experimental and Investigational Treatn PolicyTech	nent	
C9772	Revasc lithotrip tibi/perone	HMO/PPO Medicaid Yes No	Clarity No	Please review the WellSense policy for	authorization/criteria details	
			Policy:	Experimental and Investigational Treatn <u>PolicyTech</u>	nent	

Code		PA Req'd? es= Auth Required via Medical Policy or Inte lo= Auth not applicable, review Benefits and		Note	UM Service Group
Please		A REQUIRED for any HCPCS code used non the first page of this code look-up tool befo		UPDATED 12/5/2024 Please revi	ew carefully for changes
C9773	Revasc lithotr-stent tib/per	HMO/PPO Medicaid Clarit Yes No No	y Please review the WellSense polic	y for authorization/criteria details	
		Polic	Experimental and Investigational T <u>PolicyTech</u>	reatment	
C9774	Revasc lithotr-ather tib/per	HMO/PPO Medicaid Clarit Yes No No	y Please review the WellSense police	y for authorization/criteria details	
		Police	Experimental and Investigational T PolicyTech	reatment	
C9775	Revasc lith-sten-ath tib/per	HMO/PPO Medicaid Clarit Yes No No	y Please review the WellSense polic	y for authorization/criteria details	
		Police	r: Experimental and Investigational T <u>PolicyTech</u>	reatment	
C9781	Arthro/shoul surg; w/spacer	HMO/PPO Medicaid Clarit Yes No No		cy for authorization/criteria details	
		Polic	y: Experimental and Investigational T PolicyTech	reatment	
C9782	Blind myocar trpl bon marrow	HMO/PPO Medicaid Clarit Yes No No	y Please review the WellSense poli	cy for authorization/criteria details	
		Polic	y: Experimental and Investigational T PolicyTech	reatment	
C9783	Blind cor sinus reducer impl	HMO/PPO Medicaid Clarit Yes No No		cy for authorization/criteria details	
		Police	Experimental and Investigational T PolicyTech	reatment	
C9784	Endo sleeve gastro w/tube	HMO/PPO Medicaid Clarit Yes No No			
		Polic	y: Experimental and Investigational T PolicyTech	reatment	

Code	Short Description	Yes= Auth Requi			·Qual /or Payment Policies	Note	UM Service Group
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	ΛΑΤL PAIR	HMO/PPO Me	edicaid Clarity	<ul> <li>Durable Medical Equipment         How provider types are handled by N     </li> <li>*ALL Providers please CLICK link to a by Northwood or the Plan.</li> </ul>		
NEW			Yes	Yes Yes Policy	: Durable Medical Equipment  How provider types are handled by N	Northwood and the Plan	

Code		PA Req'd?  Required via Medical Policy or Inter  not applicable, review Benefits and		UM Service Group
Please	PA REQ review all disclaimers and information on the	JIRED for any HCPCS code used wirst page of this code look-up tool before	TIPIJΔ IFIJ 17/5/71174 PIPRSP ΓΡΥΙΡΙΝ ΓΩ	refully for changes
E0188 NEW	SYNTHETIC SHEEPSKIN PAD	HMO/PPO Medicaid Clarity Yes Yes Yes Policy	by Northwood or the Plan.  Durable Medical Equipment	
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	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	
E0190 NEW	PSTN CUSH/PILLOW/EDGE ALL COMPONENT	HMO/PPO Medicaid Clarity Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.	
E0191 NEW	HEEL OR ELBOW PROTECTOR 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	
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	*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 Yes	by Northwood or the Plan.	
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	

Code		PA Req'd? Juired via Medical Policy or Int applicable, review Benefits ar		Note	UM Service Group
Please	PA REQUIRE review all disclaimers and information on the first p	-	w/TMJ DX Codes M26.60-69 ore and/or after your code search	UPDATED 12/5/2024 Please review co	arefully for changes
E0232 NEW	WOUND WARMING WOUND COVER	HMO/PPO Medicaid Clari Yes Yes Yes Police	by Northwood or the Dlan	determine if your request is handled  Northwood and the Plan	
E0235 NEW	PARAFFIN BATH UNIT PORTABLE	HMO/PPO Medicaid Clari Yes Yes Yes	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	
E0236 NEW	PUMP FOR WATER CIRCULATING PAD	HMO/PPO Medicaid Clari Yes Yes Yes	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	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 Clare Yes Yes Yes	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	
E0241 NEW	BATHTUB WALL RAIL EACH	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	
E0242 NEW	BATHTUB RAIL FLOOR BASE	HMO/PPO Medicaid Clari	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	

Code		PA Req'd? quired via Medical Policy or Inter t applicable, review Benefits and		UM Service Group
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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
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 <b>S18B-PF</b>
			Polic	y: Durable Medical Equipment	
			Polic	<ul> <li>How provider types are handled by Northwood and the Plan</li> <li>Pelvic Floor Stimulation for the Treatment of Incontinence and/PolicyTech</li> </ul>	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 No	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
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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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
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 Inter		UM Service Group
Please	PA REQ review all disclaimers and information on the	JIRED for any HCPCS code used wirst page of this code look-up tool before		arefully for changes
E0967 NEW	MNL WC AC HND RIM PROJ REPL ONL E	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	
E0968 NEW	COMMODE SEAT WHEELCHAIR	HMO/PPO Medicaid Clarity Yes Yes Yes Policy		
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	Yes Yes Yes	by Northwood or the Plan.	
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
E0971 <b>NEW</b>	MNL WC ACSS ANTI-TIPPING DEVC 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	
E0973 <b>NEW</b>	WC ACCSS ADJ HT DTACH ARMRST 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	
E0974 NEW	MNL WC ACCESS ANTI-ROLLBACK DEVC	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? th Required via Medical Policy or Inte th not applicable, review Benefits and		UM Service Group
Please	PA RE review all disclaimers and information on the	UIRED for any HCPCS code used first page of this code look-up tool before	- 11P13Δ1F13 1775/71174 PIPNSP I	eview carefully for changes
E0978 NEW	WC ACSS PSTN/SFTY BELT/PELV STRP	HMO/PPO Medicaid Clarit Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is hand by Northwood or the Plan.	dled
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
E0980 NEW	SAFETY VEST WHEELCHAIR	HMO/PPOMedicaidClaritYesYesYes	*ALL Providers please CLICK link to determine if your request is hand by Northwood or the Plan.	dled
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
E0981 NEW	WC ACSS SEAT UPHLSTER REPL ONLY	HMO/PPO Medicaid Clarit Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is hand by Northwood or the Plan.	dled
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
E0982 NEW	WC ACSS BACK UPHLSTER REPL ONLY	A HMO/PPO Medicaid Clarit Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is hand by Northwood or the Plan.	dled
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
E0983	MNL WC ACSS PWR ADD-ON CNVRT N	NL HMO/PPO Medicaid Clarit Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is hand by Northwood or the Plan.	dled
		Policy	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	*ALL Providers please CLICK link to determine if your request is hand by Northwood or the Plan.	dled
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
E0985	WHEELCHAIR ACCESS SEAT LIFT MECH	HMO/PPO Medicaid Clarit Yes Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is hand 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 In t applicable, review Benefits a		Note	UM Service Group
Please	PA REQUIR review all disclaimers and information on the first	-	d w/TMJ DX Codes M26.60-69 fore and/or after your code search	UPDATED 12/5/2024 Please review co	arefully for changes
E1357 NEW	O2 ACCESS BATTRY CHARGER REPL EA	HMO/PPO Medicaid Clar Yes Yes Ye Poli	by Northwood or the Dlan	o determine if your request is handled  y Northwood and the Plan	
E1358 NEW	O2 ACCESS DC POWER ADAPTER REPL EA	HMO/PPO Medicaid Clar Yes Yes Yes	by Northwood or the Plan.	o determine if your request is handled	
		Poli	icy: Durable Medical Equipment  How provider types are handled by	y Northwood and the Plan	
E1372 NEW	IMMERSION EXTERNAL HEATER NEBULIZER	HMO/PPO Medicaid Clar Yes Yes Yes	by Northwood or the Dlan	o determine if your request is handled	
		Poli	icy: Durable Medical Equipment  How provider types are handled by	y Northwood and the Plan	
E1390 NEW	O2 CONC 85%/>02 CONC PRSC FLW RATE	HMO/PPO Medicaid Clar Yes Yes Yes	by Northwood or the Dlan	o determine if your request is handled	
		Poli	icy: Durable Medical Equipment  How provider types are handled by	y Northwood and the Plan	
E1391 NEW	02 CONC 2 DEL 85%/>02 CONC FLW RATE	HMO/PPO Medicaid Clar Yes Yes Yes	by Northwood or the Dlan	o determine if your request is handled	
		Poli	icy: Durable Medical Equipment  How provider types are handled by	y Northwood and the Plan	
E1392 NEW	PORTABLE OXYGEN CONCENTRATOR RENTAL	HMO/PPO Medicaid Clar Yes Yes Ye	by Northwood or the Dlan	o determine if your request is handled	
		Poli	icy: Durable Medical Equipment How provider types are handled by	y Northwood and the Plan	
E1399 NEW	DME MISCELLANEOUS	HMO/PPO Medicaid Clar Yes Yes Yes	by Northwood or the Dlan	o determine if your request is handled	
		Poli	icy: Durable Medical Equipment  How provider types are handled by	y 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

Code		PA Req'd? Required via Medical Policy or Inte not applicable, review Benefits and		UM Service Group
Please	PA REQU review all disclaimers and information on the f	IRED for any HCPCS code used stated and stated rest page of this code look-up tool before		ease 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 by Northwood or the Plan.  Durable Medical Equipment  How provider types are handled by Northwood and the Plan	s handled
E2343 NEW	PWR WC NONSTD SEAT DEPTH 22-25 IN	HMO/PPO Medicaid Clarit Yes Yes Yes	by Northwood or the Plan.	s handled
		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.	s handled
		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 by Northwood or the Plan.	s handled
		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 by Northwood or the Plan.	s handled
		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.	s handled
		Policy	: Durable Medical Equipment How provider types are handled by Northwood and the Plan	
E2361 NEW	PWR WC ACSS 22NF SEALED LEAD BATTF	Y HMO/PPO Medicaid Clarit Yes Yes Yes	*ALL Providers please CLICK link to determine if your request is by Northwood or the Plan.	s handled
		Policy	: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	

Code		PA Req'd? th Required via Medical Policy or I th not applicable, review Benefits		UM Service Group
Please	PA REC review all disclaimers and information on the	UIRED for any HCPCS code use first page of this code look-up tool be	I I I I I I I I I I I I I I I I I I I	refully for changes
E3000 NEW	Speech volume mod sys,any type,inc a comp/acc		*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.	
		Ро	icy: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
E8000 <b>NEW</b>	GAIT TRAINER PED SZ POST SUPP	HMO/PPO Medicaid Cla	*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.	
		Ро	icy: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
E8001 NEW	GAIT TRAINER PED SZ UPRIGHT SUPP	HMO/PPO Medicaid Clar Yes Yes Y	*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.	
		Ро	icy: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
E8002 NEW	GAIT TRAINER PED SZ ANT SUPP	HMO/PPO Medicaid Clar Yes Yes Y	*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.	
		Ро	icy: Durable Medical Equipment  How provider types are handled by Northwood and the Plan	
G0151 <b>NEW</b>	SRVC PT HOM HLTH/HOSPICE EA 15 M		rity InterQual® criteria used in conjunction with medical policy	H1PO-HHC PT
			icy: Home Health Care for Maintenance Services  PolicyTech	
			icy: Home Health Care NH Clarity PolicyTech icy: Home Health Care NHMA	
			PolicyTech  icy: Home Health Care Services for an Acute Episode of Care	
		Po	PolicyTech icy: 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

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

G0156	SRVC HH/HOSPICE AIDE EA 15 MIN	HMO/PPO Medi	caid Clarity	InterQual® criteria used in conjunction with medical policy	H1AO-HH Aide
NEW		Yes Ye	es 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	
				PolicyTech	
			Policy:	InterQual®	
G0157	SRVC PT ASSIST HH/HOSPICE EA 15 MIN	HMO/PPO Medi	caid Clarity	InterQual® criteria used in conjunction with medical policy	
NEW	· ·	Yes No			
	_		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 Medi	caid Clarity	InterQual® criteria used in conjunction with medical policy	
NEW	1	Yes No		mer daar onena asea in conjunction with meatear policy	
10200		100		Home Health Care NH Clarity	
			i oncy.	PolicyTech	
			Policy:	Home Health Care NHMA	
				PolicyTech PolicyTech	
			Policy:	InterQual®	
G0159	SRVC PT HH EST/DEL PT MP EA 15 MINS	HMO/PPO Modi	caid Clarity	InterQual® criteria used in conjunction with medical policy	
NEW	SINVERTAIN LOT/DEEFT IVIF LA 10 IVIINO			interiodal circena used in conjunction with medical policy	
INEVV		Yes No		H. H. M. C. NILG. S	
			Policy:	Home Health Care NH Clarity  PolicyTech	
			Police	Home Health Care NHMA	
			ruiicy.	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 Medical Poli  No= Auth not applicable, review Be			UM Service Group
Please	review all disclaimers and inform	PA REQUIRED for any HCPCS cod ation on the first page of this code look-up		UPDATED 12/5/2024 PIPOSP REVIEW COR	efully for changes
G0490 NEW	FACE-TO-FACE HH NSG VST I AREA SHTG HHA	RHC/FQHC   HMO/PPO   Medica   No No	Clarity Yes	Please review the WellSense policy for authorization/criteria details	
			Policy:	Home Health Care NH Clarity PolicyTech	
G0493	SKILLED SERVICES RN OBV & COND EA 15 MIN	ASMT PT HMO/PPO Medica No No	Clarity Yes	Please review the WellSense policy for authorization/criteria details	
			Policy:	Home Health Care NH Clarity <u>PolicyTech</u>	
G0494 <b>NEW</b>	SKILLED SRVC LPN OBS & AS EA 15 MIN	MT PT COND HMO/PPO Medica No No	Clarity Yes	Please review the WellSense policy for authorization/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 Medica No No	Clarity Yes	Please review the WellSense policy for authorization/criteria details	
			Policy:	Home Health Care NH Clarity PolicyTech	
G0496 NEW	SKD SRVC LPN TRAIN&/EDU HH/HOSPC E 15 MIN	PT/FAM HMO/PPO Medica No No	Clarity Yes	Please review the WellSense policy for authorization/criteria details	
			Policy:	Home Health Care NH Clarity PolicyTech	
G0659	DRUG TST DEFIN DR ID M AN	IY # DR CLS HMO/PPO Medica  No No	Clarity No	Please review the WellSense policy for authorization/criteria details	
			Policy:	Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances <u>PolicyTech</u>	
			Policy:	Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances PolicyTech	

Code		PA Req'd? quired via Medical Policy or I applicable, review Benefits		UM Service Group
Please r	PA REQUIRE review all disclaimers and information on the first p		d w/TMJ DX Codes M26.60-69  fore 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	rity InterQual® criteria used in conjunction with medical policy	
			icy: Home Health Care NH Clarity PolicyTech	
		PC	icy: Home Health Care NHMA  PolicyTech	
G2169 NEW	SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN		rity InterQual® criteria used in conjunction with medical policy	
		Po	icy: Home Health Care NH Clarity PolicyTech	
		Po	icy: Home Health Care NHMA PolicyTech	
G6015 NEW	INTENS MOD TX DEL 1/MX FLDS TX SESS	HMO/PPO Medicaid CI:	Please review the WellSense policy for authorization/criteria details	T1IO-IMR
		Po	icy: 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
		Po	icy: Intensity Modulated Radiation Therapy, Outpatient PolicyTech	
G9143 NEW	Warfarin resp test/ gen tech, any meth, any numb spec(s)	HMO/PPO Medicaid CI	rity es	
		Po	icy: eviCore Genetic Testing eviCore	
J0129 NEW	INJ ABATACEPT 10 MG MEDICARE ADM SUPV PHYS	HMO/PPO Medicaid Clar	rity es	
		Po	icy: Care Continuum Medical Drug Management  EverNorth	
		Po	icy: Pharmacy managed	

Code		PA Req'd? th Required via Medical Policy or InterQual th not applicable, review Benefits and/or Payment Policies	Note	UM Service Group
Please		UIRED for any HCPCS code used w/TMJ DX Codes M26.60-69 first 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		
		Policy: Pharmacy managed		
J0172 <b>NEW</b>	Injection, aducanumab-avwa, 2 mg	HMO/PPO Medicaid Clarity  Yes No Yes		
		<b>Policy:</b> Care Continuum Medical Drug <u>EverNorth</u>	Management	
J0174 NEW	Inj, lecanemab-irmb, 1 mg	HMO/PPO Medicaid Clarity Yes No Yes		
		Policy: Care Continuum Medical Drug <u>EverNorth</u>	Management	
J0177 <b>NEW</b>	Inj, aflibercept hd, 1 mg	HMO/PPOMedicaidClarityYesNoYes		
		<b>Policy:</b> Care Continuum Medical Drug <u>EverNorth</u>	Management	
J0178 NEW	Aflibercept injection	HMO/PPO Medicaid Clarity  Yes No Yes		
		<b>Policy:</b> Care Continuum Medical Drug <u>EverNorth</u>	Management	
J0179 NEW	Inj, brolucizumab-dbll, 1 mg	HMO/PPO Medicaid Clarity  Yes No Yes		
		<b>Policy:</b> Care Continuum Medical Drug <u>EverNorth</u>	Management	
J0180 NEW	Agalsidase beta injection	HMO/PPO Medicaid Clarity  Yes No Yes		
		Policy: Care Continuum Medical Drug <u>EverNorth</u>	Management	

EverNorth

Code		PA Req'd? quired via Medical Policy or Inter t applicable, review Benefits and		UM Service Group
Please	PA REQUIRE review all disclaimers and information on the first	ED for any HCPCS code used very page of this code look-up tool before		12/5/2024 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 a details  Medically Necessary PolicyTech	uthorization/criteria PH10-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 a details	uthorization/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	lnj. viltolarsen	HMO/PPO Medicaid Clarity Yes No Yes Policy	EverNorth  Care Continuum Medical Drug Management	
J1428 <b>NEW</b>	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
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 <b>NEW</b>	Inj., vestronidase alfa-vjbk	HMO/PPO Medicaio Yes No	Clarity		
			Policy:	Care Continuum Medical Drug Management <u>EverNorth</u>	
J3398 <b>NEW</b>	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	
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 <b>NEW</b>	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 <b>NEW</b>	Inj efgartigimod 2mg	HMO/PPO Medicaid Clari Yes No Yes				
		Polic	y: Care Continuum Medical Drug Mana EverNorth	gement		
J9333 <b>NEW</b>	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 <b>NEW</b>	INJECTION TRASTUZUMAB 10 MG	HMO/PPO Medicaid Clari No Yes No	У			
		Polic	y: Pharmacy managed			
J9356 <b>NEW</b>	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	<b>Note</b> olicies	UM Service Group
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 <b>NEW</b>	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 Benef			UM Service Group
Please	PA review all disclaimers and information o	REQUIRED for any HCPCS code n the first page of this code look-up to		· IIPIJA IFIJ 17/5/7074 PIPASP PPVIPW I	carefully for changes
L0454 NEW	TLSO FLEX SC JUNC T-9 PRFAB CUS	TOM 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	
L0455 NEW	Thor-lumb-sac orthosis,off the shel	f HMO/PPO Medicaid 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	
L0456 NEW	TLSO FLEX SC SCAP SPN PRFAB CU	STOM 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	
L0457	Thor-lumb-sac orthosis, flex w expe	ertise 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	
L0458 NEW	TLSO TRIPLANR 2 SHELL ANT-XIPHO	PID 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	
L0460 NEW	TLSO TRIPLANR 2 SHELL ANT-STERI	NL 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	
L0462 NEW	TLSO TRIPLANR 3 SHELL ANT-STERI	NL 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? equired via Medical Policy or Inter ot applicable, review Benefits and		UM Service Group
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	

Code		PA Req'd? Required via Medical Policy or Inte not applicable, review Benefits and		UM Service Group
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 o = Auth not applicable, review Benefi			UM Service Group
Please	PA review all disclaimers and information o	REQUIRED for any HCPCS code on the first page of this code look-up too		· IIPIJA I FIJ. 1775/71174 PIPRSP PRVIPW C	arefully for changes
L1990 NEW	AFO DBL UPRT DORSIFLX STIRUP C	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	
L2000 NEW	KAFO 1 UPRT SOLID STIRUP CSTM	HMO/PPO Medicaid 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	
L2005 NEW	KAFO ANY MATL AUTO RLS ANK JN	T CSTM 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	
L2006 NEW	Knee ank foot dev custom	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	
L2010 NEW	KAFO 1 UPRT STIRUP NO KNEE JNT	CSTM 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	
L2020 NEW	KAFO DBL UPRT STIRUP THI&CALF	CSTM 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	
L2030 NEW	KAFO DBL UPRT STIRUP NO KNEE J	NT 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	

Code	Short Description		PA Req'd? uired via Medical Policy applicable, review Bene			UM Service Group
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			
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							
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				

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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				
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							
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?  h Required via Medical Policy or Ir  h not applicable, review Benefits a		Note	UM Service Group
Please	PA RE review all disclaimers and information on the		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 FF	Yes Yes Y	*ALL Providers please CLICK link to by Northwood or the Plan.  licy: Durable Medical Equipment  How provider types are handled by	to determine if your request is handled  y Northwood and the Plan	
L5210 NEW	AK SHRT PROS NO KNEE JNT-ANK JNT	Yes Yes Y	by Northwood or the Plan.	to determine if your request is handled	
		Pol	licy: 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.	to determine if your request is handled	
		Pol	licy: 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 Cla Yes Yes Y	*ALL Providers please CLICK link to by Northwood or the Plan.	to determine if your request is handled	
		Pol	licy: Durable Medical Equipment  How provider types are handled b	y Northwood and the Plan	
L5250 NEW	HIP DISRTC CANADIAN; MOLD SCKT H		*ALL Providers please CLICK link to by Northwood or the Plan.	to determine if your request is handled	
		Pol	licy: Durable Medical Equipment  How provider types are handled b	y Northwood and the Plan	
L5270 NEW	HIP DISRTC TLT TABL; MOLD SCKT LOC		*ALL Providers please CLICK link to by Northwood or the Plan.	to determine if your request is handled	
		Pol	licy: Durable Medical Equipment  How provider types are handled b	y Northwood and the Plan	
L5280 NEW	HEMIPELVECT CANADIAN; MOLD SOC		*ALL Providers please CLICK link to by Northwood or the Plan.	to determine if your request is handled	
		Pol	licy: Durable Medical Equipment  How provider types are handled b	y Northwood and the Plan	

Code	Short Description	Yes= Auth Requ	PA Req'd? uired via Medical Polic applicable, review Ber			Note	UM Service Group
Please	review all disclaimers and informat		•		/TMJ DX Codes M26.60-69 and/or after your code search	UPDATED 12/5/2024 Please review of	arefully for changes
L5925 NEW	ADD ENDO AK/HIP DISARTIC N	INL LOCK	Yes Yes	Yes	*ALL Providers please CLICK link to de by Northwood or the Plan. Durable Medical Equipment How provider types are handled by No		
L5926 NEW	ADD TO LE PROSTH ENDOSKEI ROT U ANY TYP	KD AK HD	HMO/PPO Medicaio Yes Yes	Yes	by Northwood or the Plan.	termine if your request is handled	
				Policy:	Durable Medical Equipment  How provider types are handled by No	rthwood and the Plan	
L5930 NEW	ADD ENDO HI ACTV KNEE CNT	RL FRAME	HMO/PPO Medicaid Yes Yes	Clarity Yes	*ALL Providers please CLICK link to de by Northwood or the Plan.	termine if your request is handled	
				Policy:	Durable Medical Equipment How provider types are handled by No	rthwood and the Plan	
L5940 NEW	ADD ENDOSKEL BELW KNEE U	LTRA-LGHT	HMO/PPO Medicaid	Clarity Yes	*ALL Providers please CLICK link to de by Northwood or the Plan.	termine if your request is handled	
				Policy:	Durable Medical Equipment How provider types are handled by No	rthwood and the Plan	
L5950 NEW	ADD ENDOSKEL ABVE KNEE UI	TRA-LGHT	HMO/PPO Medicaio Yes Yes	Clarity Yes	*ALL Providers please CLICK link to de by Northwood or the Plan.	termine if your request is handled	
				Policy:	Durable Medical Equipment  How provider types are handled by No	rthwood and the Plan	
L5960 NEW	ADD ENDOSKL HIP DISARTC UI	TRA-LGHT	HMO/PPO Medicaio Yes Yes	Clarity Yes	*ALL Providers please CLICK link to de by Northwood or the Plan.	termine if your request is handled	
				Policy:	Durable Medical Equipment How provider types are handled by No	rthwood and the Plan	
L5961 NEW	ADD ENDO SYS POLYCNTRC HI	P JOINT	HMO/PPO Medicai	Clarity Yes	*ALL Providers please CLICK link to de by Northwood or the Plan.	termine if your request is handled	
				Policy:	Durable Medical Equipment  How provider types are handled by No	rthwood and the Plan	

Code	Short Description	Yes= Auth Req	PA Req'd? uired via Medical Policy applicable, review Bene			Note	UM Service Group
Please	review all disclaimers and informa		•		/TMJ DX Codes M26.60-69 and/or after your code search	UPDATED 12/5/2024 Please review ca	refully for changes
L5972 NEW	ALL LOW EXT PROS FOOT FLE	XIBLE 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 MICROPRO	CSS CNTRL	HMO/PPO Medicaid Yes Yes	Yes	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	
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	B 1 AXIS ANK	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	
L5976 NEW	ALL LW EXTRM PROSTH ENER	RGY STOR 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	
L5978 <b>NEW</b>	ALL LW EXTRM PRSTH FT MX	-AXL 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	
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
Please		ED for any HCPCS code used v	v/TMJ DX Codes M26.60-69	sse review carefully for changes
L8615 NEW	HEADSET/HEADPIECE COCHLR IMPL REPL	HMO/PPO Medicaid Clarity Yes Yes Yes	InterQual® criteria used.	S1HB-Cochlear/BAHA
		Policy	: InterQual®	
L8616 <b>NEW</b>	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/BAH/
		Policy	: InterQual®	
L8627 NEW	COCHLEAR IMPL EXT PROCSSR CMPNT RPL	HMO/PPO Medicaid Clarity Yes Yes Yes	InterQual® criteria used.	S1HB-Cochlear/BAH/
		Policy	: InterQual®	
L8628 NEW	COCHLR IMPL EXT CONTRLLR CMPNT REPL	HMO/PPO Medicaid Clarity Yes Yes Yes	InterQual® criteria used.	S1HB-Cochlear/BAH/
		Policy	InterQual®	
L8629 NEW	TRANSMIT COIL CABLE COCHLR DEV RPL	HMO/PPO Medicaid Clarity Yes Yes Yes	InterQual® criteria used.	S1HB-Cochlear/BAH/
		Policy	: InterQual®	
L8680	IMPL NEUROSTIMULATOR ELECTRODE EA	HMO/PPO Medicaid Clarity No Yes Yes	Please review the WellSense policy for authorization/criteria de InterQual® criteria used	tails or S1ZB-Sacral Nerve,S12B-Vagus Nerve
		Policy	Peripheral Nerve Stimulation Policy Tech	

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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 I I I I I I I I I I I I I I I I I I	carefully for changes			
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	arefully for changes
L8688 NEW	IMPL NEUROSTIM 2 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	
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	<ul> <li>Implantable Bone-Conduction (Bone-Anchored) Hearing Aids</li> <li>PolicyTech</li> </ul>	
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	AUD OSSEOINTEGRATED DEVC ABUT REPL	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	
L8694	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	

Code		PA Req'd? equired via Medical Policy or I ot applicable, review Benefits	
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 Cla	*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.
		Pc	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 Clare	*ALL Providers please CLICK link to determine if your request is handled by Northwood or the Plan.
		Pc	licy: Durable Medical Equipment  How provider types are handled by Northwood and the Plan
L9900 <b>NEW</b>	ORTHO/PROSTH SUPP ACCES &/ SERV	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
Q0138 NEW	Ferumoxytol, non-esrd	HMO/PPO Medicaid Clar	res es
		Po	licy: Care Continuum Medical Drug Management <u>EverNorth</u>
Q2028 <b>NEW</b>	INJECTION SCULPTRA 0.5 MG	HMO/PPO Medicaid Clar	Please review the WellSense policy for authorization/criteria details  S1CB-Cosmet
		Po	licy: Cosmetic Reconstructive, and Restorative Services  PolicyTech

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Q2041 <b>NEW</b>	AXICABTAGENE CILOLEUCEL	HMO/PPO Medicaid Clarity Yes Yes Yes	Please review the WellSense policy for authorization/criteria details	M1DO-CAR T
		Policy	Car T-Cell Therapy to Treat Hematological Malignancies  PolicyTech	
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/criteria details	M1DO-CAR T
			Car T-Cell Therapy to Treat Hematological Malignancies  PolicyTech	
Q2053 NEW	Brexucabtagene car pos t	HMO/PPO Medicaid Clarity  Yes Yes Yes	Please review the WellSense policy for authorization/criteria details	M1DO-CAR T
			Car T-Cell Therapy to Treat Hematological Malignancies  PolicyTech	
Q2054 NEW	Lisocabtagene mara car pos t	HMO/PPO Medicaid Clarity  Yes Yes Yes Yes	Please review the WellSense policy for authorization/criteria details	M1DO-CAR T
			Car T-Cell Therapy to Treat Hematological Malignancies  PolicyTech	
Q2055 <b>NEW</b>	Idecbtagene vicleucal, bcma(Abecma)	HMO/PPO Medicaid Clarity Yes Yes Yes	Please review the WellSense policy for authorization/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/criteria details	M1DO-CAR T
		Policy:	Car T-Cell Therapy to Treat Hematological Malignancies <u>PolicyTech</u>	
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 <b>NEW</b>	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 <b>NEW</b>	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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Please	PA REQUIR 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 carefully for ch	anges
Q4107 <b>NEW</b>	GRAFTJACKET PER SQ CM	HMO/PPO Medicaid Clari		r authorization/criteria details	M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Settin <u>PolicyTech</u>	ng	
Q4108 NEW	INTEGRA MATRIX PER SQ CM	HMO/PPO Medicaid Clari		r authorization/criteria details	M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Settin <u>PolicyTech</u>	ng	
Q4110 NEW	PRIMATRIX PER SQ CM	HMO/PPO Medicaid Clare Yes Yes Yes		r authorization/criteria details	M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Settin PolicyTech	ng	
Q4111 NEW	GAMMAGRAFT PER SQ CM	HMO/PPO Medicaid Clari		r authorization/criteria details	M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Settin PolicyTech	ng	
Q4112 NEW	CYMETRA INJECTABLE 1 CC	HMO/PPO Medicaid Clari		r authorization/criteria details	M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Settin PolicyTech	ng	
Q4113 NEW	GRAFTJACKET XPRESS INJECTABLE 1CC	HMO/PPO Medicaid Clari		r authorization/criteria details	M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Settin PolicyTech	ng	
Q4114 NEW	INTEGRA FLOWABL WND MATRIX INJ 1 CC	HMO/PPO Medicaid Clari		r authorization/criteria details	M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Settin <u>PolicyTech</u>	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
			Skin Substitutes in the Outpatient Setting PolicyTech	

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Q4124 NEW	OASIS ULTRA TRI-LAY WND MATRX SQ CM	HMO/PPO Medicaid Clar Yes Yes Yes		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4125 <b>NEW</b>	ARTHROFLEX PER SQ CM	HMO/PPO Medicaid Clar Yes Yes Yes		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4126 NEW	MEMODERM TRANZGRAFT/INTEGUPLY SQ CM	HMO/PPO Medicaid Clar Yes Yes Yes		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4127 NEW	TALYMED PER SQ CM	HMO/PPO Medicaid Clar Yes Yes Yes		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4128 NEW	FLEX HD OR ALLOPATCH HD PER SQ CM	HMO/PPO Medicaid Clar Yes Yes Yes		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4130 NEW	STRATTICE PER SQ CM	HMO/PPO Medicaid Clar Yes Yes Yes		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4132 NEW	GRAFIX CORE PER SQUARE CENTIMETER	HMO/PPO Medicaid Clar Yes Yes Yes		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	

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

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Please	PA REQUIR review all disclaimers and information on the first	-		/TMJ DX Codes M26.60-69 and/or after your code search  UPDATED 12/5/2024 Please review carefully for characteristics.	anges
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 <b>NEW</b>	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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Please		A REQUIRED for any HCPCS code used on the first page of this code look-up tool befor		inges
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 <b>NEW</b>	EXCELLAGEN 0.1 CC	HMO/PPO Medicaid Clarity Yes Yes Yes		M1SO-Skin Subs
		Policy	Skin Substitutes in the Outpatient Setting  PolicyTech	
Q4150 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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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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 review carefully for characteristics.	anges
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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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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Please	PA REQUIR review all disclaimers and information on the first	-		/TMJ DX Codes M26.60-69 and/or after your code search  UPDATED 12/5/2024 Please review carefully for characteristics.	anges
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 <b>NEW</b>	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 <b>NEW</b>	ARTACENT WOUND PER SQ CM	HMO/PPO Medicaid Clar Yes Yes Ye		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4170 <b>NEW</b>	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 Ye		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4173 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	MIRODERM PER SQ CM	HMO/PPO Medicaid Clar Yes Yes Yes Ye		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4176 <b>NEW</b>	NEOPATCH PER SQUARE CM	HMO/PPO Medicaid Clar Yes Yes Ye		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	

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Please	PA REQUIR review all disclaimers and information on the first			/TMJ DX Codes M26.60-69 and/or after your code search  UPDATED 12/5/2024 Please review carefully for charge in the control of	anges
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 <b>NEW</b>	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
				Skin Substitutes in the Outpatient Setting PolicyTech	
Q4181 <b>NEW</b>	AMNIO WOUND PER SQUARE CM	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	
Q4182 <b>NEW</b>	TRANSCYTE PER SQUARE 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>	
Q4183 <b>NEW</b>	SURGIGRAFT 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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Please	PA REQUIRE review all disclaimers and information on the first	ED for any HCPCS code used wo		changes
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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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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Please	review all disclaimers and informa	PA REQUIRED for any HCPCS cou ation on the first page of this code look-up		I LIPIJA I FIJ. 17/5/20124. PIPASP PRVIPW CARPTUIIV TAR CA	anges
Q4191 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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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Please	PA REQUIR review all disclaimers and information on the first	-	d w/TMJ DX Codes M26.60-69 fore and/or after your code search	UPDATED 12/5/2024 Please review carefully for c	hanges
Q4198 NEW	GENESIS AMNIOTIC MEMBRANE PER SQ CN	HMO/PPO Medicaid Clar	Please review the WellSense policy fo	or authorization/criteria details	M1SO-Skin Subs
		Pol	icy: Skin Substitutes in the Outpatient Setti PolicyTech	ng	
Q4199 <b>NEW</b>	Cygnus matrix, per SQ cent	HMO/PPO Medicaid Clar Yes Yes Yes		r authorization/criteria details	M1SO-Skin Subs
		Pol	icy: Skin Substitutes in the Outpatient Setti PolicyTech	ng	
Q4200 <b>NEW</b>	SKINTE PER SQ CM	HMO/PPO Medicaid Clar Yes Yes Yes		or authorization/criteria details	M1SO-Skin Subs
		Pol	icy: 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
		Pol	icy: Skin Substitutes in the Outpatient Setti PolicyTech	ing	
Q4202 <b>NEW</b>	KEROXX (2.5G/CC) 1CC	HMO/PPO Medicaid Cla Yes Yes Yes		or authorization/criteria details	M1SO-Skin Subs
		Pol	icy: Skin Substitutes in the Outpatient Setti PolicyTech	ng	
Q4203 <b>NEW</b>	DERMA-GIDE PER SQ CM	HMO/PPO Medicaid Clar Yes Yes Yes		or authorization/criteria details	M1SO-Skin Subs
		Pol	icy: Skin Substitutes in the Outpatient Setti PolicyTech	ng	
Q4204 NEW	XWRAP PER SQ CM	HMO/PPO Medicaid Clar		or authorization/criteria details	M1SO-Skin Subs
		Pol	icy: 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
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4206 NEW	Fluid flow or fluid GF, 1 cc	HMO/PPO Medicaid Clarif Yes Yes Yes	· · · · · · · · · · · · · · · · · · ·	M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4208 NEW	Novafix, per square cenitmeter	HMO/PPO Medicaid Clarif Yes Yes Yes	· · · · · · · · · · · · · · · · · · ·	M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4209 <b>NEW</b>	Surgraft, per square centimeter	HMO/PPO Medicaid Clarif	• • •	M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4211 NEW	Amnion bio or Axobiomembrane, per square centimeter	HMO/PPO Medicaid Clarif	• • • • • • • • • • • • • • • • • • •	M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4212 NEW	Allogen, per cc	HMO/PPO Medicaid Clarif	· · · · · · · · · · · · · · · · · · ·	M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4213 NEW	Ascent, 0.5 mg	HMO/PPO Medicaid Clarif		M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	

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Please	PA REQUIRE review all disclaimers and information on the first p	D for any HCPCS code used w page of this code look-up tool before		anges
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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Please	PA REQUIRE review all disclaimers and information on the first page 1.	-	w/TMJ DX Codes M26.60-69 wre and/or after your code search  UPDATED 12/5/2024 Please review carefully for	r changes
Q4221 NEW	Amniowrap2, per square centimeter	HMO/PPO Medicaid Clari	Please review the WellSense policy for authorization/criteria details	M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4222 NEW	Progenamatrix, per square centimeter	HMO/PPO Medicaid Clari		M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4224 NEW	Hhf10-p per sq cm	HMO/PPO Medicaid Clari  Yes Yes Yes		M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4225 NEW	Amniobind, per sq cm	HMO/PPO Medicaid Clari  Yes Yes Yes	· · · · · · · · · · · · · · · · · · ·	M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4226 NEW	MyOwn Skin, per square centimeter	HMO/PPO Medicaid Clari Yes Yes Yes		M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4227 <b>NEW</b>	AMNIOCORETM PER SQ CM	HMO/PPO Medicaid Clari	· · · · · · · · · · · · · · · · · · ·	M1SO-Skin Subs
		Polic	y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4229 <b>NEW</b>	COGENEX AMNIOTIC MEMBRANE PER SQ	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 Yes Yes Yes Ye		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4240 <b>NEW</b>	CORECYTE FOR TOPICAL USE ONLY PER 0.5	HMO/PPO Medicaid Clar Yes Yes Yes Ye		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 <b>NEW</b>	AMNIOCYTE PLUS PER 0.5 CC	HMO/PPO Medicaid Clar Yes Yes Yes Ye		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4245 NEW	AMNIOTEXT PER CC	HMO/PPO Medicaid Clar Yes Yes Yes Ye		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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 Clar Yes Yes Yes	Please review the WellSense policy for authorization/criteria details	M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4254 <b>NEW</b>	Novafix dl, per square centimeter	HMO/PPO Medicaid Clar Yes Yes Yes		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4255 <b>NEW</b>	Reguard, for topical use only, per square centimeter	HMO/PPO Medicaid Clar Yes Yes Yes		M1SO-Skin Subs
		Poli	Skin Substitutes in the Outpatient Setting PolicyTech	
Q4256 <b>NEW</b>	Mlg complet, per sq cm	HMO/PPO Medicaid Clar Yes Yes Yes	, , ,	M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4257 <b>NEW</b>	Relese, per sq cm	HMO/PPO Medicaid Clar Yes Yes Yes		M1SO-Skin Subs
		Poli	cy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4258 <b>NEW</b>	Enverse, per sq cm	HMO/PPO Medicaid Clar		M1SO-Skin Subs
		Poli	Skin Substitutes in the Outpatient Setting  PolicyTech	
Q4259 <b>NEW</b>	Celera per sq cm	HMO/PPO Medicaid Clar Yes Yes Yes Yes		M1SO-Skin Subs
		Poli	cy: 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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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	

Code		PA Req'd?  h Required via Medical Policy or li  h not applicable, review Benefits		UM Service Group
Please	PA REC review all disclaimers and information on the		d w/TMJ DX Codes M26.60-69 fore and/or after your code search  UPDATED 12/5/2024 Plea	ase review carefully for changes
Q4267 NEW	Neostim dl, per square centimeter	HMO/PPO Medicaid Cla	Please review the WellSense policy for authorization/criteria de	tails M1SO-Skin Subs
		Ро	icy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4268 NEW	Surgraft ft, per square centimeter	HMO/PPO Medicaid Cla	rity Please review the WellSense policy for authorization/criteria de	tails M1SO-Skin Subs
		Ро	icy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4269 NEW	Surgraft xt, per square centimeter	HMO/PPO Medicaid Cla	rity Please review the WellSense policy for authorization/criteria de	tails M1SO-Skin Subs
		Ро	icy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4270 NEW	Complete sl, per square centimeter	HMO/PPO Medicaid Cla	rity Please review the WellSense policy for authorization/criteria de	tails M1SO-Skin Subs
		Ро	icy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4271 <b>NEW</b>	Complete ft, per square centimeter	HMO/PPO Medicaid Clar Yes Yes Y	rity Please review the WellSense policy for authorization/criteria de	tails M1SO-Skin Subs
		Po	icy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4272 <b>NEW</b>	Esano a, per square centimeter	HMO/PPO Medicaid Cla	rity Please review the WellSense policy for authorization/criteria de	tails M1SO-Skin Subs
		Ро	icy: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4273 NEW	Esano aaa, per square centimeter	HMO/PPO Medicaid Clar	rity Please review the WellSense policy for authorization/criteria de	tails M1SO-Skin Subs
		Po	icy: Skin Substitutes in the Outpatient Setting PolicyTech	

Code		PA Req'd? quired via Medical Policy or Inte t applicable, review Benefits and		UM Service Group
Please	PA REQUIR review all disclaimers and information on the first	ED for any HCPCS code used v	TIPIJA I FIJ. 17/5/2024 PIPASP RPVIPW CARPTUNY TAR I	changes
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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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	

Code		PA Req'd? quired via Medical Policy or Inter t applicable, review Benefits and,		UM Service Group
Please	PA REQUIR review all disclaimers and information on the first	ED for any HCPCS code used we page of this code look-up tool before		changes
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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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	

Code		PA Req'd? Required via Medical Policy or I not applicable, review Benefits		Note	UM Service Group
Please	PA REQUI review all disclaimers and information on the fir		ed w/TMJ DX Codes M26.60-69 efore and/or after your code search	UPDATED 12/5/2024 Please review co	arefully for changes
Q4289 <b>NEW</b>	Revoshield + amniotic barrier, per sqcm		rity Please review the WellSense polices	cy for authorization/criteria details	M1SO-Skin Subs
		Po	licy: Skin Substitutes in the Outpatient PolicyTech	Setting	
Q4290 NEW	Membrane wrap-hydro, per sqcm		Please review the WellSense police	cy for authorization/criteria details	M1SO-Skin Subs
		Po	<b>licy:</b> Skin Substitutes in the Outpatient PolicyTech	Setting	
Q4291 <b>NEW</b>	Lamellas xt, per sqcm		Please review the WellSense polices	cy for authorization/criteria details	M1SO-Skin Subs
		Po	<b>licy:</b> Skin Substitutes in the Outpatient <a href="PolicyTech">PolicyTech</a>	Setting	
Q4292 <b>NEW</b>	Lamellas, per sqcm		Please review the WellSense polices	cy for authorization/criteria details	M1SO-Skin Subs
		Po	<b>licy:</b> Skin Substitutes in the Outpatient PolicyTech	Setting	
Q4293 NEW	Acesso dl, per sqcm		Please review the WellSense polices	cy for authorization/criteria details	M1SO-Skin Subs
		Po	licy: Skin Substitutes in the Outpatient PolicyTech	Setting	
Q4294 <b>NEW</b>	Amnio quad-core, per sqcm		Please review the WellSense polices	cy for authorization/criteria details	M1SO-Skin Subs
		Po	licy: Skin Substitutes in the Outpatient PolicyTech	Setting	
Q4295 <b>NEW</b>	Amnio tri-core amniotic, per sqcm	HMO/PPO Medicaid Cla	Please review the WellSense polic	cy for authorization/criteria details	M1SO-Skin Subs
		Po	<b>Ilicy:</b> Skin Substitutes in the Outpatient PolicyTech	Setting	

Code	Short Description	PA Req'd? Yes= Auth Required via Medical Pol No= Auth not applicable, review Be			UM Service Group
Please	review all disclaimers and informat	PA REQUIRED for any HCPCS co		I LIPLIA I FLI 17/5/71174 PIPASP REVIEW CARPTUIN TAR CA	anges
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 <b>NEW</b>	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 <b>NEW</b>	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 <b>NEW</b>	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	

Code		PA Req'd? equired via Medical Policy or Into ot applicable, review Benefits an		UM Service Group
Please	PA REQUIR review all disclaimers and information on the first	-	w/TMJ DX Codes M26.60-69 ure and/or after your code search UPDATED 12/5/2024 Please review carefully in the control of the con	for changes
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 <b>NEW</b>	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 <b>NEW</b>	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	

Code		PA Req'd? quired via Medical Policy or t applicable, review Benefits		Note	UM Service Group
Please	PA REQUIR review all disclaimers and information on the first		ed w/TMJ DX Codes M26.60-69 defore and/or after your code search	UPDATED 12/5/2024 Please review carefully for	changes
Q4310 NEW	Procenta,per 100mg	Yes Yes	arity Please review the WellSense policy for Yes  Please review the WellSense policy for Yes		M1SO-Skin Subs
Q4311 NEW	Acesso, per square centimeter		PolicyTech  arity Please review the WellSense medical process details	policy for authorization/criteria	M1SO-Skin Subs
		Po	<b>PolicyTech</b>	ng	
Q4312 NEW	Acesso ac, per square centimeter	Yes Yes	Please review the WellSense medical party details		M1SO-Skin Subs
		Po	<b>plicy:</b> Skin Substitutes in the Outpatient Setting PolicyTech	ng	
Q4313 <b>NEW</b>	Dermabind fm,per square centimeter	Yes Yes	Please review the WellSense medical party details		M1SO-Skin Subs
		Po	<b>Dilicy:</b> Skin Substitutes in the Outpatient Setting PolicyTech	ng	
Q4314 NEW	Reeva ft,per square cenitmeter		Please review the WellSense medical process details	policy for authorization/criteria	M1SO-Skin Subs
		Po	<b>plicy:</b> Skin Substitutes in the Outpatient Setting PolicyTech	ng	
Q4315 NEW	Regenelink amniotic membrane allograft, per sqcm		Please review the WellSense medical properties details	policy for authorization/criteria	M1SO-Skin Subs
		Po	<b>Dlicy:</b> Skin Substitutes in the Outpatient Settine PolicyTech	ng	
Q4316 NEW	Amchoplast, per square centimeter	HMO/PPO Medicaid CI Yes Yes	Please review the WellSense medical properties details	policy for authorization/criteria	M1SO-Skin Subs
		Po	<b>plicy:</b> Skin Substitutes in the Outpatient Setting PolicyTech	ng	

Code		PA Req'd? - Auth Required via Medical Policy or Inte Auth not applicable, review Benefits and		UM Service Group
Please		REQUIRED for any HCPCS code used on the first page of this code look-up tool before	IIPIJA IFIJ 1775771174 PIPRSP RPVIPW CREPT	ully for changes
Q4317 NEW	Vitograft,per square centimeter	HMO/PPO Medicaid Clarit Yes Yes Yes	dotails	M1SO-Skin Subs
		Policy	: Skin Substitutes in the Outpatient Setting PolicyTech	
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 Yes	dotaile	M1SO-Skin Subs
			: Skin Substitutes in the Outpatient Setting  PolicyTech	
Q4320 NEW	Pellograft, per square centimeter	HMO/PPO Medicaid Clarit Yes Yes Yes	dotaile	M1SO-Skin Subs
			: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4321 NEW	Renograft, per square centimeter	HMO/PPO Medicaid Clarit  Yes Yes Yes	dotails	M1SO-Skin Subs
			: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4322 NEW	Caregraft, per square centimeter	HMO/PPO Medicaid Clarit Yes Yes Yes	y Please review the WellSense medical policy for authorization/criteria details	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
11211			: Skin Substitutes in the Outpatient Setting PolicyTech	

Code		PA Req'd? es= Auth Required via Medical Policy or Into es= Auth not applicable, review Benefits an		UM Service Group
Please		A REQUIRED for any HCPCS code used on the first page of this code look-up tool before the code in the first page of this code look-up tool before the code in the		arefully for changes
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	detaile	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		<b>PA Req'd?</b> Auth Required via Medical Policy or Inte Auth not applicable, review Benefits and		UM Service Group
Please		EQUIRED for any HCPCS code used the first page of this code look-up tool befo	TIPIJA I FIJ. 17/5/71174 PIPASP PRVIPW CARPTILIIV	for changes
Q4331 NEW	Axolotl graft, per square centimeter	HMO/PPO Medicaid Clarit Yes Yes Yes	dotails	M1SO-Skin Subs
		Police	y: Skin Substitutes in the Outpatient Setting  PolicyTech	
Q4332 NEW	Axolotl dualgraft, per square centim	eter HMO/PPO Medicaid Clarit Yes Yes Yes Yes	dotails	M1SO-Skin Subs
			y: Skin Substitutes in the Outpatient Setting  PolicyTech	
Q4333 NEW	Ardeograft, per square centimeter	HMO/PPO Medicaid Clarit  Yes Yes Yes Yes	details	M1SO-Skin Subs
			y: Skin Substitutes in the Outpatient Setting  PolicyTech	
Q4334 NEW	Amnioplast 1, per square centimete	HMO/PPO Medicaid Clarit  Yes Yes Yes Yes	dataile	M1SO-Skin Subs
			y: Skin Substitutes in the Outpatient Setting PolicyTech	
Q4335 NEW	Amnioplast 2, per square centimete	HMO/PPO Medicaid Clarit  Yes Yes Yes Yes	dotails	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 Yes	dotaile	M1SO-Skin Subs
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			y: Skin Substitutes in the Outpatient Setting  PolicyTech	
Q4337 <b>NEW</b>	Artacent trident, per square centime	ter HMO/PPO Medicaid Clarit  Yes Yes Yes Yes	dataile	M1SO-Skin Subs
145.88			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
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 IFI) 17/5/7074 PIPASP REVIEW CARPTUIN 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 <b>NEW</b>	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 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	

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Please r	PA REQUIRE review all disclaimers and information on the first p	-	d w/TMJ DX Codes M26.60-69 fore and/or after your code search	UPDATED 12/5/2024 Please review carefully for c	hanges
Q4345 <b>NEW</b>	Matrix hd allograft dermis, per square centimeter	HMO/PPO Medicaid Cla Yes Yes Yes	Please review the WellSense medical details	policy for authorization/criteria	M1SO-Skin Subs
		Pol	icy: Skin Substitutes in the Outpatient Sett PolicyTech	ing	
Q5101 <b>NEW</b>	INJECTION FILGRASTIM BIOSIMILAR 1 MICROGRAM	HMO/PPO Medicaid Cla Yes Yes Yes	rity es		
			icy: Care Continuum Medical Drug Manage <u>EverNorth</u>	ement	
		Pol	icy: Pharmacy managed		
Q5103 NEW	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	HMO/PPO Medicaid Cla Yes Yes Yes	rity		
		Pol	icy: Care Continuum Medical Drug Manage <u>EverNorth</u>	ement	
		Pol	icy: Pharmacy managed		
Q5104 NEW	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	HMO/PPO Medicaid Cla Yes Yes Yes	rity es		
		Pol	icy: Care Continuum Medical Drug Manage <u>EverNorth</u>	ement	
		Pol	icy: Pharmacy managed		
Q5106 NEW	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	HMO/PPO Medicaid Cla Yes Yes Yes	rity		
			icy: Care Continuum Medical Drug Manage <u>EverNorth</u>	ement	
		Pol	icy: Pharmacy managed		
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	HMO/PPO Medicaid Cla No Yes N	rity		
		Pol	icy: Pharmacy managed		

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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	<del></del>						
		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 Yes	rity						
		Pol	icy: Care Continuum Medical Drug Mana <u>EverNorth</u>	gement					
S0189 NEW	Testosterone pellet 75 mg	HMO/PPO Medicaid Cla Yes No Yo							
		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 loss						
		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						

Code		PA Req'd? equired via Medical Policy or Intero 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 w t 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 <u>PolicyTech</u>	
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	
S1031 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		•		<b>Note</b> Qual or Payment Policies	UM Service Group
Please	review all disclaimers and informa					r/TMJ DX Codes M26.60-69 and/or after your code search 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  PolicyTech	
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
Please	review all disclaimers and informa				r/TMJ DX Codes M26.60-69 and/or after your code search	UPDATED 12/5/2024 Please review co	arefully for changes
S3841 NEW	GENETIC TESTING FOR RETING	OBLASTOMA	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	ALASSEMIA	HMO/PPO Medic No Yes				
				Policy	eviCore Genetic Testing eviCore		
S3846 NEW	GENETIC TST HGB E BETA-THA	ALASSEMIA	HMO/PPO Medic				
				Policy	eviCore Genetic Testing eviCore		
S3850 NEW	GENETIC TESTING SICKLE CELI	LANEMIA	HMO/PPO Medic				
				Policy	eviCore Genetic Testing eviCore		
S3852 NEW	DNA ANALY APOE EPSILON 4	ALLELE ALZ	HMO/PPO Medic				
				Policy	eviCore Genetic Testing eviCore		

Code		PA Req'd? Required via Medical Policy or InterQu not applicable, review Benefits and/or		UM Service Group
Please	PA REQUIREVIEW all disclaimers and information on the f	RED for any HCPCS code used w/ st page of this code look-up tool before a		24 Please review carefully for changes
S3854 NEW	GENE EXPRESSION PROFILING PANEL	HMO/PPO Medicaid Clarity  No Yes Yes		
		•	eviCore Genetic Testing e <u>viCore</u>	
S3861 NEW	GENETIC TEST SCN5A&VARIANTS SPCT B	HMO/PPO Medicaid Clarity  No Yes Yes		
			eviCore Genetic Testing eviCore	
S3865 NEW	COMP GENE SEQUENCE ANALYSIS HCM	HMO/PPOMedicaidClarityNoYesYes		
			eviCore Genetic Testing eviCore	
S3866 NEW	GENETIC ANALYSIS GENE MUTAT HCM	HMO/PPO Medicaid Clarity  No Yes Yes		
			eviCore Genetic Testing eviCore	
S3870 NEW	CGH MICROARRAY TEST DD ASD &/OR IE	HMO/PPO Medicaid Clarity No Yes Yes		
			eviCore Genetic Testing eviCore	
\$4988 NEW	Penile contracture dev,manual,greater the 3lbs force	No Yes Yes	Please review the WellSense policy for authorization/crite	eria details M1EB-MN/E&I
			Experimental and Investigational Treatment PolicyTech	
S5102	DAY CARE SERVICES ADULT; PER DIEM	HMO/PPO Medicaid Clarity  No Yes No	Please review the WellSense policy for authorization/crite	eria details <b>H1CO-AMDC</b>
			Adult Medical Day Care PolicyTech	

Code		PA Req'd? Required via Medical Policy or Into not applicable, review Benefits an		UM Service Group			
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						
S8120 NEW	O2 CNTN GASEOUS 1 U = 1 CUBIC FOOT	HMO/PPO Medicaid Clari Yes Yes Yes Polici	by Northwood or the Dlan				
\$8121 NEW	O2 CONTENTS LQD 1 U EQUALS 1 POUNI	HMO/PPO Medicaid Clari Yes Yes Yes Yes	by Northwood or the Dlan				
		Polic	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	Durable Medical Equipment     How provider types are handled by Northwood and the Plan				
S8131 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				
\$8185 NEW	FLUTTER DEVICE	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				
S8186 NEW	SWIVEL ADAPTOR	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				
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
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 <b>NEW</b>	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 <b>NEW</b>	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	JM Service Group
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 chan	ges
S9055 NEW	PROCUREN/OTH GROWTH FACTOR PREP	HMO/PPO Medicaid Clarit Yes Yes Yes Policy		M1EB-MN/E&
\$9123	NRS CARE HOM; REGISTERED NURSE-HOUR	HMO/PPO Medicaid Clarit No Yes No	PolicyTech  Please review the WellSense policy for authorization/criteria details	H1DO-PDI
		Policy	Private Duty Nursing Services PolicyTech	
S9124	NURSING CARE THE HOME; LPN PER HOUR	HMO/PPO Medicaid Clarit No Yes No	Please review the WellSense policy for authorization/criteria details	H1DO-PD
		Policy	Private Duty Nursing Services PolicyTech	
S9432 NEW	Med foods, noninborn errors metabolism	HMO/PPO Medicaid Clarit Yes Yes Yes Policy	by Northwood or the Dlan	
			How provider types are handled by Northwood and the Plan	
S9433 NEW	MED FOOD NUTR ORAL 100% NUTR INTAKE	HMO/PPOMedicaidClaritYesYesYes	*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	
S9434 <b>NEW</b>	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 by Northwood or the Plan.	
		Policy	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	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			
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						
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				
\$9961	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				
\$9991	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 InterConot applicable, review Benefits and/o		UM Service Group
Please	PA REQUI review all disclaimers and information on the fir	RED for any HCPCS code used we st page of this code look-up tool before	TIPIJA I FIJ. 1775/71174 PIPRSP TPVIPW CR	refully for changes
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 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/PPOMedicaidClarityYesYesYes	*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 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 <b>NEW</b>	SUPPLY NOT OTHERWISE SPECIFIED	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	
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			
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						
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			
	Policy: 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	and the second of the second o	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 <b>NEW</b>	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 <b>NEW</b>	ASSTIVE LISTEN DEVC W/COC	CHLEAR IMPL HMO/PPO Yes	Medicaid Clarity InterQual® criteria used.  Yes Yes		S1HB-Cochlear/BAHA
			Policy: InterQual®		