Medicare Authorization Grid
FIDELIS CARE AUTHORIZATION REQUIREMENTS
Benefit/Service Detail
SERVICES AND PROCEDURES WHICH REQUIRE AUTHORIZATION
EFFECTIVE 01/01/2020

I. Inpatient Admissions: All inpatient admissions require an authorization.
Fidelis Care does not require authorization of emergency room services or any emergent service required to provide stabilization of an emergent condition. Fidelis Care does require authorization of post stabilization services and inpatient admissions, after emergency room services are completed. All facility admissions are reviewed for medical necessity.

A. All inpatient facility services - Medical, Substance Abuse, and Behavioral Health admissions require authorization.

B. Inpatient Rehabilitation Services: Acute, sub-acute and skilled nursing rehabilitation require authorization.
   1. Acute and sub-acute rehabilitation are authorized, as long as skilled services are provided.
   2. Inpatient substance abuse rehabilitation requires prior authorization.

C. Transplants:
All solid organ and bone marrow / tissue transplants require authorization at the time of the transplant evaluation.
Includes but not limited to: 32850-32856, 33930-33945, 38204-38215, 38230-38242, 44133-44136, 47133-47147, 48160, 48550-48556, 50300-50380, 50547, 65710-65757.

D. Elective Surgical Procedures:
Many surgical and medical procedures which are completed within 24 hours will not be approved as an in-patient level of care. These services, when billed as an out-patient level of care, do not require authorization if performed within the Fidelis Care network. Such procedures include, but are not limited to, laparoscopic procedures, and thyroid surgery if completed within 24 hours from the onset of surgery.
The link provides a list of inpatient only procedures for Medicare:
List of inpatient only procedures for Medicare

E. OASAS Licensed Inpatient Substance Use Disorder Treatment:
Effective 01/01/2020: Inpatient detoxification, inpatient rehabilitation and inpatient residential treatment services (Inpatient SUD) provided by facilities in New York State that are licensed, certified or otherwise authorized by OASAS and participating in Fidelis Care’s provider network are not subject to prior authorization review by Fidelis Care. In addition, Inpatient SUD services are not subject to concurrent utilization review during the first twenty-eight (28) days of the inpatient admission, provided that the facility notifies Fidelis Care of the inpatient admission and the initial treatment plan within two (2)
business days of the admission. The facility may fax or email the OASAS Appendix A Notification Form and OASAS LOCADTR Medical Necessity Tool to 646-829-1421 or LOCADTR@fideliscare.org. All Inpatient SUD services require facilities to perform daily clinical review of the patient. This does not require a facility to conduct a LOCADTR concurrent review module every day. In addition, all Inpatient SUD facilities must periodically consult with Fidelis Care starting on or just prior to the fourteenth (14th) day of treatment to ensure that the facilities are using the LOCADTR tool to ensure that the inpatient treatment is medically necessary for the patient. Inpatient SUD services may be subject to utilization review after the 28th day from admission or upon discharge using the LOCADTR clinical review tool. Prior to the member’s discharge, facilities must provide the member and Fidelis Care with a written discharge plan as determined using the LOCADTR clinical review tool. Further, prior to discharge, facilities must indicate to Fidelis Care whether the services included in the discharge plan are secured or determined to be reasonably available. All services may be reviewed retrospectively to assess the clinical necessity of the care.

Facilities that are outside of New York State, facilities that are not licensed, certified or otherwise authorized by OASAS, and facilities that are outside of Fidelis Care’s provider network, continue to be required to request prior authorization review for Inpatient SUD services. All Inpatient SUD services provided by such facilities are subject to concurrent review throughout the admission.

Providers with questions regarding these changes are encouraged to call Fidelis Care, during regular business hours, at 1-888-FIDELIS (1-888-343-3547), extension 16072 for Behavioral Health.

F. Orthopedic Surgical Procedures and Spinal Surgical Procedures, performed in both inpatient and outpatient settings, require prior authorization for dates of service beginning 10/1/2019. Effective for dates of service rendered on or after 12/23/19, prior authorization has been delegated to TurningPoint Healthcare Solutions, LLC. For a list of codes requiring prior authorization, click here.

G. OMH Licensed Inpatient Mental Health Treatment

Effective 01/01/2020: Inpatient mental health treatment for members under age 18 provided by OMH licensed hospitals in New York State that are participating in Fidelis Care’s provider network are not subject to prior authorization review by Fidelis Care. Fidelis Care will not conduct concurrent utilization review during the first 14 days of inpatient admissions provided that the facility: i) notifies Fidelis Care of both the admission and the initial treatment plan within two business days of the admission by completing the OMH developed “Two-Day Notification and Initial Treatment Plan” form and submitting it to Fidelis Care by fax (718-896-1784), or by email to Mental_Health_Admission@fideliscare.org; ii) performs daily clinical review of the patient, and iii) participates in periodic consultation with Fidelis Care to ensure that the facility is using the evidence-based and peer reviewed clinical review criteria utilized by Fidelis Care which is approved by OMH and appropriate to the age of the patient to ensure medical necessity. All services may be reviewed retrospectively using the clinical review criteria of the plan which is approved by the office of mental health.
Inpatient mental health services provided to members age 18 and older require prior authorization review by Fidelis Care and are subject to concurrent review throughout the admission. Out-of-State and Out-of-Network providers continue to be required to request prior authorization review for inpatient mental health treatment for members of all ages. All inpatient mental health services provided by such facilities are subject to concurrent review throughout the admission. Providers with questions regarding these changes are encouraged to call Fidelis Care, during regular business hours, at 1-888-FIDELIS (1-888-343-3547), extension 16072 for Behavioral Health.

II. Out-patient surgery: The following services require prior authorization:
A. Bariatric surgery: 43770-43888, S2083
B. Blepharoplasty: 15820-15823
C. Breast reconstruction: 11920-11971, 19300, 19316-19342, 19355, 19370-19396
D. Skin surgery and other dermatological procedures: The auth requirement for many skin surgery treatments and repairs has been removed if performed in the office or outpatient facility (POS 11 and 22).
   1. The following codes will continue to require authorization if completed as ambulatory surgery (POS 24): 10040, 11300-11313, 11400 - 11471, 11721
   2. Dermal injections for the treatment of Facial Lipodystrophy Syndrome (LDS) require authorization. Coverage for these services is limited to individuals diagnosed with HIV who have a secondary diagnosis of depression. Codes that may be covered with authorization are Q2026, Q2027, and G0429.
   Only the following codes continue to require authorization for any place of service: 11200-11201, 11719, 15769-15829, 17340-17999.
E. Services for the following codes performed in freestanding ambulatory surgery centers billing with bill type 0831 require an authorization (10060, 11100, 11900 and 17000, 20600, 20605, and 20610).
F. Ear repair and ear piercing 69300 and 69090
G. Eyelid & ocular surgery 65760-65771, 65772-65775, 66987-66988, 67900-67911
H. Abdominoplasty, lipectomy, panniculectomy 15830-15839, 15847, 15876-15879
I. Reduction mammoplasty 19300, 19318
J. Facial cosmetic, seaptoplasty, rhinoplasty 21120-21296, 30400-30450, 30460, 30465-30520, 30620-30802, 30999, 31298, C9749, Q2028
K. Vascular procedures i.e. vein stripping, ligation, ablation and sclerotherapy 36465-36466, 36468-36479, 36482-36483, 37241-37244, and 37718-37785
L. Sinuplasty 31295, 31296, 31297
M. Spinal Surgery: 20932, 20933, 20934, 22867-22870, 62380.
N. Esophageal sphincter augmentation: 43284
O. Certain outpatient orthopedic and spinal surgical procedures require prior authorization for dates service beginning 10/1/2019. Effective for dates of service rendered on or after 12/23/19, prior authorization has been delegated to TurningPoint Healthcare Solutions, LLC. Refer to Section I – item # F above. For a list of codes requiring prior authorization, click here.

III. Behavioral Health-Outpatient:
The authorization requirement has been removed from all outpatient behavioral health services except the following, which will continue to require authorization:
A. Psychological/Neuropsychological Testing:
96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146. Authorization is required: All requests should be submitted on the Psychological/Neuropsychological testing request form.

**B. Developmental Pediatric Testing:**

96112, 96113. Authorization is required. Note: 96110 is a non-covered service

**C. Outpatient ECT**

90870

**D. Partial Hospitalization (Mental Health and/or Substance Abuse)**

Revenue code 912, 913, 944 and 945. HCPCS code H0035

**E. Intensive Outpatient Treatment**

Bill type 131, Revenue code 905 or 912, CPT code 90899, S9480, HCPCS code H2013

**IV. Outpatient and DME Services: These services require prior authorization:**

**A. Diagnostic Testing:**

1. Sleep Studies, including Home Sleep Studies
2. Breast Cancer testing (BRCA) and other Genetic Testing (Note: Authorization is not required for CPT 81220, 81329 and 81336. CPT 81220 has a lifetime limit of 1. CPT 81329 and 81336 have a combined limit of 1 per lifetime.)
3. Wireless Capsule Endoscopy (91110, 91111)
4. Gastroenterology Procedures – The following procedures require authorization if performed in POS 19 and 22 when there is an office-based or ambulatory surgery center available to provide the service: 43235, 43239, 43248, 45378, 45380, 45384, 45385, 45386, 45387, 46255, 46260, and 46270.
   Authorization is **not required** for these services when performed in POS 11 or 24
5. Infectious Agent detection by DNA or RNA: 87483

**B. Durable Medical Equipment:**

1. The following DME codes **do not** require an authorization:
2. The following orthotic codes **do not** require an authorization:
3. Other DME and orthotic codes require an authorization.

**C. Home Health Care**
D. Hospice care is covered through original Medicare. For more information:

E. Imaging Studies:
1. The first 4 OB ultrasounds can be performed without an authorization. Five or more ultrasounds for a normal pregnancy (dx code Z32.01, Z33.1, Z34.00-Z34.03, Z34.80-Z34.83, Z34.9-Z34.93) require authorization. OB ultrasounds for a high risk pregnancy (dx code O09.00-O09.03, O09.1-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293-O09.299-O09.33, O09.40-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529, O09.611-O09.613, O09.619, O09.621-O09.623, O09.629, O09.70-O09.73, O09.811-O09.813, O09.819, O09.821-O09.823, O09.829, O09.891-O09.893, O09.899-O09.93, O36.80X0-O36.80X5, O36.80X9) do not require authorization.
2. Radiology services require prior authorization through eviCore healthcare. A full list of CPT codes can be found at https://www.evicore.com/healthplan/fideliscare.

F. Outpatient Therapy:
Physical, Occupational, Speech Therapy - The initial evaluation does not require prior authorization. All visits require authorization, including swallow function and therapy. Members enrolled in Fidelis Dual Advantage Flex (Plan 017) have a separate $2,010 annual dollar limit for Physical and Speech Therapy combined and $2,010 annual dollar limit for Occupational Therapy.

G. Podiatry Services:
Authorization is no longer required for podiatric services rendered to members with a confirmed diagnosis of Diabetes Mellitus. The Diabetes diagnosis must be included on the claim when services are billed. Podiatric services to members without a diagnosis of diabetes will continue to require authorization. Podiatrists will continue to require authorization for all DME and orthotic codes that are supplied in the office, regardless of member diagnosis.

H. Therapeutic Services:
1. Phototherapy (96567, 96573-96574, 96900, 96910, 96912, 96913, 96920)
2. Chiropractic Services
3. Hyperbaric Oxygen Therapy
4. Pain Management Codes (ie. injections, TENS, therapeutic services)
   20526, 20550-20553, 21073, 27096, 62263-62264, 62273, 62280-62282, 62290, 62310-62311, 62318-62319, 62320-62327, 62370, 64400-64530, 64553-64595, 64600-64640, C1823, C9752, C9753. (for non-orthopedists only)
5. The following services are not covered for members with a diagnosis of Low Back Pain:
   a. Prolotherapy;
   b. Therapeutic injections of steroids into intervertebral discs
6. Topical oxygen is not a covered service.
7. Radiation Therapy services require prior authorization through eviCore healthcare. A full list of CPT codes can be found at https://www.evicore.com/healthplan/fideliscare.

I. Telehealth
Authorization is required for G2010 and G2012.
V. Counseling Services Authorization requirements are indicated. Please read carefully.

A. Medical Nutrition Therapy (MNT)

B. Diabetes Self-Management Training (DSMT)
Members are allowed 10 hours/20 units in a continuous 12-month period. These services must be provided by certified providers and no longer require authorization. Services are covered when billed with codes G0108 and G0109.

VI. New Technology/Experimental Treatment: Prior authorization is required and approval is based on medical necessity.

VII. Services provided by outside vendors
A. Vision: Prior authorizations by Davis Vision 1-800-601-3383
B. Transportation Provider Manual

VIII. Pharmacy:
For monthly updates to the formulary, please check the website at https://www.fideliscare.org/Member/Medicare-Information/Prescription-Drug-Information
All covered Medicare Part D drugs must be prescribed for medically accepted indications, which are the FDA approved indications or the use of which is supported by one or more Medicare approved compendia. The Medicare approved compendia include: DRUGDEX (Micromedex), AHFS (American Hospital Formulary Service). Additional consideration of anticancer chemotherapeutic regimen can be researched in DRUGDEX (Micromedex), AHFS (American Hospital Formulary Service), Clinical Pharmacology, NCCN (National Comprehensive Cancer Network), PubMed and in the Medicare approved peer-reviewed literature.
The Fidelis Website provides further details on Formulary Drug List, Prior Authorization Criteria, Step Therapy Criteria, Coverage Determination process, Redetermination process.
https://www.fideliscare.org/Member/Medicare-Information/Prescription-Drug-Information

A. Enteral Therapy-HCPCS codes B4034-B4162 describe the available enteral formulas or disposable items that require authorization. Benefit applies to Part B services.

B. These injectable codes require authorization. **Please submit prior authorization requests to our Pharmacy Team electronically via fax (e-fax) to: 1-877-882-5892.**

<table>
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<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
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<td>patisiran (Onpatro)</td>
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<td>C1 est inhib hum (Haegarda)</td>
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<td>edaravone (Radicava)</td>
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<td>removal / reinsert implant</td>
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<td>J1595</td>
<td>glatiramer (Copaxone, Glatopa)</td>
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J7202 factor IX album fusion recom (Idelvion)
J7203 factor IX recombinant glycopegylated (Rebinyn)
J7205 factor VIII Fc fusion protein recombinant (Eloctate)
J7207 factor VIII recombinant pegylated (Adynovate)
J7208 factor VIII recombinant pegyl (Jivi)
J7209 factor VIII recombin (Nuviq)
J7210 factor VIII recombin (Afsyla)
J7211 factor VIII recombin (Kovaltry)
J7296 levonorgestrel-releasing intrauterine (Kyleena)
J7297 levonorgestrel-releasing intrauterine (Liletta)
J7298 levonorgestrel-releasing intrauterine (Mirena)
J7300 intrauterine copper contraceptive
J7301 levonorgestrel-releasing intrauterine (Skyla)
J7303 contraceptive hormone vaginal ring
J7304 contraceptive hormone patch
J7306 levonorgestrel implant system
J7307 etonogestrel implant system, (Implanon)
J7311 fluocinolone acetonide intravitreal implant (Retisert)
J7313 fluocinolone acetonide intravitreal implant (Iluvien)
J7314 fluocinolone acetonide intravitreal implant (Yutiq)
J7318 hyaluronan (Durolane)
J7320 hyaluronan (Genvisc)
J7321 hyaluronan (Hyalgan, Supartz, Visco-3)
J7322 hyaluronan (Hymovis)
J7323 hyaluronan (Euflexxa)
J7324 hyaluronan (Orthovisc)
J7325 hyaluronan (Synvisc, Synvisc One)
J7326 hyaluronan (Gel-One)
J7327 hyaluronan (Monovisc)
J7328 hyaluronan (Gelsyn-3)
J7329 hyaluronan (Trivisc)
J7331 hyaluronan (Synojoynt)
J7332 hyaluronan (Triluron)
J7336 capsaicin 8% patch (Queniza)
J7401 mometasone furoate sinus implant (SINUVA)
J7511 lymphocyte imm glob rabbit (Thymoglobulin)
J7515 cyclosporine oral (Neoral)
J7516 cyclosporine (Sandimmune)
J7517 mycophenolate mofetil (CellCept)
J7518 mycophenolate acid (Myfortic)
J7520 sirolimus oral (Rapamune)
J7525 tacrolimus (Prograf)
J7527 everolimus oral (Zortress)
J7599 Immunosuppressive drug noc
J7607 levalbuterol comp con inh sol
J7608 acetylcysteine non-com inh
J7609 albuterol comp inh sol
J7610 albuterol comp con inh sol
J7622 beclomethasone con inh sol
J7624 bethamethasone con inh sol
J7626 budesonide (Pulmicort)
J7629 bitolterol con con inh sol
J7634 budesonide comp con inh sol
J7635 atropine comp conc inh sol
J7636 atropine comp inh sol
J7637 dexamethasone comp con inh
J7638 dexamethasone comp con inh sol
J7639 dornase alfa (Pulmozyme)
J7641 fluconazole comp inh sol
J7642 glycopyrrolate comp con inh
J7643 glycopyrrolate comp inh sol
J7677 revfenacin inh
J7680 terbutaline comp con inh sol
J7681 terbutaline comp inh sol
J7683 triamcinolone comp con inh
J7684 triamcinolone comp inh sol
J7685 tobramycin comp inh sol
J7686 treprostinil (Tyvaso)
J8499 rx drug, oral, nonchemo, NOS
J8597 antiemetic drug oral NOS
J8650 nabulone oral (Cesamet)
J8999 rx drug, oral, chemo, NOS
J9022 atezolizumab (Tecentriq)
J9023 avelumab (Bavencio)
J9057 copanlisib (Alicup)
J9118 calaspargase pegol-mknl (Asparlars)
J9119 cemiplimab-rwlc (Libtayo)
J9173 durvalumab (Imfinzi)
J9203 gemtuzumab (Mylotarg)
J9204 mogamulizumab-kpke (Poteligeo)
J9210 emapalumab-lzsg (Gamifant)
J9216 interferon gamma-1b (Actimmune)
J9225 histrelin implant (Vantas)
J9229 inotuzumab, (Besponsa)
J9269 tagraxofusp-erzs (Elzonris)
J9311* rituximab-hydrulonidase (Rituxan Hycela)
J9312* rituximab (Rituxan)
J9313 moxetumomab pasudotox-tdfk (Lumoxtiti)
Q2041 axiabagatene (Yescarta)
Q2042 tisagenlecleucel (Kymriah)
Q5103 infliximab-dydb (Inflectra)
Q5104 infliximab-abda (Renflexis)
Q5109 infliximab-bqtx (Ixifi)
Q9991 buprenorphine ER ≤ 100 mg (Sublocade)
Q9992 buprenorphine ER >100 mg (Sublocade)
S4981 levonorbes intrauter system
S4993 Contraceptive pills for birth control
S0191 misoprotol, oral (Cytotec)
S0122 metopropins (Menopur)
S0126 follitropin alfa (Gonal-f)
S0128 follitropin beta (Follistim)
S0189 testosterone pellet (Testopel)
S0190 mifepristone, oral (Mifeprin)
Out-of-network services are covered with an authorization for the Medicare Advantage Flex Plan (003) and the Medicare Advantage without RX (001) but additional co-pays and deductibles may apply.

X. All services for “Unlisted” or “Temporary” codes require authorization