COVID-19 UPDATE
Please refer to this link: Important Updates Regarding Coronavirus COVID-19, for authorization and coding guidelines related to the COVID-19 Pandemic.

I. Out of Network: Any Medicaid, CHP and HealthierLife service provided by a non-participating provider/facility/physician requires authorization.

II. 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 acute inpatient facility services - benefits are unlimited when medically necessary.

B. Inpatient Rehabilitation Services: (acute, sub-acute and skilled nursing rehabilitation) require prior authorization.
   1. Medical rehabilitation can be completed at an acute or sub-acute level of care.

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. Breast Cancer Surgery Centers:
   Fidelis Care Medicaid members must receive mastectomy and lumpectomy procedure associated with a breast cancer diagnosis, at high volume facilities. This link provides information regarding New York State policies.

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 patient with a written discharge plan as determined using the LOCADTR clinical review tool. Furthermore, 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.

Effective January 1, 2020, Fidelis Care does not require provider notification, prior authorization, or concurrent authorization review of the following in-network and in-state outpatient substance use services:

- Outpatient Office visits, therapy visits, or counseling visits
- Outpatient clinic visits for substance use disorder treatment
- Intensive outpatient treatment programs
- Outpatient rehabilitation treatment
- Opioid Treatment Programs

Out-of-state or out-of-network providers will continue to be required to request authorization for these services.

Fidelis Care will utilize quality and case management oversight initiatives to manage outlier member needs. Providers interested in more detail on this can refer to our news post Behavioral Health Outliers Management Program.

F. Elective Surgical Procedures:
Many surgical and medical procedures which are completed within 24 hours will not be approved at an in-patient level of care. These same 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:

List of Inpatient Only Procedures

G. 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.

H. 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.

III. Outpatient surgery: The following services require prior authorization:

A. Bariatric surgery: 43770-43775, 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). The following codes will continue to require authorization if completed as ambulatory surgery (POS 24): 10040, 11300-11313, 11400 - 11471, 11721

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). Note: CPT code 20610 is non-covered when billed with one of the following diagnosis codes: M17.0, M17.10-M17.12, M17.2, M17.20-M17.32, M17.4, M17.5, M17.9

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, septoplasty, rhinoplasty: 21120-21296, 30400-30450, 30462, 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, 37718-37785, and 37241-37244

L. Gender reassignment surgery: 55970, 55980

M. Sinuplasty: 31295, 31296, 31297

N. Spinal Surgery: 20932, 20933, 20934, 22867-22870, 62380.

O. Esophageal sphincter augmentation: 43284

P. Certain outpatient orthopedic and spinal surgical procedures 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. Refer to Section II – item # G above. For a list of codes requiring prior authorization, click here.

IV. Behavioral Health - Outpatient services

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, 96131, 96132, 96133, 96134, 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)
Rate Codes 4349, 4350, 4351, 4352, 4353, 4354, 4355, 4356, 4357, 4358, 4359, 4360, 4361, 4362, 4363, Revenue code 912, 913. HCPCS code H0035 and S9484

Requests for members under 21 can be made by email chmmc@fideliscare.org, fax, (347) 690-7362 or by calling 1-888-FIDELIS (1-888-343-3547) and following the prompts for Children’s Medicaid.

E. Intensive Outpatient Treatment
No prior authorization needed for first seven days of service; additional service days do require authorization Revenue code 905, 906, or 912, CPT code 90899, S9480, HCPCS code H2013

F. Autism Spectrum Disorder (ASD):
The State has expanded benefits for CHP members with ASD to include increased case management services, certain DME items to assist speech performance, and Applied Behavioral Analysis, a form of enhanced behavioral modification.

1. Authorization is required for DME speech generation equipment.
2. Authorization is required from Behavioral Health for Applied Behavioral Analysis.
Attestation of the diagnosis of ASD must be provided, at the time of request, by a licensed physician or psychologist.

G. Mental Health Continuing Day Treatment (H2012): the first 7 service days do not require authorization; additional service days do require authorization.

Requests for members ages 18-20 can be made by email chmmc@fideliscare.org, fax, (347) 690-7362 or by calling 1-888-FIDELIS (1-888-343-3547) and following the prompts for Children’s Medicaid.

H. Personalized Recovery Oriented Services (PROS): H2018, H2019

Requests for members ages 18-20 can be made by email chmmc@fideliscare.org, fax, (347) 690-7362 or by calling 1-888-FIDELIS (1-888-343-3547) and following the prompts for Children’s Medicaid.

I. Assertive Community Treatment (ACT): H0040

Requests for members ages 18-20 can be made by email chmmc@fideliscare.org, fax, (347) 690-7362 or by calling 1-888-FIDELIS (1-888-343-3547) and following the prompts for Children’s Medicaid.

J. Intensive Psychiatric Rehabilitation Treatment (IPRT): H2012K

L. The following additional services are available if determined to be eligible through enrollment in the adult HealthierLife plan and in conjunction with an evidence based assessment. These services are categorized as adult Home and Community Based Services HCBS:

1. Psychosocial Rehabilitation; H2017
2. Community Psychiatric Support and Treatment (CPST); H0036
3. Habilitation and Residential Support Services; T2017
4. Empowerment Services (Peer Supports); H0038
5. Short Term Crisis Respite; (No prior auth required for access; auth required before 72 hours of stay); H0045
6. Intensive Crisis Respite; H0045
7. Family Support and Training; H2014
8. Pre-Vocational Services: T2015
9. Transitional Employment; T2019
10. Supported Employment; H2023, H2025
11. Education Support Services; T2013
12. Provider Travel Supplement; A0160

O. Children and Family Treatment & Support Services (CFTSS)

Effective 4/1/2020, utilization management requirements for Children and Family Treatment and Support Services will be discontinued. The CFTSS are as follows:

1. OLP - Other Licensed Practitioner (90791, H0004, H2011, 90882)
2. CPST – Community Psychiatric Supports and Treatment (H0036)
3. PSR- Psychosocial Rehabilitation (H2017)
4. FPSS- Family Peer Support Services (H0038)
5. YPSS – Youth Peer Supports and Services (H0038)
6. CI – Crisis Intervention (H2001, S9484, S9485) - - no previous authorization requirements

Prior authorization was never required for these services. Concurrent review is no longer required. If there are questions related to these changes, providers may contact Fidelis Care by telephone at 1-888-FIDELIS (1-888-343-3547) and follow the prompts.
## P. Children’s BH Carve-In: Effective 7/1/19

<table>
<thead>
<tr>
<th>Name of Service</th>
<th>Authorization Requirement</th>
<th>Age Requirement</th>
<th>Medicaid Benefit Status (New or Previously covered)</th>
<th>Medicaid -SSI Benefit Status (New, Previously covered, Carve-In)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMH designated Serious Emotional Disturbance (SED) Clinic Services</td>
<td>None</td>
<td>Under 19</td>
<td>New</td>
<td>New</td>
</tr>
<tr>
<td>OMH Outpatient Services</td>
<td>None</td>
<td>Under 21</td>
<td>Previously covered</td>
<td>New</td>
</tr>
<tr>
<td>Psychiatric Services</td>
<td>None</td>
<td>Under 21</td>
<td>Previously covered</td>
<td>New</td>
</tr>
<tr>
<td>Psychological Services</td>
<td>None</td>
<td>Under 21</td>
<td>Previously covered</td>
<td>New</td>
</tr>
<tr>
<td>Partial Hospitalization Program</td>
<td>Prior Auth, Concurrent Review</td>
<td>Under 21</td>
<td>New</td>
<td>New</td>
</tr>
<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>Prior Auth, Concurrent Review</td>
<td>18-20</td>
<td>New</td>
<td>New</td>
</tr>
<tr>
<td>Continuing Day Treatment</td>
<td>Prior Auth, Concurrent Review</td>
<td>18-20</td>
<td>New</td>
<td>New</td>
</tr>
<tr>
<td>Personalized Recovery Oriented Services (PROS)</td>
<td>Prior Auth, Concurrent Review</td>
<td>18-20</td>
<td>New</td>
<td>New</td>
</tr>
<tr>
<td>Inpatient Psychiatric Services</td>
<td>Prior Auth, Concurrent Review</td>
<td>Under 21</td>
<td>Previously covered</td>
<td>New</td>
</tr>
<tr>
<td>Comprehensive Psychiatric Emergency Program</td>
<td>None</td>
<td>Under 21</td>
<td>Previously covered</td>
<td>New</td>
</tr>
<tr>
<td>Outpatient – Clinic</td>
<td>None</td>
<td>Under 21</td>
<td>New</td>
<td>New</td>
</tr>
<tr>
<td>Outpatient – Rehabilitation Programs</td>
<td>Concurrent</td>
<td>Under 21</td>
<td>New</td>
<td>New</td>
</tr>
<tr>
<td>Opioid Treatment Program Services</td>
<td>Concurrent</td>
<td>Under 21</td>
<td>New</td>
<td>New</td>
</tr>
<tr>
<td>Chemical Dependence Inpatient Rehabilitative Services</td>
<td>Prior, Concurrent</td>
<td>Under 21</td>
<td>Previously covered</td>
<td>New</td>
</tr>
</tbody>
</table>

Requests for services listed above for members under age 21 can be made by email
Q. Children’s Home and Community Based Services, Effective 10/1/19:
The following additional services are available to members age 20 and younger, if determined to be HCBS-eligible by a Health Home or the Children and Youth Evaluation Service (C-YES):

1. Community Habilitation
2. Day Habilitation
3. Caregiver/Family Support and Services
4. Community Self Advocacy Training and Support:
5. Prevocational Services - must be age 14 and older
6. Supported Employment - must be age 14 and older
7. Respite Services (Planned Respite and Crisis Respite)
8. Palliative Care
9. Environmental Modifications
10. Vehicle Modifications
11. Adaptive and Assistive Equipment

Services 1-6: HCBS eligibility and POC are required for an initial authorization of 96 units or 24 hours (total) of service within 60 days from the time notification is received from an HCBS Provider. Concurrent review is required for continued stay.

Respite Services do not require Prior Authorization. Concurrent review is required after 7 consecutive days of Planned Respite Services. Fidelis Care will conduct concurrent review for Crisis Respite stays that exceed 72 hours.

Palliative Care services require prior authorization and concurrent review.

Services 9-11 require prior authorization with service limits at $15,000 annually.

Requests for all services listed above for eligible members under age 21 can be made by email SM_Childrens_HCBS@fideliscare.org, fax (347) 690-7362 or by calling 1-888-FIDELIS (1-888-343-3547) and following the prompts for Children’s Medicaid.

V. Outpatient and DME Services: The following 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), Wireless Motility capsule (91112).
   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, 46255, 46260, and 46270. Authorization is not required for these services when performed in POS 11 or 24.

B. Durable Medical Equipment:
DME coverage information is available in the Medicaid DME Program Manual at: https://www.emedny.org/ProviderManuals/DME/index.aspx
1. For Medicaid, supplies and disposable items are covered by Fidelis Care. Disposable items and supplies are not covered by Fidelis Care CHP lines of business. Sections 4.1 to 4.3 in the DME Manual describe the specific codes for Supplies that are covered and do not require authorization. **For MLTC members only, the following supply codes require authorization:** A4335, A4554, T4521-T4524, T4529, T4530, T4533, T4535, T4537, T4539, T4540, T4543 (*note this authorization requirement is effective 4/1/16)

**DME items for which Fidelis Care requires authorization**
Benefit limits as defined in the Medicaid DME Program Manual apply.

C. **Home Health Care:** Home care approvals are based on the medical need for skilled services.
1. Personal Care Services for Medicaid and Managed Long Term Care (MLTC-Fidelis Care at Home and MAP). All services require authorization and use of the following codes:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Codes and Rates Effective up to 03/31/2018</th>
<th>Codes and Rates Effective 04/01/2018 &amp; forward</th>
<th>Contract Note Regarding Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Assessment including PRI &amp; Intense cases</td>
<td>T1001 Per Visit</td>
<td>T1001 Per Visit</td>
<td>No code or rate change</td>
</tr>
<tr>
<td>Level I (housekeeping)</td>
<td>T1019 Per 15 mins</td>
<td>S5130U1 Per 15 mins</td>
<td>Code change only</td>
</tr>
<tr>
<td>Level II</td>
<td>T1020 Hourly Code</td>
<td>T1019U1 Per 15 mins</td>
<td>Code and unit change</td>
</tr>
<tr>
<td>Nursing Supervision</td>
<td>G0162 One per visit</td>
<td>G0162 One per visit</td>
<td>No code or rate change</td>
</tr>
</tbody>
</table>

2. Personal Emergency Response System (PERS) is a Medicaid and MLTC benefit and requires an authorization.
3. Consumer Directed Personal Assistance services (CDPAS) is a benefit for Medicaid and Medicare and requires authorization.

D. **Hospice:** Effective October 1, 2013, Hospice requests for Medicaid members should be submitted to Fidelis Care. CHP requests also should continue to be submitted to Fidelis Care. For Medicaid members enrolled in Hospice prior to October 1, 2013, the services will be covered by Medicaid FFS until member is no longer enrolled in Hospice.

E. **Imaging Studies:** The services below require authorization:
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-

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.

3. DXA Scans:
   Authorization is not required when the following services are billed:
   a. Women age ≥ 65: one 77080 or 77081 every two years when accompanied by diagnosis code Z13.820)
   b. Men age ≥ 70: one 77080 or 77081 every two years when accompanied by diagnosis code; Z13.820)
   c. Women age 51-64 years: one 77080 or 77081 every two years when accompanied by any of the diagnosis codes on the attached list.
   d. Men age 51-69 years: one 77080 or 77081 every two years when accompanied by any of the diagnosis codes on the attached list:
      Requests for either CPT code for any other age group or any other diagnosis will require authorization.

F. Effective 10/1/2019, Outpatient Therapy, including services rendered in the home: Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST): all services performed by a therapy provider after the initial evaluation will require prior authorization through National Imaging Associates (NIA). Excludes PT, OT, ST performed in an Inpatient setting, Emergency Room, Skilled Nursing Facility, or during an Observation stay.

Services rendered on or after 10/1/2019, require prior authorization*

*PT, OT, and ST initial evaluations do not require a prior authorization. However, all other billed procedure codes, even if performed on the same date as the initial evaluation date, will require authorization prior to billing.

Non-Therapy Providers (MD, DO, DPM, etc.) should request prior authorization for all services after the initial evaluation directly through Fidelis Care.

The Medicaid and MLTC benefit is limited to 20 visits per member for Occupational and Speech Therapy per calendar year, and effective 7/1/18, 40 visits for Physical therapy beginning with the calendar year 2018. There is no visit limit for CHP. Services received at home are not included in this restriction.

G. Podiatry Services:
Authorization is not 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 do require authorization. For DME and orthotic codes in which authorization is required, Podiatrists will require authorization even when supplied in the office, regardless of member diagnosis.
H. Therapeutic Services:
1. Phototherapy (96567, 96573-96574, 96900, 96910, 96912, 96913, 96920)
2. Hyperbaric Oxygen Therapy
3. Pain Management Codes (i.e. injections, TENS, therapeutic services):
   20526, 20550-20553, 21073, 27096, 62263-62264, 62273, 62280-62282, 62290, 62310-62311, 62318-62319, 62320-62327, 62370, 63622, 63688, 64400-64530, 64553-64595, 64600-64640, C1823, C9752, C9753 * 63622 and 63688 do not require authorization for requests from orthopedic specialties.
4. The following services are not covered for members with a diagnosis of Low Back Pain:
   a. Prolotherapy;
   b. Therapeutic facet joint steroid injections in the lumbar and sacral regions with or without CT fluoroscopic image guidance;
   c. Therapeutic injections of steroids into intervertebral discs; and
   d. Continuous or intermittent traction.
5. Topical oxygen requires prior authorization.
6. 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.
8. Radiofrequency Ablation of Uterine Fibroids – 58674
9. Bronchial Thermoplasty – 31660, 31661

I. Long Term Home Health Care Services
Medical Social Services (S9127) and Home Delivered Meals (S5170) are covered with an authorization for Medicaid Managed Care enrollees who have transitioned from the Medicaid Fee-for-Services Long Term Home Health Care Program (LTHHCP) and were in receipt of these services at the time of transition into Medicaid Managed Care.

J. Adult Day Health Care/AIDS Adult Day Health Care (ADHC/AADHC)
Authorization is required for any new ADHC/AADHC patient. Prior authorization is also required for the initial assessment, up to two visits. Members already enrolled in an ADHC/AADHC program as of 8/1/13 may remain in their current care plan for up to 90 days. Requests for continuation of services beyond that time period will be reviewed for medical necessity.

K. DME and pharmaceutical treatment for Erectile Dysfunction (note: these items and services are not covered for registered sex offenders): 54360, 54400-54402, 54405, L7900

L. Telehealth
Authorization is required for G2010 and G2012.

VI. Counseling Services
A. Diabetes Self-Management Training (DSMT)
Members are allowed 10 hours/20 units in a continuous 6-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

B. Asthma Self-Management Training (ASMT):
Asthma self-management training services may be provided in individual sessions, or in group sessions of no more than eight patients. Authorization is not required for codes S9441, S9445, S9446, 98960-98962 when billed with diagnosis codes J45x.

Members, including pregnant women, with newly diagnosed asthma or with asthma and a medically complex condition (such as an exacerbation of asthma, poor asthma control, diagnosis of a complication, etc.) will be allowed up to ten (10) hours of ASMT during a continuous six-month period. Members with asthma who are medically stable may receive up to one (1) hour of ASMT during a continuous six-month period.

C. Smoking Cessation Counseling (SCC):
Billing for Medicaid members must meet the following criteria. No authorization is required.
   1. Smoking cessation counseling will be reimbursed for up to 8 visits per calendar year using the sum of codes 99406 and 99407, and billed ONLY with DX code F17.200, F17.201, F17.210, F17.211, F17.220, F17.221, F17.290, F17.291.

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

VIII. Services provided by outside vendors
   A. Orthodontic services are available for Medicaid members under age 21. Services require prior authorization by DentaQuest 1-800-516-9615.
   B. Vision: Prior authorizations by Davis Vision 1-800-601-3383
   C. Transportation Provider Manual (PDF)

IX. Pharmacy:
   For quarterly updates to the formulary please check the website at: https://www.fideliscare.org/Provider/Provider-Resources/Pharmacy-Services

A. Enteral Therapy-HCPCS codes B4034-B4162 describe the available enteral formulas or disposable items that require authorization.
   Benefit applies to:
   1) Tube-fed individuals who can only obtain nutrition through a tube, 2) Individuals with inborn metabolic disorders requiring specific nutritional formulas not available through any other means, 3) Children under age 21 who require medical formulas due to mitigating growth and development factors. 4) Adults with a diagnosis of HIV infection, AIDS, or HIV-related illness, or other disease or condition, who are oral-fed, and who
      • (a) require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, and have a body mass index (BMI) under 18.5 as defined by the Centers for Disease Control, up to 1,000 calories per day; or
      • (b) require supplemental nutrition, demonstrate documented compliance with an appropriate medical and nutritional plan of care, and have a body mass index under 22 as defined by the Centers for Disease Control and a documented, unintentional weight loss of 5 percent or more within the previous 6 month period, up to 1,000 calories per day; or
      • (c) require total nutritional support, have a permanent structural limitation that prevents the chewing of food, and the placement of a feeding tube is medically contraindicated.

Pharmacy supplies do not require an authorization (supplies not covered for CHP, please refer to benefit plan).
B. Self-administered medications are covered under the pharmacy benefit. Self-administered medications are medications that are typically administered by a patient or caregiver, safely and effectively, without medical supervision or direct observation.

C. These codes require authorization (with the exception of B4088). Please submit prior authorization requests to our Pharmacy Team electronically via fax (e-fax) to: 1-877-533-2405.

NYM, CHP and HealthierLife
romosozumab (Evenity)  
J710  
testosterone enanthate  
J711  
testosterone undecanoate  
J712  
tildrakizumab (Ilumya)  
J713  
tocilizumab (Actemra)  
J714  
treprostinil (Remodulin)  
J715  
triamicin acet PF ER mic (Zilretta)  
J716  
triptorelin ER (Triptodur)  
J717  
urofollitropin (Bravelle)  
J718  
uステキヌマ SC (Stelara)  
J719  
uステキヌマ IV (Stelara)  
J720  
vEdozubum (Entvyo)  
J721  
vGluCerase alfa (Vpriv)  
J722  
Verteporfin (Visudyne)  
J723  
Vestronidase alfa-vjbk (Mopsenvi)  
J724  
Voretigene neaparvovec-rzyl (Luxturna)  
J725  
Zolgensma  
J726  
Unclassified drugs  
J727  
Nasal vaccine inhalation  
J728  
Laetrile amygdalin Vit B17  
J729  
Unclassified biologics  
J730  
Unclassified drug / biologic  
J731  
ESRD  
J732  
Coagulation Factor Xa recombinant (Andexxa)  
J733  
Emicizumab-kwxh (Hemlibra)  
J734  
Factor X human (Coagadex)  
J735  
vWF recombinant (Vonvendi)  
J736  
Factor XIII human (Corfact)  
J737  
Factor XIII A-subunit recombinant (Treten)  
J738  
Factor VIII recombinant (NovoEight)  
J739  
vWF human (Wilate)  
J740  
Factor VIII recombinant (Xyntha)  
J741  
VIII/VWF complex human (Alphanate)  
J742  
vWF complex (Humate-P)  
J743  
Factor VIII recombinant (Obizur)  
J744  
Factor VIIa recombinant (Novoseven)  
J745  
Factor VIII antihemophilic human (Hemofil M, Koate-DVI, Monoclate-P)  
J746  
Factor VIII antihemophilic factor [porcine]  
J747  
Factor VII recombinant NOS  
J748  
Factor IX non-recomb (AlphaNine/ Mononine)  
J749  
Factor IX complex (Bebulin, Profinilnine)  
J750  
Factor IX recombinant (Inixinity/Benefix)  
J751  
Antithrombin (Atryn)  
J752  
Antithrombin (Thrombate III)  
J753  
Anti-inhibitor (Feiba)  
J754  
Hemophilia Clot Factor No (Rebinyn)  
J755  
Factor IX recombinant (Rixubis)  
J756  
Factor IX fusion recombinant (Alprolix)  
J757  
Factor IX album fusion recombinant (Idelvion)  
J758  
Factor IX recombinant glycopegylated (Rebinyn)  
J759  
Factor VIII recombinant glycopegylated (Esperoct)  
J760  
Factor VIII Fc fusion protein recombinant (Eloctate)  
J761  
Factor VIII recombinant pegyl (Adynovate)  
J762  
Factor VIII recombinant pegyl (Jivi)  
J763  
Factor VIII recombinant (Nuwq)  
J764  
Factor VIII recombinant (Afstyla)  
J765  
Factor VIII recombinant (Kovaltry)  
J766  
Amino acid top (Lepulan)  
J767  
Methyl amineleulinate top (Lepulan)  
J768  
Flucinolone acetonide, intravital implant (Retisert)  
J769  
Dexamethasone intravital implant (Ozurdex)  
J770  
Flucinolone acetonide, intravital implant (Iluvien)  
J771  
Flucinolone acetonide, intravital implant (Yutiq)  
J772  
Hyaluronan (Durolane)  
J773  
Hyaluronan (Genvisc)  
J774  
Hyaluronan (Hyalgan, Supartz, Visco-3)  
J775  
Hyaluronan (Hymovis)  
J776  
Hyaluronan (Euflexa)  
J777  
Hyaluronan (Orthovisc)  
J778  
Hyaluronan (Synvisc, Synvisc-One)  
J779  
Hyaluronan (Gel-One)  
J780  
Hyaluronan (Monovisc)  
J781  
Hyaluronan (Gelsyn)  
J782  
Hyaluronan (Trivisc)  
J783  
Hyaluronan (Synyoynct)  
J784  
Hyaluronan (Triluron)  
J785  
Hyaluronan (Triluron)  
J786  
Capsaicin 8% patch  
J787  
Ciprofloxacin otic (Otiprio)  
J788  
Metomason furoate sinus implant (Sinvuva)  
J789  
Anti-thymocyte glob equine  
J790  
Cyclosporine 25mg oral  
J791  
Cyclosporine 250mg inj  
J792  
Mycofenolate motefiol 250mg (Cellcept)  
J793  
Mycofenolic acid 180 mg (Myfortic)  
J794  
Sirolimus (Rapamune)  
J795  
Tacrolimus 5mg (Prograf)  
J796  
Everolimus 0.25mg  
J797  
Immunosuppress Drug Noc levalbuterol comp con  
J798  
Albuterol comp DME  
J799  
Albuterol comp  
J800  
Beclomethasone inh, comp  
J801  
Bemethasone inh  
J802  
Budesonide (Pulmicort)  
J803  
Betamethasone inh  
J804  
Budesonide inhalation  
J805  
Budesonide comp con  
J806  
atropine inh  
J807  
atropine inh  
J808  
dexamethasone inh  
J809  
dexamethasone inh UD  
J810  
dornase alfa (Pulmozyme)  
J811  
Flunisolide inh  
J812  
glycopyrrolate inh  
J813  
glycopyrrolate inh  
J814  
isopropenol inh  
J815  
Revefenac inh  
J816  
Terbutaline inh  
J817  
Terbutaline inh  
J818  
Triamcinolone inh  
J819  
Triamcinolone inh  
J820  
Tromucityn inh  
J821  
Tropamycin inh  
J822  
Treprostinil (Tyvaso)  
J823  
Misc compounded drug  
J824  
Rx drug oral non-chemo  
J825  
Busulfan (Myleran)  
J826  
Caberigone  
J827  
Capcitabine 150 mg  
J828  
Capcitabine 500mg  
J829  
Etosopide (Vepesid)  
J830  
Fludarabine  
J831  
Antiemetic oral  
J832  
Melphalan (Alkeran)  
J833  
Nabulone (Cesamet)  
J834  
Netupitant 300mg, palonosetron 0.5mg (Akynezo)  
J835  
Temozolomide (Temodar)  
J836  
Rx oral chemo  
J837  
Atezolizumab (Tecentriq)  
J838  
Avelumab (Bavencio)  
J839  
Brentuximab (Adcertis)  
J840  
Capanlisib (Aligop)  
J841  
Calaspargase pegol-mknl (Asparlas)  
J842  
Cemiplimab-rwc (Libtayo)  
J843  
Durvalumab Imfinzi  
J844  
Enfortumab (Padcey)  
J845  
Gemcitabine (Infugem)  
J846  
Gemtuzumab (Mylotarg)  
J847  
Megamulizumab-kpc (Poteligeo)  
J848  
Emapalumab (Gamifant)  
J849  
Interferon gamma 1b  
J850  
Leuprolide depot 7.5mg  
J851  
Histrelin imp (Vantas)  
J852  
Histrelin imp (Supprelin LA)  
J853  
Iplimumab (Yervoy)  
J854  
Inotuzumab ozo (Besponsa)  
J855  
Melphalan (Evomela)  
J856  
Tagraxofusp (Elzonris)  
J857  
Pembrolizumab (Keytruda)
J9299 nivolumab (Opdivo) (Enhertu)  Q5104 infliximab-abda (Renflexis)
J9302 ofatumumab (Arzerra) misc chemo  Q5109 infliximab-qbtX (Ixifi)
J9311 rituximab hyaluronidase J9999 Q5119 rituximab-pvvr (Ruxience)*
(Rituxan Hycela)*  Q2041 axicabtagene (Yescarta) Q5121 infliximab-axxq (Avosola)
J9312 rituximab (Rituxan)*  Q2042 tisagenlecleucel (Kymriah)
J9313 moxetumomab pasudotox-tdfk Q2043  Q5134 menotropins
(Lumoxiti)  J9999 Q3028 interferon beta-1a, SC (Rebif)
J9358 fam-trastuzumab deruxtecan  paQ3029  S0122 follitropin alfa
Q4081 epoetin alfa ESRD (Epogen, Procrit)
Q5103 infliximab-dyyb (Inflectra) S0128 follitropin beta
Q5109 testosterone pellet (Testopel)

*authorization is not required for oncology indications

Note:
- J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326 J7327, J7328, J7329, J7331, J7332, 7333 are non-covered when billed with CPT code 20610 or 20611 or any of the following diagnosis: M17.0, M17.10-M17.12, M17.2, M17.20-M17.32, M17.4, M17.5, M17.
- J9035 (Avastin), J9355 (Herceptin), and J9306 (Perjeta) are available through the medical benefit without prior authorization (PA). Xolair (J2357) is available through the medical benefit and requires PA. Clinical criteria for Xolair may be found on the provider portal.

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