Procedures and services





Groups: Certain Moda Health groups may not r	require prior authorization for listed services.
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Services requiring prior au			
Urgent/Emergent Admission		acility requires notification to Moda Health within 48 hours of admission and	
Inpatient Elective Admissions	Prior authorization is required for all inpatient elective admissions to an acute care facility		
Skilled Nursing	Prior authorization is required prior to patient admission		
Inpatient Rehabilitation Facility	Prior authorization is required prior to patient admission		
Long Term Acute Care	Prior authorization is required prior to patient admission		
Transplants Advanced Imaging/Echocardiography and Musculoskeletal service are performed by eviCore	Prior authorization is required for the transplant evaluation and the transplant event Prior authorization is required for members enrolled in eviCore programs for Advanced Imaging and/or Musculoskeletal Services. Authorization is obtained through www.evicore.com. Lists of all the programs and procedure codes requiring prior authorization ar located at: https://www.modahealth.com/medical/utilizationmanagement.shtml		
Specialty Drugs	Prior authorization is required for select specialty drugs through Magellan RX Management at:		
Self-Injectable Drugs	Prior authorization for self-injectable medications will be obtained through the Moda Health Pharmacy Benefit - contact Pharmacy Customer Service at: 1/888.361.1610.		
Clinical Trials	Prior authorization is required for participation in a clinical trial. The trial number, chart notes, protocol and signed consent		
Therapeutic Drug Monitoring (Urine Drug Testing) (G0480, G0481)	Prior authorization is NOT required but will be reviewed with claim submission for medical necessity and appropriate codes. Limits of 12 presumptive and 12 definitive apply as of 6/1/16. Please refer to Moda Health Medical Necessity Criteria for Therapeutic Drug Monitoring.		
Presumptive UDT codes: 80305, 80306, 80307 Not Covered: G0482, G0483, 0082U Not covered effective 1/1/2021: 0227U			
Durable Medical Equipment	CMS guidelines are applied for prior authorization unless otherwise stated in Moda Health criteria. DME requests \$500 or more		
Unlisted or unclassifed codes	Prior authorization is not required but will be revi	ewed with claim submission for medical necessity.	
Nutritional Counseling - 97802, 97803, 97804	Reviewed for plan benefit availability and/or beha	avioral or medical necessity	
Therapies and Alternative	Care		
Oregon and Alaska members	eviCore Therapy, Chiro, Acupuncture, LMT prior auth list	May apply to members with plans sold in Oregon and Alaska. Log in to Benefit Tracker or call our customer service team toll-free at 800 592-8283 to see if your patients require prior authorizaton. https://www.modahealth.com/EBTWeb	
Texas members	www.ashlink.com	May apply to members with plans sold in and residing in the state of Texa www.ashlink.com allows you to conveniently verify member eligibility/benefits, submit claims, and access the most current ASH materials.	
Therapies: For authorizations regarding intensive outpatient rehabilitation for the treatment of autism spectrum disorder or neurodevelopmental conditions, please contact Moda Health for authorization.	Reviewed for medical necessity by Moda Health - do NOT send requests to eviCore	All requests for intensive outpatient therapy for treatment of ASD/neurodevelopmental conditions are reviewed by Moda Health	
Description	CPT/HCPC Codes	Instructions	
Mental health and chemic	al dependency prior authorizations		
Assertive Community Treatment (ACT)	Н0039, Н0040	Coordinated Specialty Programs	
Disease Management Program for Pain	S0315, S0317	Pain Schools	
Early Assessment and Support Alliance (EASA)	H2016, H0240, H0241	Coordinated Specialty Programs	
Intensive In-home Behavioral Health Treatment (IIBHT)	H0023	Coordinated Specialty Programs	
Intensive Outpatient Services & Supports (IOSS)	H0037	Coordinated Specialty Programs	
Inpatient Mental Health		MHMNC - Inpatient Mental Health. (Contact Moda within two days of an emergency admission)	
Inpatient Substance Use Disorder	H0011	ASAM	
Residential Mental Health	H0010, H0017, H0018, H0019 T2048	MHMNC - Psychiatric Residential Treatment-children and adults	
Residential Substance Use Disorder		ASAM	