

2026 Prior Authorization Requirements

2026 Prior Authorization Guidelines for SCAN Medicare Advantage Health Plan

- This list contains inpatient, outpatient, and Part B medication prior authorization requirements for members in **SCAN Medicare Advantage Classic HMO and MyChoice HMO plans in Pierce, Spokane, and Thurston County WA.**
- **ALL SERVICES ARE BASED ON MEDICARE AND HEALTH PLAN BENEFITS.**
- DOCUMENTATION NOTE: To help facilitate a timely determination, provide documentation supporting medical necessity with the request. As appropriate, include pre-service evaluation and/or trial of non-surgical conservative methods.
- PSW utilizes (including but not limited to) national and local coverage determinations and other Medicare regulatory coverage documentation when making determinations of coverage.
- Services that do not require preauthorization are still subject to the coverage terms of the members' plan.
- PSW reviews this prior authorization list not less than annually. If mid-year changes are deemed necessary, they will be denoted in **bold blue** font with an *.
- CONFIDENTIAL AND PROPRIETARY
- SUBMIT CLAIMS TO PAYER ID RP036

OUT OF NETWORK NOTE: Except for urgent/emergent care, a prior authorization is required for all non-contracted providers and facilities for all services, even if requested codes are not listed below.

CATEGORY	DETAILS/NOTES	CODES
Behavioral Health	• Inpatient care • Partial hospitalizations	
Bone Growth Stimulators		E0747, E0748, E0749, E0760
Breast Procedures		19316, 19318, 19325, 19328, 19357, 19370, 19371, 19380
Cardiopulmonary Procedures or Devices & Vascular		33285, 33289, 33975, 33976, 33979, 36514, 37700, 37718, 37722, 37780, 37799, 93653, 93656, C1605, E0483, K0606
CAR T-cell Therapy		38225, 38226, 38227, 38228, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056,
Chiropractic	Medicare-covered manipulation only. Additional supplemental benefits may be available through SCAN member services.	98940, 98941, 98942
Diagnostic Imaging		78815, 95965, 95966, A4641, C2624
Electrical Stimulation		E0715, E0716, E0721, E0732, E0733, E0734, E0735, E0736, E0737, E0738, E0739, E0740, E0743, E0746, E0766, E0770, E0784
Ear, Eye, & Facial Procedures	Non-cosmetic	15820, 15821, 15822, 15823, 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21210, 21215, 21230, 21235, 21240, 21242, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267,

CATEGORY	DETAILS/NOTES	CODES
Ear, Eye, & Facial Procedures (cont.)		21268, 21275, 21299, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 66683, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67912, 67950, 67961, 67966, 69714, 69930
Inpatient Admissions	- Acute Hospital - Inpatient Rehabilitation (IPR) - Long Term Acute Care (LTAC) - Skilled Nursing Facilities (SNF)	
Integumentary Procedures		11921, 11960, 11971, 15015, 15017, 15830, 15847, 15877, 15878, 15879, 17999
Molecular Diagnostic/Genetic Testing	<i>Medicare coverage rules apply. Test results must be ordered by a physician who is part of the treatment care team, and results must be used in the management of a specific medical problem. Although molecular diagnostic tests may provide valid and useful information, not all tests meet this definition.</i>	81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81168, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81191, 81192, 81193, 81194, 81195, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81257, 81258, 81259, 81260, 81265, 81266, 81269, 81272, 81273, 81275, 81276, 81277, 81278, 81279, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81355, 81357, 81360, 81361, 81362, 81363, 81364, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81418, 81419, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81437, 81438, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81455, 81456, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81507, 81515, 81518, 81519, 81520, 81521, 81522, 81523, 81525, 81529, 81535, 81536, 81538, 81540, 81541, 81542, 81546, 81551, 81552, 81554, 81558, 82233, 82234, 83884, 84393, 84394, 86581, 87513, 87564, 87594, 87626
Nervous System Procedures		64722, 64744

CATEGORY	DETAILS/NOTES	CODES
Neurostimulators		61850, 61863, 61864, 61868, 61867, 61885, 63650, 63655, 63685, 64555, 64568, 64590, L8682, L8683
Orthopedic Procedures: Hip, Knee & Shoulder		23470, 23472, 24360, 24361, 24362, 24363, 25441, 25442, 25444, 25446, 25448, 27120, 27122, 27130, 27132, 27134, 27137, 27412, 27415, 27416, 27446, 27447, 27486, 27700, C1602, C8003
Orthotics & Prosthetics		L2005, L2036, L2628, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5301, L5312, L5321, L5331, L5341, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5615, L5616, L5639, L5643, L5649, L5651, L5681, L5683, L5700, L5701, L5702, L5703, L5707, L5724, L5726, L5728, L5780, L5781, L5782, L5783, L5795, L5814, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5841, L5845, L5848, L5856, L5857, L5858, L5990, L5930, L5960, L5961, L5966, L5968, L5973, L5979, L5980, L5981, L5987, L5988, L5990, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6624, L6638, L6646, L6648, L6693, L6696, L6697, L6707, L6709, L6712, L6713, L6714, L6715, L6721, L6722, L6880, L6881, L6882, L6883, L6884, L6885, L6895, L6900, L6905, L6910, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7499, L8035, L8039, L8041, L8042, L8043, L8044, L8499, L8600, L8604, L8609, L8614, L8619, L8690, L8691, L8692, L8699, L8720, L8721
Other DME		A6525, A6527, A6550, A6553, A6555, A6558, A6562, A6565, A6567, A6574, A6576, A6579, A6610, E0152, E0170, E0277, E0300, E0302, E0304, E0328, E0462, E0465, E0466, E0468, E0469, E0492, E0493, E0530, E0630, E0635, E0636, E0639, E0640, E0680, E0682, E0692, E0700, E1301, E1310, E2402, E2510, E2513, E3000, E3200, K0455
Pain Infusion Pump		E0783, E0786, 62362
Proprietary Laboratory Analyses (PLA)		0005U, 0012M, 0013M, 0018U, 0026U, 0037U, 0089U, 0172U, 0239U, 0242U, 0288U, 0315U, 0334U, 0339U, 0340U, 0345U, 0432U
Radiation Oncology		77371, 77372, 77373, 77385, 77386, 77600, G0138, G0339, G0340, G0562, G0563, G6001, G6015
Respiratory Procedures		21685, 31295, 31296, 31297, 31298, 31299, 42145
Spinal Procedures		22514, 22532, 22533, 22548, 22551, 22554, 22556, 22558, 22590, 22595, 22600, 22610, 22612, 22630, 22633, 22856, 22861, 22867, 22869, 22899, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63040, 63042,

CATEGORY	DETAILS/NOTES	CODES
Spinal Procedures (cont.)		63045, 63046, 63047, 63050, 63051, 63055, 63056, 63064, 63075, 63077, 63081, 63085, 66087, 63090, 63101, 63102, 63170, 63185, 63190, 63191, 63197, 63200, C1737
Temporary Codes		S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3854, S3861, S3865, S3866, S3870, S9002
Transplant Surgeries	PSW does not process requests for Solid Organ or Bone Marrow Transplants. Includes Pre-transplant evaluation period, transplant period, and 1-year post-transplant. Direct Requests to SCAN: (P)800-250-9048 Option 2 (F) 800-411-0671	32850, 32851, 32852, 32853, 32854, 32855, 32856, 33927, 33928, 33929, 33930, 33933, 33935, 33940, 33944, 33945, 38240, 38241, 38242, 44132, 44133, 44135, 44136, 44137, 44715, 44720, 44721, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48551, 48552, 48554, 50300, 50320, 50323, 50325, 50340, 50360, 50365, 50370, 50547, S2060, S2061, S2152, 38208, 38209, 38210, 38212, 38213, 38214, 38215, 38232
Urinary System Procedures		51721, 55881, 55882, 55970, 55980
Wheelchairs & Scooters		E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1035, E1036, E1230, E1239, E2298, E2609, E2617, K0800, K0801, K0802, K0806, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
Wound Care, Skin & Tissue Substitutes		A2026, A2027, A2028, A2029, Q4188, Q4191, Q4236, Q4279, Q4281, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353
Part B Drugs - Other		J0139, J0175, J0177, J0217, J0402, J0577, J0578, J0589, J0870, J1202, J1203, J1304, J1307, J1323, J1412, J1413, J1414, J1748, J1749, J2267, J2508, J2782, J2799, J2801, J2802, J3055, J3247, J3263, J3392, J3393, J3394, J3401, J7330, J7354, J7355, J7601, J9026, J9028, M0224, Q2026, Q5133, Q5134, Q5135, Q5136, Q5137, Q5138, Q5140, Q5141, Q5142, Q5143, Q5144, Q5145, Q5146, Q9996, Q9997, Q9998

CATEGORY	DETAILS/NOTES	CODES
Part B Drugs - Chemotherapy Agents, Supportive, and Symptom Management		Adakveo® J0791 Adcetris J9042 Aduhelm™ J0172 Adzynma J7171 Akynzeo, injection J1454 Akynzeo, oral J8655 Aliqopa J9057 Amvuttra™ J0225 Aranesp Albumin Free J0881 Arzerra J9302 Asparlas J9118 Avastin C9257, J9035 Balfaxar J7165 Bavencio J9023 Beleodaq J9032 Bendeka J9034 Besponsa J9229 Blincyto J9039 Bone Density Agents J3111, J0897 Botulinim Toxins J0585, J0586, J0587, J0588 Cesamet J8650 Clofarabine J9027 Colony-Stimulating Factors Q5108, Q5111, Q5122 Columvi J9286 Cyramza J9308 Crysvita® J0584 Dacogen J0894 Darzalex J9145 Doxil Q2050 Empliciti J9176 Enjaymo® J1302 Entyvio™ J3380 Epkinly J9321 Erbix J9055 Erwinaze J9019 Evkeeza® J1305 Firmagon J9155 Fylnetra® Q5130 Gazyva J9301 Givlaari® J0223 Golimumab J1602 Halaven J9179 Hemgenix® J1411 Herceptin J9355 Herceptin Hylecta J9356 Imfinzi J9173

CATEGORY	DETAILS/NOTES	CODES
Part B Drugs - Chemotherapy Agents, Supportive, and Symptom Management (cont.)		Immune Globulins (IVIG, SCIG) J1459, J1551, J1552, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1599 Immunomodulators J1745, Q5104 Injectable Medcations – Unclassified C9399, J3490, J3590 Intravenous Iron Products J1437, J1439 Intron A J9214 Jevtana J9043 Kadcyla J9354 Kanjinti Q5117 Kepivance J2425 Keytruda J9271 Krystexxa® J2507 Kyprolis J9047 Lartruvo J9285 Leqembi® J0174 Leqvio® J1306 Leukine J2820 Libtayo J9119 Lumoxiti J9313 Lutathera A9513 Luxturna™ J3398 Mvasi Q5107 Mylotarg J9203 Nexvazyme® J0219 Nipent J9268 Ocrevus® J2350 Octreotide Acetate J2354 Ogivri Q5114 Oncaspar J9266 Onivyde J9205 Onpattro™ J0222 Opdivo J9299 Orencia™ J0129 Oxlumo® J0224 Peg-Intron S0148 Pemgarda Q0224 Perjeta J9306 Polivy J9309 Portrazza J9295 Posluma A9608 Poteligeo J9204 Procrit J0885 Proleukin J9015 Provenge Q2043 Radicava® J1301 Reblozyl® J0896 Rituxan Hycela J9311

CATEGORY	DETAILS/NOTES	CODES
Part B Drugs - Chemotherapy Agents, Supportive, and Symptom Management (cont.)		Rituximab J9311, J9312, Q5123 Rolvedon ® J1449 Ryplazim ® J2998 Rystiggo J9333 Ryzneta J9361 Sandostatin LAR J2353 Saphnelo ™ J0491 Scenesse ® J7352 Skyrizi ® J2327 Somatuline Depot J1930 Spevigo ® J1747 Spinraza ® J2326 Stimufend ® Q5127 Supprelin La J9226 Sylvant J2860 Tecentriq J9022 Tepezza ® J3241 Testopel S0189 Tevimbra J9329 Tezspire ™ J2356 Therapeutic Radiopharmaceuticals A9607, A9699 Treanda J9033 Trelstar Mixject J3315 Truxima Q5115 Ultomiris ™ J1303 Unituxin C9399, J9999 Uplizna ® J1823 Xenoview A9610 Xgeva J0897 Xofigo A9606 Vantas J9225 Varubi J2797 Vascular Endothelial Growth Factor (VEGF) Inhibitors J0178, J0179, J2777, J2778, J2779, Q5124, Q5128 Vectibix J9303 Veopoz J9376 Vyvgart ™ J9332 Vyvgart Hytrulo J9334 Yervoy J9228 Zaltrap J9400 Zarxio Q5101 Zevalin A9543 Zolgensma ® J3399

This list details services and medications that require preauthorization prior to being provided or administered. Services must be provided according to Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. Non-covered items are not allowed. You can review Medicare coverage guidelines at <https://www.cms.gov/medicare-coverage-database/search.aspx>