*Disclaimer: A referral is when your main doctor sends you to see a specialist, while an authorization is when your health plan approves a service or treatment to make sure it's necessary and covered. If a service or item has a Medicare or MCG Health review policy, it needs authorization first before it can be ordered or given. This check makes sure the service is medically necessary. Only services that are medically necessary are covered, as stated in the benefit documents. The list below may change based on the policy above.

SERVICES	CPT/HCPCS -Physician Administered Drugs (PADs) indicated in blue
Behavioral Health Services	90867, 90868, 90869, 90870, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T ***Behavioral health authorization is managed by Lucet. Authorization can be requested electronically at https://webpass.ndbh.com/ or by fax at 816-237-2382.
Bone growth stimulator	20974, 20975, 20979
Breast reconstruction (non-mastectomy)	19316, 19318, 19325, L8600
Cancer supportive care	J1454, J0185, J1453, J1627, J1442, Q5110, Q5101, J2506, Q5122, Q5111, Q5108, J2820, J1447, J1448, Q5125, J0897, J1456, J1449, J0885
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology (EP) implants, and stress echocardiograms prior to performance.
Cardiovascular	E0616, 33285, 93653, 93656, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231
Cartilage Implants	27415, 27416
Chemotherapy	Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), chemotherapy injectable drugs that have a Q code, chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code. Notification required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical, and intrathecal for a cancer diagnosis.
Cochlear and other auditory implants	69714, 69930, L8614, L8619, L8690, L8691, L8692.

SERVICES	CPT/HCPCS -Physician Administered Drugs (PADs) indicated in blue
Continuous Glucose monitor	A4238, A4239, E2102, E2103
Cosmetic and reconstructive procedures	11960, 11971, 15820, 15821, 15822, 15823, 15830, 15847, 15877, 15878, 15879, 17106, 17107, 17108, 17999, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21230, 21235, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, 21299, 21740, 21742, 21743, 28344, 30540, 30545, 30560, 30620, 31295, 31296, 31297, 31298, 31299, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67912, 67950, 67961, 67966, Q2026
Non-Prosthetic Durable medical equipment (DME)	E0466, E0766, E1230, E1239, E2510, K0801, K0806, K0808, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0877, K0884, K0890, K0891, K0898, K0899
End-stage renal disease/dialysis services	Advance notification is required if a plan member is referred to an out-of-network provider for dialysis services. The purpose of steering to an in-network dialysis center is to avoid high cost-shares for plan members, even when they may have out-of-network benefits.
Gender dysphoria treatment	55970, 55980, The below surgical codes, when billed with one of the following **Dx codes:** **F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890** 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15775, 15776, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 19303, 21899, 31599, 31899, 53410, 53420, 53425, 53430, 54125, 54400, 54401, 54405, 54408, 54520, 54660, 54690, 55175, 55180, 55866, 56625, 56800, 56805, 57106, 57110, 57291, 57292, 57295, 57296, 57335, 57426,58661, 58720, 58940, 64856, 64892, 64896, 92507, 92508
Home health care	99503, 99505, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, G2168, G2169, S9122, S9123, S9124, S9127, S9128, S9129, S9131, S9474
Hysterectomy (abdominal and laparoscopic surgeries) – Inpatient and outpatient procedures	58150, 58152, 58180, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573
Hysterectomy (vaginal) – Inpatient only	58260, 58262, 58263, 58267, 58270, 58290, 58291, 58292, 58294

SERVICES	CPT/HCPCS -Physician Administered Drugs (PADs) indicated in blue
Injectable medications	J0791, J0172, J7171, J0225, J0585, J0586, J0587, J0588, J0589, J3111, J0897, J2329, J1442, J1447, J1449, Q5108, Q5110, Q5120, Q5122, Q5125, Q5127, Q5130, J3247, J0584, J1413, J1302, J3380, J1305, J0223, J1411, J7320, J7321, J7322, J7323, J7324, J7326, J7327, J7329, J7331, J7332, 90283, 90284, J1459, J1551, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1576, J1599, J1745, J1437, J1439, J2782, Q5136, J0175, J2507, J0174, J1306, J3398, J1304, J2350, J2267, J0222, J0129, J0224, J1301, J0896, J9311, J9312, Q5123, J1412, J2998, J9333, J0491, J2327, J1300, J1747, J2326, J2781, J3241, J2356, A9513, A9590, A9606, A9607, A9699, J9381, J3490, J3590, C9172, C9399, J1823, J2777, J0177, J0178, J0179, J2777, J2778, J2779, Q5124, Q5128, J3032, J3401, J9332, J9334, J3399, J1748
Inpatient Admission	Notification required
Inpatient admissions – Post-acute services	Prior authorization and notification of admission date required for the following facilities providing post-acute inpatient services: acute care hospitals, acute inpatient rehabilitation, critical access hospitals, long-term acute care hospitals, and skilled nursing facilities
Non-emergency air transport	A0430, A0431, A0435, A0436
Orthognathic surgery	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21210, 21215, 21240, 21242, 21244, 21245, 21246, 21247
Orthotics	Prior authorization required for orthotics codes listed with a retail purchase or cumulative rental cost of more than $1,000.

SERVICES	CPT/HCPCS -Physician Administered Drugs (PADs) indicated in blue
Orthopedic surgeries	22100, 22101, 22102, 22110, 22112, 22114, 22206, 22207, 22210, 22212, 22214, 22220, 22222, 22224, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22849, 22850, 22852, 22855, 22856, 22861, 22867, 22869, 22899, 23470, 23472, 24360, 24361, 24362, 24363, 24365, 25441, 25442, 25444, 25446, 25449, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27412, 27445, 27446, 27447, 27486, 27487, 27700, 29834, 29837, 29838, 29840, 29844, 29845, 29846, 29847, 29866, 29867, 29868, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 29914, 29915, 29916, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042, 63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 63087, 63090, 63101, 63102, 63170, 63172, 63173, 63185, 63190, 63191, 63197, 63200, 0200T, 0201T
Out-of-Network Services	Advance notification required.Plan members who use out-of-network physicians, healthcare professionals or facilities may have increased out-of pocket expenses or no coverage.
Outpatient therapy (PT/OT/ST, chiropractic)	92507, 92508, 92526, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97799, G0129, G0283,*98940, *98941, *98942 *Chiropractic (only when codes are billed with AT-modifier).
Pain management	62350, 62351, 62360, 62361, 62362
Potentially unproven services (including experimental/ investigational and/or linked services)	28890, 33289, 36514, 64405, 64722, 64744, 66180, 95965, 95966, C2624
Prostate procedures	52441, 52442
Prosthetics	L5301, L5856, L5968, L5981, L5987
Radiation therapy	77014, 77387, G6001, G6002, G6017, 55874, 77520, 77522, 77523, 77525, 77331, 77370, 77399, 77470, 77401, 77402, 77407, 77412, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014

SERVICES	CPT/HCPCS -Physician Administered Drugs (PADs) indicated in blue
Radiology	Notification and prior authorization is required for participating physicians who request advanced outpatient imaging procedures.
Rhinoplasty	30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465
Sleep apnea procedures and surgeries	21685, 41512, 41530, 41599, 42145
Spine surgery	20930, 20931, 20939, 22854, 22858
Stimulators	E0747, E0748, E0749, E0760, 61850, 61863, 61864, 61867, 61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64590, L8682, L8683
Therapeutic radiology services	77385, 77386, G6015, G6016, 77371, 77372, 77373, G0339, G0340
Transplant of tissue or organs	99205, 38240, 38241, 98242, 33930, 33935, 33940, 33944, 33945, 32850, 32851, 32852, 32853, 32854, 32856, S2060, S2061, 50300, 50320, 50323, 50340, 50360, 50365, 50370, 50547, 48551, 48552, 48554, 47135, 47143, 47147, 44132, 44133, 44135, 44136, 32855, 33933, 38208, 38209, 38210, 38212, 38213, 38214, 38215, *38232, 44137, 44715, 44720, 44721, 47133, 47140, 47141, 47142, 47144, 47145, 47146, 50325, S2152, 0537T, 0538T, 0539T, 0540T, J3393, J3394, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056, C9399, J3490, J3590
Vein Procedures	37243, 37799
Ventricular assist devices (VAD)	33927, 33928, 33929, 33975, 33976, 33979, 33981, 33982, 33983