



**FIDELIS CARE®**

**Medicaid, Child Health Plus and HealthierLife (HARP) Authorization Grid  
FIDELIS CARE AUTHORIZATION REQUIREMENTS  
Benefit/Service Detail  
SERVICES AND PROCEDURES WHICH REQUIRE AUTHORIZATION  
EFFECTIVE 10/01/2020**

**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.  
[http://www.nyhealth.gov/health\\_care/medicaid/quality/surgery/cancer/breast/](http://www.nyhealth.gov/health_care/medicaid/quality/surgery/cancer/breast/).
  - 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](mailto: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 (14<sup>th</sup>) 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 28<sup>th</sup> 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.

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](mailto: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, 30460, 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, 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)**

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](mailto: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](mailto: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](mailto: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](mailto: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**

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

Requests for services listed above for members under age 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.

**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>

- 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.**

- 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:

	Codes and Rates Effective up to 03/31/2018			Codes and Rates Effective 04/01/2018 & forward		
Service Description	Previous HCPCS Code	Previous Service Billing Units	→	New HCPCS Code	New Service Billing Units	Contract Note Regarding Change
Nursing Assessment including PRI & Intense cases	T1001	Per Visit		T1001	Per Visit	No code or rate change
Level I (housekeeping)	T1019	Per 15 mins		S5130U1	Per 15 mins	Code change only
Level II	T1020	Hourly Code		T1019U1	Per 15 mins	Code and unit change
Nursing Supervision	G0162	One per visit		G0162	One per visit	No code or rate change

- Personal Emergency Response System (PERS) is a Medicaid and MLTC benefit and requires an authorization.
- 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:**

- 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>.

3. DXA Scans:

Authorization is **not** required when the following services are billed:

- a. Women age  $\geq 65$ : one 77080 or 77081 every two years when accompanied by diagnosis code Z13.820)
- b. Men age  $\geq 70$ : 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>.
7. Ambulatory continuous glucose monitoring: 95249.
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.**

C9054	lefamulin (Xenleta)	J0598	c1 est inhib hum (Cinryze)	J1560	immune glob over 10cc (Gamastan)
C9047	caplacizumab-yhdp (Cablivi)	J0599	c1 est inhib hum (Haegarda)	J1561	immune glob (Gamunex-C, Gammaked)
C9055	brexanolone	J0638	canakinumab (Ilaris)	J1562	immune glob (Vivaglobin)
C9061	teprotumumab-trbw (Tepezza)	J0641	levoleucovorin	J1566	immune glob powder
C9063	eptinezumab-jjmr (Vyepiti)	J0642	levoleucovorin (Khazory)	J1568	IVIG (Octagam)
C9122	Mometasone furoate sinus implant (Sinuva)	J0691	lefamulin (Xenleta)	J1569	IVIG (Gammagard)
C9399	unclassified drugs/biologics	J0706	caffeine citrate inj	J1572	IVIG (Flebogamma)
G0516	insertion of implant	J0717	certolizumab pego (Cimzia)	J1575	immune glob / hyaluronidase (Hyqvia)
G0517	removal of implant	J0725	chorionic gonadotropin	J1595	glatiramer 20 mg
G0518	removal / reinsert implant	J0742	imipenem, cilastatin relebactam (Recarbrio)	J1599	immune glob (Panzyga)
J0129	abatacept (Orencia)	J0775	collagenase clostrid histol	J1602	golimumab (Simponi Aria)
J0135	adalimumab (Humira)	J0791	crizanlizumab (Adakveo)	J1628	guselkumab (Tremfya)
J0178	aflibercept (Eylea)	J0800	corticotropin (HP Acthar)	J1740	ibandronate (Boniva)
J0179	brolicizumab-dbll	J0841	crotalidae F(ab')2 (equine)	J1742	ibutilide (Corvert)
J0180	algalsidase beta (Fabrazyme)	J0885	epoetin alpha, non-ESRD (Epogen, Procrit)	J1743	idursulfase (Elaprase)
J0200	alatrofloxacin	J0887	epoetin beta, ESRD (Mircera)	J1744	icatibant
J0205	alglucerase	J0888	epoetin beta, non-ESRD (Mircera)	J1745	infliximab (Remicade)
J0207	amifostine (Ethyol)	J0896	luspatercept-aamt (Reblozyl)	J1746	ibalizumab-uiyk (Trogarzo)
J0215	alefacept (Amevive)	J0897	denosumab (Prolia, Xgeva)	J1786	imiglucerase (Cerezyme)
J0220	alglucosidase alfa (Myozyme)	J1071	testosterone cypionate	J1826	interferon beta-1a 30 mcg (Avonex)
J0221	alglucosidase alfa (Lumizyme)	J1096	dexamethasone ophthalmic insert (Dextenza)	J1830	interferon beta-1b 0.25 mg (Betaseron, Extavia)
J0222	patisiran (Onpattro)	J1201	cetirizine (Quzyttir)	J1835	itraconazole
J0223	givosiran (Givlaari)	J1290	ecallantide (Kalbitor)	J1930	lanreotide (Somatuline)
J0256	alpha 1-prot inhib NOS	J1300	eculizumab (Soliris)	J1931	laronidase (Aldurazyme)
J0257	alpha 1-prot inhib (Glassia)	J1301	edaravone (Radicava)	J1950	leuprolide acet (Lupron Depot)
J0270	alprostadil (Prostin VR)	J1303	ravulizumab (Ultomiris)	J2170	mecasermin Increlex)
J0275	alprostadil sup (Muse)	J1322	elosulfase alfa (Vimizim)	J2182	mepolizumab (Nucala)
J0401	aripiprazole ER inj (Abilify Maintena)	J1325	epoprostenol (Flolan, Veletri)	J2323	natalizumab (Tysabri)
J0490	belimumab (Benlysta)	J1428	eteplirsen (Exondys 51)	J2425	palifermin (Kepivance)
J0517	benralizumab (Fasenra)	J1429	golodirsen (Vyondys 53)	J2326	nusinersen (Spinraza)
J0565	bezlotoxumab (Zinplava)	J1438	etanercept (Enbrel)	J2350	ocrelizumab (Ocrevus)
J0567	cerliponase alfa (Brineura)	J1442	filgrastim (Neupogen)	J2353	octreotide depot (Sandostatin LAR Depot)
J0570	buprenorph impl (Probuphine)	J1447	tbo-filgrastim (Granix)	J2354	octreotide non-depot
J0584	burosumab-twza (Crysvita)	J1454	fosnetupitant 235mg / palonosetron 0.25mg (Akynzeo)	J2357	omalizumab (Xolair)
J0585	onabotulin tox A (Botox)	J1458	galsulfase (Naglazyme)	J2440	papaverine
J0586	abobotulin tox A (Dysport)	J1459	immune glob (Privigen)	J2502	pasireotide LA
J0587	rimabotulin tox B (Myobloc)	J1460	immune glob (GamaSTAN)	J2503	pegaptanib (Macugen)
J0588	incobotulinumtoxinA (Xeomin)	J1555	immune glob (Cuvitru)	J2505	pegfilgrastim (Neulasta)
J0591	deoxycholic acid (Kybella)	J1556	immune glob (Bivigam)	J2507	pegloticase (Krystexxa)
J0593	lanadelumab-flyo (Takhzyro)	J1557	immune glob (Gammplex)	J2562	plerixafor (Mozobil)
J0596	c1 est inhib rec (Ruconest)	J1558	immune glob (Xembify)	J2778	ranibizumab (Lucentis)
J0597	c1 est inhib hum (Berinert)	J1559	immune glob (Hizentra)	J2783	rasburicase (Elitek)
				J2786	reslizumab (Cinqair)

J2787	riboflavin ophth (Photrexa)	J7193	factor IX non-recomb (AlphaNine/ Mononine)	J7517	mycophenolate mofetil 250mg (Cellcept)
J2793	rilonacept (Aracalyst)	J7194	factor IX complex (Bebulin, Profilnine)	J7518	mycophenolic acid 180 mg (Myfortic)
J2796	romiplostim (Nplate)	J7195	factor IX recombinant (Ixinity/Benefix)	J7520	sirolimus (Rapamune)
J2840	sebelipase alfa (Kanuma)	J7196	antithrombin (Atryn)	J7525	tacrolimus 5mg (Prograf)
J2941	somatropin	J7197	antithrombin (Thrombate III)	J7527	everolimus 0.25mg
J3031	fremanezumab-vfrm (Ajovy)	J7198	anti-inhibitor (Feiba)	J7599	immunosuppress Drug Noc
J3060	taliglucerase alfa (Elylyso)	J7199	hemophilia Clot Factor Noc	J7607	levalbuterol comp con
J3110	teriparatide (Forteo)	J7200	factor IX recombinant (Rixubis)	J7609	albuterol comp DME
J3111	romosozumab (Evenity)	J7201	factor IX FC fusion recomb (Alprolix)	J7610	albuterol comp
J3121	testosterone enanthate	J7202	factor IX album fusion recomb (Idelvion)	J7622	beclomethasone inh, comp
J3145	testosterone undecanoate	J7203	factor IX recombinant glycopegylated (Rebinyn)	J7624	bethamethasone inh
J3245	tildrakizumab (Ilumya)	J7204	factor viii recomb glycopegylated (Esperoct)	J7626	budesonide (Pulmicort)
J3262	tocilizumab (Actemra)	J7205	factor VIII Fc fusion protein recombinant (Eloctate)	J7629	bitolterol inh
J3285	treprostinil (Remodulin)	J7207	factor VIII recomb pegyl (Adynovate)	J7633	budesonide inhalation
J3304	triamcin acet PF ER mic (Zilretta)	J7208	factor VIII recomb pegyl (Jivi)	J7634	budesonide comp con
J3315	triptorelin pamoate (Trelstar)	J7209	factor VIII recomb (Nuwiq)	J7635	atropine inj
J3316	triptorelin ER (Triptodur)	J7210	factor VIII recomb (Afstyla)	J7636	atropine inh
J3355	urofollitropin (Bravelle)	J7211	factor VIII recomb (Kovaltry)	J7637	dexamethasone inh
J3357	ustekinumab SC (Stelara)	J7308	aminolev acid top (Levulan)	J7638	dexamethasone inh UD
J3358	ustekinumab IV (Stelara)	J7309	methyl aminolevulinate top	J7639	dornase alfa (Pulmozyme)
J3380	vedolizumab (Entyvio)	J7311	fluocinolone acetamide, intravitreal implant (Retisert)	J7641	flunisolide inh
J3385	velaglucerase alfa (Vpriv)	J7312	dexamethasone intravitreal implant (Ozurdex)	J7642	glycopyrrolate inh
J3396	verteporfin (Visudyne)	J7313	fluocinolone acetamide, intravitreal implant (Iluvien)	J7643	glycopyrrolate inh
J3397	vestronidase alfa-vjkb (Mepsevi)	J7314	fluocinolone acetamide, intravitreal implant (Yutiq)	J7659	isoproterenol inh
J3398	voretigene neparovec-rzyl (Luxturna)	J7318	hyaluronan (Durolane)	J7677	revefenacin inh
J3399	Zolgensma	J7320	hyaluronan (Genvisc)	J7680	terbutaline inh
J3490	unclassified drugs	J7321	hyaluronan (Hyalgan, Supartz, Visco-3)	J7681	terbutaline inh
J3530	nasal vaccine inhalation	J7322	hyaluronan (Hymovis)	J7683	triamcinolone inh
J3570	laetrile amygdalin Vit B17	J7323	hyaluronan (Euflexa)	J7684	triamcinolone inh
J3590	unclassified biologics	J7324	hyaluronan (Orthovisc)	J7685	tobramycin inh
J3591	unclassified drug / biologic ESRD	J7325	hyaluronan (Synvisc, Synvisc-One)	J7686	treprostinil (Tyvaso)
J7169	coagulation Factor Xa recomb (Andexxa)	J7326	hyaluronan (Gel-One)	J7999	misc compounded drug
J7170	emicizumab-kxwh (Hemlibra)	J7327	hyaluronan (Monovisc)	J8499	rx drug oral non-chemo
J7175	factor X human (Coagadex)	J7328	hyaluronan (Gelsyn)	J8510	busulfan (Myleran)
J7179	vWF recombinant (Vonvendi)	J7329	hyaluronan (Trivisc)	J8515	cabergoline
J7180	factor XIII human (Corifact)	J7331	hyaluronan (Synjoynt)	J8520	capecitabine 150 mg
J7181	factor XIII A-subunit recombinant (Tretten)	J7332	hyaluronan (Triluron)	J8521	capecitabine 500mg
J7182	factor VIII recombinant (NovoEight)	J7333	hyaluronan	J8560	etoposide (Vepesid)
J7183	vWF human (Wilate)	J7336	capsaicin 8% patch	J8562	fludarabine
J7185	factor VIII recombinant (Xyntha)	J7342	ciprofloxacin otc (Otipiro)	J8597	antiemetic oral
J7186	VIII/VWF complex human (Alphanate)	J7401	Mometasone fluoate sinus implant (Sinuva)	J8600	melphalan (Alkeran)
J7187	vWF complex (Humate-P)	J7504	anti-thymocyte glob equine	J8650	nabilone (Cesamet)
J7188	factor VIII recombinant (Obizur)	J7515	cyclosporine 25mg oral	J8655	netupitant 300mg, palonosetron 0.5mg (Akynzeo)
J7189	factor VIIa recombinant (Novoseven)	J7516	cyclosporine 250mg inj	J8700	temozolomide (Temodar)
J7190	factor VIII antihemophilic human (Hemofil M, Koate-DVI, Monoclate-P)			J8999	rx oral chemo
J7191	factor VIII antihemophilic factor [porcine])			J9015	aldesleukin (Proleukin)
J7192	factor VII recom NOS			J9022	atezolizumab (Tecentriq)
				J9023	avelumab (Bavencio)
				J9035	bevacizumab (Avastin)**
				J9039	blinatumomab (Blinicyto)
				J9042	brentuximab (Adcetris)
				J9044	bortezomib (Velcade)
				J9047	carfilzomib (Kyprolis)
				J9057	copanlisib (Aliqopa)
				J9118	calaspargase pegol-mknl (Asparlas)
				J9119	cemiplimab-rwlc (Libtayo)
				J9120	dactinomycin (Cosmegen)

J9145	daratumumab (Darzalex)	J9299	nivolumab (Opdivo)	Q3028	interferon beta-1a, SC (Rebif)
J9173	durvalumab (Imfinzi)	J9301	obinutuzumab (Gazyva)	Q4081	epoetin alfa ESRD (Epogen, Procrit)
J9176	elotuzumab (Empliciti)	J9302	ofatumumab (Arzerra)	Q5103	infliximab-dyyb (Inflectra)
J9177	enfortumab (Padcev)	J9307	pralatrexate (Folotyng)	Q5104	infliximab-abda (Renflexis)
J9198	gemcitabine (Infugem)	J9311	rituximab hyaluronidase (Rituxan Hycela)	Q5109	infliximab-qbtx (Ixifi)
J9203	gemtuzumab (Mylotarg)	J9312	rituximab (Rituxan)	Q5110	filgrastim-aafi (Nivestym)
J9204	mogamulizumab-kpkc (Poteligeo)	J9313	moxetumomab pasudotox-tdfk (Lumoxiti)	Q5112	trastuzumab-dttb (Ontruzant)
J9205	irinotecan liposome (Onivyde)	J9325	talimogene laherparepvec (Imlygic)	Q5113	trastuzumab-pkrb (Herzuma)
J9210	emapalumab (Gamifant)	J9328	temozolomide (Temodar)	Q5115	rituximab-abbs (Truxima)
J9216	interferon gamma 1b	J9330	temsirolimus (Torisel)	Q5117	trastuzumab-anns (Kanjinti)
J9217	leuprolide depot 7.5mg	J9352	trabectedin (Yondelis)	Q5119	rituximab-pvvr (Ruxience)*
J9225	histrelin imp (Vantas)	J9355	trastuzumab (Herceptin)	Q5121	infliximab-axxq (Avosola)
J9226	histrelin imp (Supprelin LA)	J9356	trastuzumab hyal (Herceptin Hylecta)	Q9991	buprenorphine ER <100mg (Sublocade)
J9228	ipilimumab (Yervoy)	J9358	fam-trastuzumab deruxtecan (Enhertu)	Q9992	buprenorphine ER >100mg (Sublocade)
J9229	inotuzumab ozo (Besponsa)	J9999	misc chemo	S0122	menotropins
J9245	melphalan hydrochloride (Melphalan)	Q2041	axicabtagene (Yescarta)	S0126	follitropin alfa
J9246	melphalan (Evomela)	Q2042	tisagenlecleucel (Kymriah)	S0128	follitropin beta
J9261	nelarabine (Arranon)	Q2043	sipuleucel-T (Provenge)	S0178	lomustine (Gleosine)
J9269	tagraxofusp (Elzonris)			S0189	testosterone pellet (Testopel)
J9271	pembrolizumab (Keytruda)				
J9285	olaratumab (Lartruvo)				

\*authorization is not required for oncology indications

\*\*authorization is not required for ophthalmic 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.
- J9306 (Perjeta) is available through the medical benefit without prior authorization (PA). J9035 (Avastin) and J9355 (Herceptin) are available on the medical benefit with PA. J2350 (Xolair) is available through the medical benefit with PA. Clinical criteria for these medications may be found on the provider portal.

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