

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PHYSICIAN ADMINISTERED DRUGS (PAD)

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Group Code	Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	PLACE OF SERVICE REQUIRING PA (Please verify by contacting claims vendor)	ADDITIONAL INFORMATION
793-Surgeon 794-Facility	A9513	INJECTION LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MCI (LUTATHERA)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	ALL	
801-Surgeon 802-Facility	J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM (CROFAB)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	Required - Beyond Service Limits	No Restriction	PRICED	ALL	Service Limit- 2 units per day PA only required when more than two units per DAY is needed
PLEASE USE CPT CODE	J0172	INJECTION, ADUCANUMAB-AVWA, 2 MG (ADUHELM)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	J1411	INJECTION, ETRANACOGENE DEZAPARVOVEC-HYPHENDRLB, PER THERAPEUTIC DOSE (HEMGENIX)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	Only authorized for Acute Care Hospital	NEW CODE
PLEASE USE CPT CODE	J1413	INJECTION, DELANDISTROGENE MOXEPARVOVEC-ROKL, PER THERAPEUTIC DOSE (ELEVIDYS)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	Only authorized for Acute Care Hospital & CAH	NEW CODE EFFECTIVE 07/01/2024
747-Surgeon 748-Facility	J1428	INJECTION, ETEPLIRSEN, 10 MG (EXONDYS)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	OP & CAH ONLY	
937-Surgeon 938-Facility	J1429	INJECTION, GOLODIRSEN, 10 MG (VYONDYS 53)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	OP & CAH ONLY	
954-Surgeon 955-Facility	J1632	INJECTION, BREXANOLONE, 1 MG (ZULRESSO)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	OP & CAH ONLY	
733-Surgeon 734-Facility	J2326	INJECTION, NUSINERSEN, 0.1MG (SPINRAZA)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG (SKYRIZI)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	ALL	***NEW CODE EFFECTIVE 03/01/2023***
PLEASE USE CPT CODE	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG (STELARA)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	ALL	***NEW CODE EFFECTIVE 01/01/2022***
PLEASE USE CPT CODE	J3393	INJECTION, BETIBEGLOGENE AUTOTEMCEL, PER TREATMENT (ZENTEGLO)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	AGE 4 OR ABOVE	PRICED	Only authorized for Acute Care Hospital	NEW CODE EFFECTIVE 07/01/2024 DIAGNOSTICALLY RESTRICTED
795-Surgeon 796-Facility	J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOME (LUXTURNA)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	ALL	
939-Surgeon 940-Facility	J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10^15 VECTOR GENOMES (ZOLGENSMA)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	OP & CAH ONLY	
897-Surgeon 898-Facility	J7331	HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 MG (SYNOJOYNT)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	ALL	
899-Surgeon 900-Facility	J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG (TRILURON)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	ALL	
948-Surgeon 949-Facility	Q2041	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI CD19 CAR T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION (YESCARTA)	<i>PHYSICIAN ADMINISTERED DRUGS (PAD)</i>	REQUIRED	No Restriction	PRICED	ALL	

797-Surgeon 798-Facility	Q2042	INJECTION, TISAGENLECLEUCEL (KYMRIAH)	PHYSICIAN ADMINISTERED DRUGS (PAD)	REQUIRED	No Restriction	PRICED	ALL	
956-Surgeon 957-Facility	Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (TECARTUS)	PHYSICIAN ADMINISTERED DRUGS (PAD)	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	Q2054	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (BREYANZI)	PHYSICIAN ADMINISTERED DRUGS (PAD)	REQUIRED	No Restriction	PRICED	Only authorized for Acute Care Hospital	
PLEASE USE CPT CODE	Q2055	IDECABTAGENE VICLEUCEL, UP TO 510 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (ABECMA)	PHYSICIAN ADMINISTERED DRUGS (PAD)	REQUIRED	No Restriction	PRICED	Only authorized for Acute Care Hospital	
PLEASE USE CPT CODE	Q2056	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (CARVYKTI)	PHYSICIAN ADMINISTERED DRUGS (PAD)	REQUIRED	No Restriction	PRICED	Only authorized for Acute Care Hospital & CAH	***NEW CODE EFFECTIVE 01/01/2023***
319-Surgeon 320-Facility	EPSDT	EPSDT SERVICE	PHYSICIAN ADMINISTERED DRUGS (PAD)	REQUIRED	Age <= 20 years old	NOT PRICED	ALL	For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx
390	OONService	OUT-OF-NETWORK SERVICE	PHYSICIAN ADMINISTERED DRUGS (PAD)	REQUIRED	No Restriction	PRICED		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.