

Codes	Service Description	Guidelines
97810, 97811, 97813, 97814	Acupuncture	<p>Guideline Note 92 - Acupuncture Visit</p> <p>Limitations and criteria found in guideline note 92.</p> <p>For Conditions of the back and Spine: A</p> <p>total of 30 visits per year of any combination of the following evidence-based therapies when available and medically appropriate. These therapies are only included on these lines if provided by a provider licensed to provide the therapy and when there is documentation of measurable clinically significant progress toward the therapy plan of care goals and objectives using evidence based objective tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).</p> <p>1) Rehabilitative therapy (physical and/or occupational therapy), if provided according to Guideline Note 6 REHABILITATIVE THERAPIES. Rehabilitation services provided under this guideline also count towards visit totals in Guideline Note 6</p> <p>2) Chiropractic or osteopathic manipulation</p> <p>3) Acupuncture</p>
E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1818, E1825, E1831	Adjust Ext/Flex Device	OAR 410-122-0678 – Dynamic Adjustable Extension/Flexion Devices

Codes	Service Description	Guidelines
Imaging Studies (CT, MRI, MRA, PET, Spect, Echo, etc.)	AIM	A list of codes reviewed by AIM can be found on the EOCCO Website
A0430, A0431, A0435, A0436	Air Transport and Mileage	Medical Necessity Review - MD
95115, 95120, 95145, 95165	Allergy Injections/ Immunotherapy (Treatment)	MCG A-0249 PA is required for more than 72 units of 95165 (72 units = 2 treatment sets at 36 units/set) Request provider's chart notes to include: # of treatment sets ordered with mix of antigens in each set # of doses planned per tx set Dosage schedule planned
00740, 00810	Anesthesia for Routine Endoscopies, MAC Anesthesia	MHMNC for Anesthesia Services
E0618, E0619, A4649, A4556, A4557, A4558, A4649	Apnea Monitor	OAR 410-122-0240 – Apnea Monitor for Infants. See OAR for Quantity Limits. 3 month rental. Request chart notes for additional months.
20610	Arthrocentesis and Aspiration for Viscosupplementation	Guideline Note 104 - Viscosupplementation of the Knee
S2117	Arthroereisis, subtalar	Guideline Note 38 - Subtalar Arthroereisis
27700, 27702, 27703	Arthroplasty, Ankle; W/Implant (Total Ankle)	MCG SG - MS for Musculoskeletal Surgery for other joint replacements not listed.
24360, 24362, 24363	Arthroplasty, Elbow	MCG S-420 - Elbow Arthroplasty

Codes	Service Description	Guidelines																
27090, 27091, 27125, 27130, 27132, 27134, 27137, 27138, S2118	Arthroplasty, Hip	MCG S-560 - Hip Arthroplasty																
27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487	Arthroplasty, Knee	MCG S-700 - Knee Arthroplasty, Total																
23470, 23472	Arthroplasty, Shoulder	MCG S-633 - Shoulder Arthroplasty																
29806, 29807, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29838, 29846, 29881, 29892, 29893, 29894, 29895, 29897, 29898, 29900, 29901, 29902, 29904, 29905, 29906, 29907, 29999, G0289, S2112	Arthroscopy, (other than knee)	<table border="0"> <tr> <td>MCG S-72 Ankle Arthroscopy</td> <td>MCG S-1220</td> </tr> <tr> <td>S-421 Elbow Arthroscopy</td> <td></td> </tr> <tr> <td>Wrist Arthroscopy</td> <td>MCG A-0492 TMJ</td> </tr> <tr> <td>Arthroscopy</td> <td>MCG SG-MS</td> </tr> <tr> <td>Musculoskeletal Surgery or specific surgery</td> <td>MCG S-1045 Acromioplasty and Rotator Cuff Repair</td> </tr> <tr> <td>0524 SLAP repair</td> <td>MCG A-0525</td> </tr> <tr> <td>Bankart Lesion Repair</td> <td>MCG A-0526</td> </tr> <tr> <td>Adhesive Capsulitis release</td> <td></td> </tr> </table>	MCG S-72 Ankle Arthroscopy	MCG S-1220	S-421 Elbow Arthroscopy		Wrist Arthroscopy	MCG A-0492 TMJ	Arthroscopy	MCG SG-MS	Musculoskeletal Surgery or specific surgery	MCG S-1045 Acromioplasty and Rotator Cuff Repair	0524 SLAP repair	MCG A-0525	Bankart Lesion Repair	MCG A-0526	Adhesive Capsulitis release	
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29870, 29874, 29875, 29876, 29877, 29880, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, G0289	Arthroscopy, Knee	MCG S-705 - Arthroscopy, Knee																
0092T, 0095T, 0098T, 0163T, 0164T, 22856, 22857, 22858, 22861, 22862, 22864, 22865	Artificial Disc Replacement	Guideline Note 101 - Artificial Disc Replacement																
V5268, V5269, V5270, V5271, V5272, V5273, V5274, V5283, V5290, V5030, V5040, V5050, V5060, V5130, V5140, V5170, V5180, V5210, V5220, V5246, V5247, V5252, V5253, V5256, V5257, V5260, V5261	Assistive Listening Devices, Including Hearing Aids	OAR 410-129-0070 – Limitations Guideline Note 143 - Treatment of Unilateral Hearing Loss																

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69310, 69610, 69620, 69631, 69632, 69633, 69635, 69636, 69637, 69641, 69642, 69643, 69644, 69645, 69646, 69436, 69433, 69910, 69433, 69436, 69511, 69450, S2225, 69424	Auditory System, Repair, Tympanostomy Tubes, and Mastoidectomy	Guideline Note 29 - Tympanostomy Tubes in Acute Otitis Media Guideline Note 51 - Chronic Otitis Media with effusion Guideline Note 154 - Ear Drum Repair
43644, 43645, 43659, 43842, 43843, 43845, 43846, 43847, 43848, 43999, 43770, 43771, 43772, 43773, 43774, 43775, S2083, 48155	Bariatric Surgery, Roux en Y, and Adjustable Gastric Banding	Guideline Note 8 - Bariatric Surgery
E0250, E0251, E0290, E0291, E0255, E0256, E0292, E0293, E0260, E0261, E0294, E0295, E0301, E0302, E0303, E0304	Beds, Hospital	OAR 410-122-0380 – Hospital Beds
81519, S3854, 81210, 81235, 81275, 81210	Biomarker Tests for Cancer Tissue	Guideline Note 148 - Biomarker Tests for Cancer Tissues
15820,15821,15824, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924	Blepharoplasty (Upper Eyelid Only)	Guideline Note 130 - Blepharoplasty
82785, 86001, 86003, 86005, 83516, 86849	Blood Allergy Testing, RAST and ALCAT	Moda MNC for Blood Allergy Testing 86001, 83516, and 86849 are non-covered.
A0380	Bls Mileage/Non Standard Only (eg. to Dr.'s appointment)	Medical Necessity Review
77078, 77080, 77081	Bone Density Mineral Studies	

Codes	Service Description	Guidelines
E0603, E0604	Breast Pumps, Electric	<p>OAR 410-122-0250 – Breast Pumps Guideline Note 140 - Breastfeeding Support and Supplies</p>
<p>11920, 11921, 11970, 15777, 19342, 19355, 19370, 19371, 19380, 19396, 19499, Q4116, 11920, 11921, 11970, 11971, 15341, 15777, 19316, 19318, 19324, 19325, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19380, C1789, L8600, Q4100, Q4116, S2066, S2067, S2068 Code 19366 possible E/I with Brava Bra</p>	<p>Breast Surgery (including augmentation, reduction, or reconstruction) For reconstruction following a mastectomy.</p>	<p>Guideline Note 79 - Breast Reconstruction</p>
91110, 91299, 44799, 0355T	Capsule Endoscopy	<p>Guideline Note 9 - Wireless Capsule Endoscopy</p>

Codes	Service Description	Guidelines
93268, 93270, 93271, 93272, 93224, 93227, 93228, 93229, 33282, 33284, 93285, 93291, 93298, 93299, 0295T, 0296T, 0297T, 0298T, C1764, E0616	Cardiac Event Recorder	MCG A-0122 - Loop recorder, Implantable Medicare NCD 20.15 - Electrocardiographic Services
27412, 27415	Cartilage Transplants	MHMNC - Knee Cartilage Transplants
A4326, A4349, A4327, A4328, A4330, A4331, A4332, A4333, A4334, A4338, A4340 - A4358, A4314, A4315, A4316, A5112, A5102, A4310, A4311, A4312, A4313	Catheters and Catheter Supplies	DME OAR 410 122 0560 USE table 122 0560 - 1 for items with quantity limits, and table 122-0560-2 for bundled items. Quantity Limitations Apply
52287	Chemodenervation of the Bladder	Guideline Note 45 - Chemodenervation of the Bladder
69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8628, L8629, L8692	Cochlear Devices	OAR 410-129-0240 - Cochlear Devices Guideline Note 31 - Cochlear Implantation
97532	Cognitive Rehabilitation	Guideline Note 90 - Cognitive Rehabilitation
45560, 57320, 57240, 57250, 57260, 57265, 57267, 57270, 57280, 57282, 57283, 57284, 57288, 57289, 57305, 57307, 57308, 57310, 57311, 57330, 57423, 57425, 57426, 51840, 51841, 51845, 51900, 51920, 51925, 51990, 51992	Colpopexy / Colpor-ryhaphy / Sling / Vaginal Fistula Repair, Rectal and Vaginal Prolapse	Guideline Note 47 - Urinary Incontinence Guideline Note 50 - Pelvic Organ Prolapse Surgery

Codes	Service Description	Guidelines
A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6549, S8420, S8421, S8422, S8423, S8425, S8426, S8427, S8428	Compression Garments	OAR 410-122-0658 - Permanent Rule filing. Quantity Limitations found in OAR Guideline Note 43 Lymphedema
95250, A9276, A9277, A9278, S1030, S1031	Continuous glucose monitoring	Guideline Note 108 - Continuous Glucose Monitoring
E0480, E0482, A7020, E0656, E0657	Cough Stimulating Device/Percussor	OAR 410-122-0211 - Cough Stimulating Devices
Courtesy Authorizations	Courtesy Authorizations	MI can approve for services or supplies that do not require a prior authorization such as DME under \$150, or OP surgeries. This includes OON providers who have a current referral on file to diagnose and treat. This does not include services for diagnoses that are below the line.
E0601, E0470	CPAP/Auto PAP/Bi-PAP	OAR 410-122-0202 - Positive Airway Pressure (PAP) Devices for Adult Obstructive Sleep Apnea. Limitations found in the OAR
81220, 81221, 81222, 81223, 81224	Cystic Fibrosis Screening	Guideline Note 16 - Cystic Fibrosis Carrier Screening OR Genetic Testing Algorithm
Dialysis Services	Dialysis Services	Prior authorization required for initial service only.
E1399, K0108	Durable Medical Equipment Misc	Medical Necessity Review
Obstetrics	Elective Abortions	Submit Claims directly to DMAP.

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Scheduled IP services	Elective In Patient surgeries	See criteria for specific codes/surgeries.
E0766	Electrical Stimulation Device Used for Cancer Tx	Medical Necessity Review
Obstetrics	Emergent Abortions	Submit Claims to Moda Health with chart notes.
31620	Endoscopic Ultrasound	MCG A-0099 - Endoscopic Ultrasound (with or without fine needle aspiration).
B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4158, B4157, B4159, B4160, B4161, B4162, B4164, B4168, B4172, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4224, B5000, B5100, B5200, S9433, S9434, S9435	Enteral and Parenteral Nutrition	Home Enteral/Parenteral and IV Services Administrative Rulebook OAR 410-148 Multiple sections of the OAR are applicable.
62310, 62311, 64484, 64483	Epidural Steroid Injections for Lumbar Back	Epidural Steroid Injections are no longer covered for acute or chronic back pain including cervical, thoracic, lumbar, and sacral conditions. Please see Guideline Note 37 for details.
J0882, J0888, J0887	Erythropoiesis Stimulating Agents (ESAs)	Guideline Note 7 - Erythropoiesis Stimulating Agents (ESAs)

Codes	Service Description	Guidelines
Insertion codes: 33946, 33947, 33948, 33949, 33951, 33952, 33953, 33954, 33955, 33956, 33987, 33988	Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support (ECLS)	MCG SG-CVS
36522	Extracorporeal Photopheresis	Guideline Note 115 - Extracorporeal Photopheresis
L9900, L8609, L8610, L8612, L8613, L8042, V2623, V2624, V2625, V2626, V2627, V2628, V2629	Eye Prostheses	OAR 410-122-0640 , Table 122-0640 - Eye Prostheses
L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049	Facial Prostheses	OAR 410-122-0680 - Facial Prostheses
29914, 29915, 29916	Femoroplasty	Guideline Note 114 - Femoroacetabular Impingement Syndrome
40819, 41010, D7960	Frenulotomy, frenulectomy, frenectomy	Guideline Note 48 - Frenulectomy/Frenulotomy Guideline Note 138 - Frenotomy for tongue tie in newborns OAR 410-123-1260 - Maxillofacial Dental Guideline
E1399, E8000, E8001, E8002	Gait Trainers	OAR 410-122-0375 - Walkers
J9301	Gazyva (Obinutuzumab)	Moda Pharmacy Criteria - Pg. 834

Codes	Service Description	Guidelines
<p>19316, 19324 -19325, 19340, 19342, 19350, 19357, 19357 -19380, 17380, "Multiple CPT codes apply with diagnosis codes for GID Female to Male procedures requiring prior authorization: 19301, 19303, 19304 Reassignment procedures: 54400-54417, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335"</p>	<p>Gender Reassignment</p>	<p>Guideline Note 127 - Gender Dysphoria</p>

Codes	Service Description	Guidelines
81211, 81213, 81212, 81214, 81215, 81216, 81217, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81240, 81241, 81242, 81245, 81250, 81251, 81252, 81253, 81254, 81256, 81257, 81261, 81262, 81263, 81264, 81265, 81266, 81267, 81268, 81270, 81280, 81281, 81282, 81288, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81310, 81315, 81316, 81317, 81318, 81319, 81321, 81322, 81323, 81324, 81325, 81326, 81330, 81331, 81332, 81340, 81341, 81342, 81350, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81380, 81381, 81382, 81383, 81355, 83520, 87153, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88283, 88285, 88289, 81415, 81416, 81430, 81431, 81440, 81460, 81465, 81599, 88299, 81434, 81437, 81438, 81442	Genetic testing - Non- Prenatal	Diagnostic Guideline D1 - Non Prenatal Genetic Testing Invalid Code after 12/31/2015: 81162

Codes	Service Description	Guidelines
81200, 81228, 81229, 81243, 81244, 81255, 81255, 81260, 81401, 81420, 81507, 81510, 81511, 81512, 83020, 83021, 88235, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88291, 88280, S0265, 96040, 59000, 59015, 81401, 81599, 84999, 81479, 81420	Genetic Testing - Prenatal	Diagnostic Guideline D17 - Prenatal Genetic Testing
81595	Genetic Testing for Transplant Rejection	Guideline Note 151 - Cardiac Transplant Genetic Testing for Transplant Rejection
J0256, J0257	GLASSIA (Alpha 1 Proteinase Inhibitor	MCG A-0468 Alpha 1 Proteinase Inhibitor
E2100, E2101	Glucose Monitors with Integrated Voice Synthesizer	OAR 410-122-0520 - Glucose Monitors and Diabetic Supplies
J1442, J1447, J2505, J2820 New code as of 7/1/2016 -reviewed by Moda Health: Q5101	Granulocyte Colony Stimulating Factors (GCSFs) - Leukine, Neupogen, Neulasta, Grannix	MHMNC GCSFs (Granulocyte Colony Stimulating Factors)
49505, 49520, 49525, 49540, 49555, 49560, 49565, 49570, 49580, 49568, 49585, 49590, 49650, 49651, 49652, 49653, 49654, 49655, 49656, 49657	Hernia Repair	Guideline Note 24 - Complicated Hernias. For Hernias not related to Guideline Note 24, please use MCG.
S2325	Hip core decompression	Guideline Note 83 - Hip Core decompression

Codes	Service Description	Guidelines
Home Health	Home Health (PT/OT/SN/MSW/HHA)	Medical Necessity Review - MM-UPM-725
S5036, B9998, B9000, B9002, E0776, S9342, S9325, S9326, S9327, S9328, S9329, S9368, 99601, 99602, S9379, T1001, S9373, S9374, S9375, S9376, S9377, S9497, S9494, S9500, S9501, S9502, S9503, S9504, S5036, S5497, S5501, S5517, S5520, S5521, S9331, S9336, S9341, S9342	Home Infusion, Enteral Nutrition, TPN	Home Enteral/Parenteral and IV Services Administrative Rulebook Home Health and Home Infusion Professional Services cannot be billed at the same time and are a duplication of services.

Codes	Service Description	Guidelines
00170, 48999	Hospital Dentistry	OAR 410-123-1490 - Hospital Dentistry
55040, 55041, 55060	Hydrocele Treatment	Guideline Note 63 - Hydrocele Repair
E0225, E0239	Hydrocollator Unit	Medicare LCD L28484 with Policy Article A48008
Q2042, J1725	Hydroxyprogesterone Caproate (Makena)	MHMNC Hydroxyprogesterone Caproate criteria
G0277	Hyperbaric Oxygen Therapy	Guideline Note 107 - Hyperbaric Oxygen MCG A-0250 - Hyperbaric Oxygen
58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58544, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58150, 58152, 58180, 58200, 58210, 58953, 58954, 58956, 58146, 58561, 58353, 58356, 58563,	Hysterectomies, Ablations, Other surgeries of female genital organs (Hysterectomy, ablation, adnexectomy, myomectomy, embolization)	Guideline Note 39 - Endometriosis and Adenomyosis Guideline Note 40 - Uterine Leiomyoma Guideline Note 44 - Menstrual Bleeding Disorders Guideline Note 55 - Pelvic Pain Syndrome Guideline Note 59 - Dysmenorrhea Guideline Note 127 - Gender Dysphoria Guideline OAR 410-130-0580 – Hysterectomies and Sterilization
L8681, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695	Implantable Neurostimulator	MCG A0243 - Implanted Electrical Stimulator - Spinal Cord MCG A0645 - Implanted Electrical Stimulator - Sacral Nerve
69710, 69711, 69714, 69715, 69717, 69718, L8690, L8691, L8693	Implantation, Osseointegrated Implant Temporal Bone; W/O Mastoidectomy (BAHA)	Guideline Note 103 - Bone Anchored Hearing Aids Guideline Note 143 - Treatment of Unilateral Hearing Loss

Codes	Service Description	Guidelines
C9472	IMLYGIC (Talimogene laherparepvec)	New code as of 7/1/16 MHMNC - IMLYGIC (Talimogene Laherparepvec) - in development
A4335, A4336, A4360, A4520, A4554, T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4538, T4543, T4544, T4536, A4927	Incontinent Supplies	OAR 410-122 -0630 - Incontinent Supplies Quantity Limitations found in OAR
E0784, K0455, K0552, A4221	Infusion Pumps and Supplies	OAR 410-148-0060 Authorization (1) (a) All enteral/parenteral or IV infusion pumps, the provider is required to submit documentation with each request that other (non-pump) methods of delivery do not meet the client's medical need;
54200, J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Mcg A-0639 - Collagenase, Injectable
G0249	INR Monitor, Home Use	MCG A-0650 Prothrombin Time (INR) Home Monitoring Device
95940, 95941	Intraoperative Neurophysiologic Monitoring	Prior authorization is not required, however, medical necessity will be reviewed in claims. MHMNC Intraoperative Neurophysiologic Monitoring
J1439, J1750, J1756, J2916, Q0138	Intravenous Iron	MHMNC for IV Iron

Codes	Service Description	Guidelines
Inpatient Services and Procedures	IP, Inpatient	All Inpatient procedures require a prior authorization
E0500, E0550, E0555, E0560	Ippb	410-122-0206 – Intermittent Positive Pressure Breathing
J1562, J1599, 90281, 90283, 90284	IVIG - Intravenous Immune Globulin	MHMNC Intravenous Immune Globulin
22510, 22511, 22512, 22513, 22514, 22515, S2360, S2361	Kyphoplasty/Vertebroplasty	Guideline Note 109 - Vertebroplasty, Kyphoplasty, Sacroplasty
96900, 96920, 96921, 96922	Laser treatment for inflammatory skin disease (psoriasis)	MCG A-0256 - Laser Therapy, Skin Guideline Note 21 - Severe Inflammatory Skin Disease
91200	Liver Elastography	Guideline Note 76 - Liver Elastography
J0221	Lumizyme (Alglucosidase alfa)	MCG A-0458 Alglucosidase alfa
32491, 32672	Lung Volume Reduction Surgery	Guideline Note 112 - Lung Volume Reduction Surgery
E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0671, E0672, E0673, E0675, E0676	Lymphedema Pumps and Treatment	OAR 410-122-0480 - Lymphedema 43 - Lymphedema Guideline Note

Codes	Service Description	Guidelines
K0003, K0004, K0005, K0006, K0007, K0009	Manual Wheelchair Bases	OAR 410-122-0320 - Manual Wheelchairs . Manual wheelchairs are Capped Rentals only.
19301, 19302, 19303, 19304, 19305, 19306, 19307	Mastectomy	Guideline Note 3 - Prophylactic tx for prevention of breast cancer Guideline Note 79 - Breast Reconstruction
D5900-D5999	Maxillofacial Medical Services	OAR 410-122-1220 - Coverage According to the Prioritized List
97802, 92803, 97804, G0270, G0271	Medical Nutrition Therapy, Intensive	Guideline Note 5 - Obesity and Overweight Guideline Note 84 - Medical Nutrition for Epilepsy
A4619, A7006, A7010, A7011, A7012, A7013, A7014, A7015, A7017, A7525, E1372, A7003, A7004, A7005, A7006, A7013, A7015, A7525, A7014, E0574, E0575, E0585, A4619, A7007, A7008, A7009	Nebulizers, Accessories Quantity Limitations apply. See Table 122-0201-1	OAR 410-122-0204 - Nebulizers and Accessories
A7017, E0565, E0572, E0585, E0575	Nebulizers, Large Volume	OAR 410-122-0204 - Large Volume Nebulizers
64400 - 64450	Nerve Blocks	Covered Service Per Ancillary Guideline Note A1
E0744, E0745	Neuromuscular Stimulators (NMES, FES)	OAR 410-122-0515 - Neurostimulators



Codes	Service Description	Guidelines
S0209, S0215, T2001, T2002, T2003, T2005, T2049	Non-Emergency Transportation	See EOCCO Member Handbook
E0485, E0486	Oral Devices and Appliances covered under medical	OAR 410-123-1260 - Oral Devices and Appliances

Codes	Service Description	Guidelines
L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820, L2999, L4002, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4110, L4130, L4205, L4210, L4350, L4360, L4361, L4370, L4370, L4380, L4386, L4392, L4396	Orthotics and Prosthetics, Ankle-Foot Orthosis/Knee-Ankle-Foot Orthosis	OAR 410-122-0662 - Ankle-Foot Orthosis/Knee-Ankle-Foot Orthosis Quantity Limitations are found in the OAR.
L8015, L8030, L8031, L8032, L8035, L8039, A4280	Orthotics and Prosthetics, External Breast Prosthesis	OAR 410-122-0655 - External Breast Prosthesis

Codes	Service Description	Guidelines
L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049	Orthotics and Prosthetics, Facial Prostheses	OAR 410-122-0680 - Facial Prostheses
L6900, L6905, L6910, L6915	Orthotics and Prosthetics, Hand Restoration	Medical Necessity Review
L2040, L2050, L2060, L2070, L2080, L2090	Orthotics and Prosthetics, Hip-Knee-Ankle-Foot Orthosis (HKAFO)	Medical Necessity Review
L6380, L6382, L6384, L6386, L6388	Orthotics and Prosthetics, Immediate Post-Surgical or Early Fitting	Medical Necessity Review

Codes	Service Description	Guidelines
A4466, K0672, K0901, K0902, L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1847, L1848, L1850, L1860, L2275, L2320, L2330, L2385, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2750, L2755, L2780, L2785, L2795, L2800, L2810, L2820, L2830, L2999, L4002, L4205, L4210, L9900	Orthotics and Prosthetics, Knee Orthoses	Medicare LCD L33318 and Policy Article A52465

Codes	Service Description	Guidelines
L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5611, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5680, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5826, L5830, L5840, L5845, L5850, L5855, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, L5966, L5968, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5990, L5999, L7510, L7520, L8400, L8410, L8417, L8420, L8430, L8440, L8460, L8470, L8480	Orthotics and Prosthetics, Lower Limb Prostheses	Medicare LCD L33787 and Policy Article A52496 for Lower Limb Prostheses
L8000, L8001, L8002, L8015, S8460	Orthotics and Prosthetics, Mastectomy Garments	OAR 410-122-0655 - External Breast Prosthesis

Codes	Service Description	Guidelines
L0710, L1000, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L0970, L0972, L0974, L0976, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755	Orthotics and Prosthetics, Misc. Orthoses	Medical Necessity Review

Codes	Service Description	Guidelines
L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3205, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, L3649	Orthotics and Prosthetics, Orthopedic Shoes	Medicare LCD L33641 and Policy Article A52481
L6050, L6055, L6200, L6205, L6300, L6320, L6450, L6550, L6582, L6584, L6586, L6588, L6590, L6940, L6580	Orthotics and Prosthetics, Shoulder/Elbow/Wrist Disarticulation	Medical Necessity Review



Codes	Service Description	Guidelines
L0450, L0452, L0454, L0456, L0458, L0460, L0462, L0464, L0466, L0468, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0626, L0627, L0628, L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0999, L1499, L4000, L0622, L0624, L0641, L0642, L0643, L0648, L0649, L0650, L0651, L0984, L4002	Orthotics and Prosthetics, Spinal Orthoses	OAR 410-122-0660 - Orthotics and Prosthetics Medicare LCD L33790 and Policy Article A52500
L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810	Orthotics and Prosthetics, Terminal Devices	Medical Necessity Review
A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513	Orthotics and Prosthetics, Therapeutic Shoes for Diabetics	OAR 410-122-0475 - Therapeutic Shoes for Diabetics

Codes	Service Description	Guidelines
L3650, L3660, L3670, L3670, L3671, L3675, L3677, L3956, L3980, L3982, L3984, L3995, L3999, L3806, L3807, L3808, L3900, L3901, L3904, L3905, L3906, L3908, L3912, L3913, L3915, L3917, L3919, L3919, L3921, L3923, L3925, L3929, L3931, L3933, L3935, L3702, L3710, L3720, L3730, L3740, L3760, L3762, L3763, L3764, L3765, L3766, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3956, L3980, L3982, L3984, L3995, L3999	Orthotics and Prosthetics, Upper Extremity Orthoses	Medical Necessity Review

Codes	Service Description	Guidelines
L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6684, L6890, L6895, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L8415, L8435, L8465, L8485, L6000, L6010, L6020, L6100, L6110, L6120, L6130, L6250, L6400, L6500	Orthotics and Prosthetics, Upper Extremity Prosthesis	Medical Necessity Review
E0747, E0748, E0760, E1399	Osteogenesis Stimulators	OAR 410-122-0500 - Osteogenesis Stimulator

Codes	Service Description	Guidelines
98925, 98926, 98927, 98928, 98929, 98940, 98941, 98942, 98943	Osteopathic Manipulative Treatment/Chiropractic Services	<p>410-130-0240 – Medical Services (3) Coverage for medically appropriate chiropractic services provided by an enrolled chiropractor is subject to the HERC Prioritized List and benefit plan for:</p> <ul style="list-style-type: none"> (a) Diagnostic visits including evaluation and management services; (b) Chiropractic care including manipulative treatment; (c) Laboratory and radiology services. <p style="text-align: right;">For</p> <p>Conditions of the back and Spine: A total of 30 visits per year of any combination of the following evidence-based therapies when available and medically appropriate. These therapies are only included on these lines if provided by a provider licensed to provide the therapy and when there is documentation of measurable clinically significant progress toward the therapy plan of care goals and objectives using evidence based objective tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).</p> <ul style="list-style-type: none"> 1) Rehabilitative therapy (physical and/or occupational therapy), if provided according to Guideline Note 6 <p>REHABILITATIVE THERAPIES. Rehabilitation services provided under this guideline also count towards visit totals in Guideline Note 6</p> <ul style="list-style-type: none"> 2) Chiropractic or osteopathic manipulation 3) Acupuncture

Codes	Service Description	Guidelines
A4361, A4362, A4363, A4364, A4366, A4367, A4369, A4371, A4372, A4373, A4375, A4376, A4377, A4378, A4379, A4380, A4381, A4382, A4383, A4384, A4385, A4388, A4390, A4391, A4392, A4395, A4396, A4397, A4398, A4399 - A4456, A5120, A5121, A5122, A5126, A5056, A5057, A5061, A5062, A5063, A5071, A5072, A5073	Ostomy Supplies	OAR Tables 122-0540-1, and 122-0540-2 for quantity limits. Quantity Limits Apply
92597, 92607, 92608, 92609, E1902, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, L8500, L8505, L8507	Other Speech Services, Includes Augmentative Devices	OAR 410-129-0200 – Speech-Language Pathology 129-0220 - Augmentative Devices 410-

Codes	Service Description	Guidelines
95831, 95832, 95833, 95834, 95851, 95852, 97001, 97002, 97003, 97004, 97012, 97022, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97530, 97532 , 97535, 97542, 97755, 97760, 97761, 97762, 97799, 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92610, 92611, S9152, V5336 - V5364, 93797, 93798, G0422, G0423, S9472, S8990,	Outpatient rehabilitation services (Physical, Occupational, Speech Therapy, and Cardiac and Vascular Rehabilitation,)	<p>Guideline Note 6 - Rehabilitative Therapies (PT, OT, ST)</p> <p>Mechanical Traction (97012) is not included on line 366 or 407 for back and neck conditions. See Guideline Note 56 for more information.</p> <p>TENS Application 64550, 97014 and 97032 are not included on the prioritized list for any condition.</p> <p>For Conditions of the back and Spine: A total of 30 visits per year of any combination of the following evidence-based therapies when available and medically appropriate. These therapies are only included on these lines if provided by a provider licensed to provide the therapy and when there is documentation of measurable clinically significant progress toward the therapy plan of care goals and objectives using evidence based objective tools (e.g. Oswestry, Neck Disability Index, SF-MPQ, and MSPQ).</p> <p>1) Rehabilitative therapy (physical and/or occupational therapy), if provided according to Guideline Note 6 REHABILITATIVE THERAPIES. Rehabilitation services provided under this guideline also count towards visit totals in Guideline Note 6</p> <p>2) Chiropractic or osteopathic manipulation</p> <p>3) Acupuncture</p>

Codes	Service Description	Guidelines
E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E1390, E1391, E1392, E1399, K0738	Oxygen Equipment/Concentrators, Portable Systems, and Contents	OAR 410-122-0203 – Oxygen and Oxygen Equipment
A4608, A4614, A4615, A4616, A4617, A4619, A4620, A4627, E0455, E0550, E0555, E0560, E0580, E1353, E1355, E1405, E1406, E0605, E0606, S8185	Oxygen, Supplies and Add Ons	OAR 410-122-0203 – Oxygen and Oxygen Equipment
62350, 62351, 62360, 62361, 62362	Pain Pump Insertion - Epidural / Intrathecal	MCG A-0420 Intrathecal Pump Implantation
A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7046, E0562,	PAP and Respiratory Assist Device (RAD) Supplies	OAR 410-122-0202 - Respiratory Supplies
E0630, E0635, E0621	Patient Lifts	OAR 410-122-0590 - Patient Lifts
E1011, E1014, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E2291, E2292, E2293, E2294, K0890, K0891	Pediatric Wheelchairs	OAR 410-121-0720 - Pediatric Wheelchairs
J2507	Pegloticase	MCG A-0674 Pegloticase
54304, 54308, 54312, 54316, 54318, 54322, 54324, 54326, 54328, 54332, 54390	Penile Anomaly Surgeries	Guideline Note 73 - Penile Anomalies
K0800, K0801, K0802	POV (Power Operated Vehicle), Scooter	OAR 410-122-0330 - Power Operated Vehicles

Codes	Service Description	Guidelines
E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E2310, E2311, E2313, E2321, E2322, E2325, E2326, E2327, E2328, E2329, E2330, E2374, E2375, E2376, E2377, E1016, E1018, E2351, E2368, E2369, E2370, E0985, E1015, E1017, E1030, E1225, E1226, E2231, E2619, E1399, K0108, E0950, E2624, E2625	Power and Manual Wheelchair Accessories	OAR 410-122-0340 - Wheelchair Accessories
E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E2310, E2311, E2313, E2321, E2322, E2325, E2326, E2327, E2328, E2329, E2330, E2374, E2375, E2376, E2377, E1016, E1018, E2351, E2368, E2369, E2370, K0108, E1399	Power Wheelchair Accessories	OAR 410-122-0340 - Wheelchair Accessories
K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0864	Power Wheelchair Bases	OAR 410-122-0325 - Power Wheelchair Bases

Codes	Service Description	Guidelines
E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0196, E0197, E0198, E0193, E0277, E0371, E0372, E0373, E1399	Pressure Reducing Support Surfaces	OAR 410-122-0400 - Pressure Reducing Support Surfaces
J3489, J2430, J1740	Reclast / Zometa/Pamidronate (Zoledronic Acid)	MCG A-0294 Biphosphonate , Intravenous
90378	RespiGam/Synagis/Palivizumab for RSV	OMAP Pharmaceutical Services PA Manual - Synagis
E0471, E0470, E0472	Respiratory Assist Devices (RAD)	OAR 410-122-0205 - Respiratory Assist Devices
67220, 67221, 67225, 67227, 67228, 67229	Retinopathy Surgery Procedures	Guideline Note 10 - Central Serous Chorioretinopathy and Posterior Cyclitis
E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E2619	Seat Cushions and Backs	OAR 410-122-0340 - Wheelchair Accessories
J0881, J1830, J1438, Q9920, Q9940, J0885, J3030, J9212, J2820	Self Injectables	As of 1/1/16 - self-injectables are authorized by Moda Health Pharmacy

Codes	Service Description	Guidelines
31295, 31296, 31297, 30520, 30620, 30400, 30410, 30420, 30430, 30450, 30460, 30462, S2342, 31000, 31002, 31020, 31030, 31032, 31040, 31050, 31051, 31090, 31075, 31080, 31081, 31084, 31085, 31086, 31087, 31090, 61782	Sinus Surgeries - Balloon Endoscopy and Septoplasty, Rhinoplasty	Guideline Note 35 - Sinus Surgeries
Q4100 - Q4165	Skin substitutes	Medicare, FDA, Moda MNC
95782, 95800, 95801, 95805, 95807, 95808, 95810, 95811, G0398, G0399, G0400	Sleep Studies	Guideline Note 118 - OSA diagnosis and tx for children Guideline Note 27 - Sleep Apnea (CPAP) Diagnostic Guideline D8 - Diagnostic testing for OSA in Adults

Codes	Service Description	Guidelines
<p>J0178, J2503, J2778, J2820, J2469, J9264, J9035, J9055, J9033, J9310, J9355, J1442, J2505, J2820, J0881, J0885, J1745, J0129, J2323, Q2043, J9041, J9042, J9303, J9305, J3262, J1556, J1572, J1557, J1566, J1568, J1569, J1561, J9179, J1559, J9043, J9354, J9047, J1568, J9306, J1459, J2353, J1602, J3357, J9262, J9228, J9400</p> <p>New Drugs as of 1/1/16 J0490, J0585, J0586, J0587, J0588, J0597, J0598, J1290, J0800, J0897, J1300, J1447, J1599, J9302, J9371, J3380, J9308, J9271, J9299, Q2044</p> <p>New as of 7/1/2016 J9032, J9207, J0202, J9032, J9039, J1786, J1743, J3060, J0180, J1575, J9207, J0202, J2796, J3489, J0596, J2860, J1322, J2357, Q5101, Q5102</p>	<p>Specialty Drugs (not all specialty drugs on this list are covered per EOCCO. Please check non covered codes)</p>	<p>Magellan RX - (LINK)</p>
<p>L8509, L8510, L8511, L8512, L8513, L8514, L8515, V5336</p>	<p>Speech, Voice Prosthesis</p>	<p>OAR 410-129-0200 - Voice Prosthesis</p>
<p>E0749, 63650, 63655, 63685, 63688, 64575, 64590, 95972, L8680</p>	<p>Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim)</p>	<p>Moda MNC for Spinal Cord Stimulator</p>

Codes	Service Description	Guidelines
63003, 63012, 63016, 63017, 63030, 63035, 63042, 63044, 63047, 63055, 63056, 63057, 63064, 63066, 63077, 63078, 63081, 63082, 63085, 63086, 63088, 22532, 22548, 22554, 22590, 22855, 22899, 22551, 63001, 63005, 63015, 63045, 63046, 63050, 63051, 63077, 63090, 22600, 0202T, 63048, 22851, 22224, 22533, 22830, 22852, 22558, 22610, 22630, 22612, 63087, 22810, 22100, 22110, 22112, 22114, 22116, 22207, 22216, 22220, 22222, 22226, 22532, 22534, 22548, 22552, 22808, 22812, 22865, 63662, 63663, 63664, 22206, 63090, 63101, 63102, 63103, 63170, 22214, 22632, 63001, 63015, 63045, 63048, 63050, 63051, 63020, 63040, 63043, 63091, 63180, 63182, 63185, 63190, 22595, 22556	Spinal Procedures (Osteo)	<p>Guideline Note 37 for Surgical Interventions for conditions of the Back and the Spine other than Scoliosis. This is a NEW guideline Note. It may REPLACE MCG Guidelines in some cases.</p> <p>MCG S-810 Lumbar Discectomy, Foraminotomy, or Laminotomy</p> <p>S-830 Lumbar Laminectomy MCG S-820 Lumbar Fusion</p> <p>Lumbar Spine Surgery MCG S-5810</p> <p>Cervical fusion, Anterior MCG S-320</p> <p>Cervical Fusion - Posterior MCG S-330</p> <p>41 - Scoliosis Guideline Note</p> <p>Scoliosis, posterior instrumentation MCG S-1056 Spine,</p> <p>Smoking and Spinal Fusions Guideline Note 100 -</p> <p>Evaluation and Management of LBP Guideline Note 94 -</p> <p>Artificial Disc Replacement Guideline Note 101 -</p> <p>Vertoplasty, Kyphoplasty and Sacroplasty Guideline Note 109 -</p>
E0637, E0638, E0641, E0642, E0700, E1399	Standing and Positioning Aids	OAR 410-122-0365 Standing and Positioning Aids
20982, 61796, 61798, 63620, 77371, 77372, 77373, 77422, 77423, 77432, 77435, 77520, 77522, 77523, 77525, G0339, G0340, 0169T	Stereotactic Computer-Assisted (Navigational) Procedure	MCG A-0423 Stereotactic Radiosurgery

Codes	Service Description	Guidelines
15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908	Strabismus Interventions due to Neurologic Disorders	Mcg SG-HNS for Head and Neck Surgery procedures.
A4220 A4263 A4266-A4269 A4300 A4305-A4320 A4330-A4331 A4333-A4346 A4348-A4362 A4367 A4369 A4371-A4373 A4375-A4385 A4387-A4399 A4404-A4421 A4465 A4550 A4561-A4562 A4565 A4649 A5051-A5112	Supplies and DME covered in the office setting	DME OAR 410 122 0560
Telemedicine	Telemedicine	GUIDELINE NOTE 65 , Telephone and Email Consultations;OAR 410-120-1200 – Excluded Services and Limitations; OAR 410-130-0610 Telemedicine
42820, 42821, 42835, 42830, 42831, 42836, 42826, 42825, 42999	Tonsillectomy, Adenoidectomy	Guideline Note 36 - Adenotonsillectomy for indications other than Sleep Apnea Guideline Note 118 - Diagnosis and Treatment of Sleep Apnea in Children

Codes	Service Description	Guidelines
E0720, E0730, A4556, A4557, A4558, A4595, A4630	Transcutaneous Electrical Nerve Stimulator (TENS)	410-122-0500 – Transcutaneous Electrical Nerve Stimulator (TENS)
S9975	Transplant Related Lodging, Meals And Transportation, Per Diem	410-124-0020 Prior Authorization for All Covered Transplants, Except Cornea and Kidney
44135, 44136, 44137, 65710, 65730, 65750, 65755, 65756, 65757, 50300, 50320, 50340, 50360, 50365, 50370, 50547, S0265, 47135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 48550, 48551, 48552, 48554, 48556, S2065, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, S9975, 33933, 33935, 33940, 33944, 33945, 38230, 38232, 38240, 38241, 38242, S2150, S2053, S054, S2055, S2060, S2065, S2150, S2152	Transplants and Donor Transplant Services	OAR 410-124-0020 Prior Authorization for All Covered Transplants Guideline Note 14 - Second Bone Marrow Transplants Guideline Note 25 - Stem Cell Transplant for Neuroblastomas Guideline Note 70 - Heart-Kidney Transplants
L8603, L8604, L8606, 64561, 64555	Urinary Incontinence	MHMNC Urinary Incontinence Treatment Medicare NCD 230.18 for Sacral Nerve Stimulation

Codes	Service Description	Guidelines
<p>Covered Codes: New Codes as of 1/1/16: G0477, G0478, G0479 - Presumptive (screening) G0480, G0481, G0482, G0483 - Definitive (confirmative) 83789 allow with diagnosis codes for seizures ICD9 codes: 345.0-345.9, 780.31 - 780.33, and 780.39 ICD10 codes effective 10/1/2015: G40.A01, G40.A09, G40.A11, G40.A19, G40.301, R56.00, R56.01, R56.1, R56.9 Invalid Codes as of 1/1/15: G0431, G0434, G6058, 80100, 80101, 80104 Invalid Codes as of 1/1/2016: 80164, 80299</p>	<p>Urine Drug Screening (Therapeutic Drug Monitoring)</p>	<p>MHMNC for Therapeutic Drug Monitoring Post claim clinical review for Definitive codes G0481, G0482, G0483 Required.</p>
<p>61885, 61886, 64553, 64568, 64569, 95970, 95974, 95975, L8680, L8682, L8683, L8685, L8686, L8687</p>	<p>Vagus Nerve Stimulator</p>	<p>MHMNC for Vagus Nerve Stimulation</p>
<p>E0457, E0459, E0465, E0466</p>	<p>Ventilators and Supplies</p>	<p>OAR 410-122-0210 – Ventilators</p>
<p>33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991</p>	<p>Ventricular Assist Device Procedures</p>	<p>Guideline Note 18 - Ventricular Assist Devices</p>
<p>J1322</p>	<p>Vimizin (Eosulfase Alfa)</p>	<p>Moda Pharmacy Criteria</p>

Codes	Service Description	Guidelines
92065, 64550, 90867, 90868, 90869	Vision Therapy (orthoptic and pleoptic training)	OAR 410-140-0140 - Vision Services
	Vision treatment	Authorization is required for all non-routine services/surgeries
S0500, S0510, S0512, S0514, S0580, S0592, S0504, S0506, S0508, S0595, S0580, S0581, S0590, V2499, V2630, V2631, V2632, V2700, V2702, V2744, V2784, V2020 - V2788	Vision, Contact Lenses, Glasses	410-140-0160 – Contact Lens Services and Supplies OAR 410-140-0260 – Purchase of Glasses OAR 410-140-0040 –Prior Authorization
92002, 92004, 92012, 92014, 92081-92083, 92100, 92140, 92133, 92134	Vision: Ophthalmology, Diagnostic Evaluations, Comprehensive exam services. (Office Visits for Medical diagnosis only)	OAR 410-140-0140 - Vision Services Diagnostic Guideline Note D20 - Ophthalmology Diagnostic Visits
	Vision: Services for the purpose of prescribing or fitting glasses or contact lenses (Office Visit)	OAR 410-140-0140 - Vision Services
93745, K0606, K0607, K0608, K0609, E0617	Wearable Cardiac Defibrillators	Guideline Note 50 - Wearable Cardiac Defibrillators
A6000, A6550, E2402, 97605, 97606, 97607, 97608	Wound Vacs/Negative Pressure Wound Therapy	OAR 410-122-0700 – Negative Pressure Wound Therapy Pumps Guideline Note 62 - Negative Pressure Wound therapy
J2357	Xolair (omalizumab)	MCG A-0315 Omalizumab

Codes	Service Description	Guidelines
S9451	Yoga, Supervised Exercise Therapy for Conditions of the Back and Spine	<p>Guideline Note 56 - Non Interventional Treatments for Conditions of the back and spine. The Keele STarT score must be a total of 4 or more to be eligible for these interventions.</p>