SCAN VILLAGE HEALTH PRIOR AUTHORIZATION REQUIREMENTS

Effective: July 1, 2025
Last Revised: June 1, 2025

This list contains inpatient, outpatient and Part B medication prior authorization requirements for providers who participate with SCAN Health Plan, with members in the following SCAN Village Health plans and service areas. (Refer to the member's insurance card to confirm the plan in which member is enrolled):

California IPA Groups
- **I0749 Village Health**
- **I0802 Village Health**
- **I0986 Village Health**
- **I1083 Village Health**
- **I1126 Village Health**
- **I1128 Village Health**

For members NOT enrolled in SCAN Village Health Plan, please refer to SCAN Health Plan Prior Authorization Requirements or contact the member's assigned medical group for applicable prior authorization requirements.

Providers should use this list when checking for services, items, and Part B medications which require prior authorization for members in SCAN Village Health Plan. **For Prior Authorization Requirements for Part D medications, refer to:* SCAN 2025 Part D Prior Authorization Criteria.

For your information:

- This guideline is meant to inform, not direct treatment decisions.
- Prior authorization is not required for emergent, urgent, or stabilization care.
- SCAN only uses prior authorization for one or more the following purposes:
  - To confirm the presence of diagnoses or other medical criteria that are the basis for coverage determinations for the specific item or service
  - For basic benefits, to ensure an item or service is medically necessary based on established standards
  - For supplemental benefits, to ensure that the furnishing of a service or benefit is clinically appropriate
- If you receive an approval for a service or supply, it is for that service or supply ONLY.
- Services that do not require preauthorization are still subject to the coverage terms of the member's plan.
- SCAN reviews this prior authorization list not less than annually. Updates are typically made throughout the year as deemed necessary. Services on the prior authorization list may change at SCAN's discretion.
- Codes newly added to the list will be in **bold red** font with an *****.

Category	CPT/HCPCS Code(s)
ALL Inpatient Admissions, to include Skilled Nursing Facility (SNF), Acute Rehab Unit (ARU), and Long-Term Acute Care (LTAC) Stays	As applicable
Durable Medical Equipment: Air & Gel Mattresses	E0277, E0372, E0377
Durable Medical Equipment (DME): Bone Growth Stimulators	E0746, E0747, E0748, E0749, E0760
Durable Medical Equipment: Home Ventilators	E0465, E0466, ***E0468, *E0469**
Durable Medical Equipment (DME): Power Operated Vehicles, Wheelchairs, and Accessories	**Power Operated Vehicle(s), Wheelchairs, and Accessories** E1050, E1070, E1084, E1085, E1086, E1087, E1089, E1100, E1110, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1222, E1224, E1227, E1228, E1229, E1230, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E1239, E1280, E1295, E1296, E1297, E1298, E2310, E2311, E2321, 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
Drugs Administered Other Than Oral Method	***J0138, *J0139, *J0175, *J0177, *J0184, *J0209, *J0211, *J0217, *J0391, *J0402, *J0576, *J0577, *J0578, *J0589, *J0650, *J0651, *J0652, *J0666, *J0687, *J0688, *J0750, *J0751, *J0799, *J0870, *J0872, *J0873, *J0901, *J0911, *J1010, *J1105, *J1171, *J1202, *J1203, *J1304, *J1307, *J1323, *J1412, *J1413, *J1414, *J1434, *J1596, *J1597, *J1598, *J1748, *J1749, *J1939, *J2002, *J2003, *J2004, *J2183, *J2246, *J2252, *J2253, *J2267, *J2277, *J2290, *J2373, *J2404, *J2468, *J2470, *J2471, *J2472, *J2508, *J2601, *J2679, *J2782, *J2799, *J2801, *J2802, *J2919, *J3055, *J3247, *J3263, *J3392, *J3393, *J3394, *J3401, *J3424, *J3425,** J7330, ***J7354,**

	***J7355, *J7601, *J9026, *J9028, *J9052, *M0224, *Q5132, *Q5133, *Q5134, *Q5135, *Q5136, *Q5137, *Q5138, *Q5139, *Q5140, *Q5141, *Q5142, *Q5143, *Q5144, *Q5145, *Q5146, *Q9996, *Q9997, *Q9998**
Oral Medications	***J0601, *J0602, *J0603, *J0605, *J0607, *J0608, *J0609, *J0615**
Chimeric Antigen Receptor T-cell Therapy (CAR-T)	0537T, 0538T, 0539T, 0540T, Q2041, Q2042, Q2053, Q2054, Q2055, Q2056
Injectable Medications: Other Vaccines	***90593, *90624, *90637, *90638, *90684, *90695**
Injectable Medications: Other Vaccines Prophylaxis Supplying Fees	***Q0516, *Q0517, *Q0518, *Q0519, *Q0520, *Q0521**
Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B)	**Abraxane** *J9258, J9264 ***Adzynma** C9167, J7171 **Adcetris** J9042 **Adriamycin** J9000 **Adrucil** J9190 **Akynzeo, injection** J1454 **Akynzeo, oral** J8655 **Alimta** J9305 **Aliqopa** J9057 **Alkeran** J9245 **Aloxi** J2469 ***Anktiva** C9169 **Aprepitant** J8501 **Aranesp Albumin Free** J0881 **Arranon** J9261 **Arsenic Trioxide** J9017 **Arzerra**

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	J9302 **Asparlas** J9118 **Avastin** C9257, J9035 ***Avyxa** J9292 **Azacitidine** J9025 **Azedra** A4641, A9699, C9407, C9408 ***Balfaxar** C1959, J7165 **Bavencio** J9023 **Beleodaq** J9032 **Bendamustine** J9036 **Bendeka** J9034 ***Beqvez** C9172 **Besponsa** J9229 **Bicnu** J9050 **Bivigam** J1556 **Bleo 15K** J9040 **Blincyto** J9039 **Bortezomib** J9044 **Busulfan** J0594 **Camptosar** J9206 **Carboplatin** J9045 **Carimune Nanofiltered** J1566 **Cesamet** J8650 **Cinvanti** J0185

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	**Cisplatin** J9060 **Cladribine** J9065 **Clofarabine** J9027 ***Columvi** J9286 ***Cosentyx** C9166 **Cosmegen** J9120 **Cuvitru** J1555 **Cyclophosphamide** J9070, *J9072, *J9073, *J9074, *J9075, *J9076 **Cyramza** J9308 **Cytarabine** J9100 **Dacarbazine** J9130 **Dacogen** J0894 **Darzalex** J9145 **Daunorubicin Hcl** J9150 ***Daxxify** C9160 **Dexrazoxane** J1190 **Docetaxel** J9171 ***Docivyx** J9172 **Doxil** Q2050 **Dronabinol** Q0167 **Eligard** J9217 **Ellence** J9178 ***Elrexfio** C9165 **Elzonris**

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	J9269 **Emend** J1453 **Empliciti** J9176 ***Epkinly** J9321 **Epogen** J0885 **Erbitux** J9055 **Erwinaze** J9019 **Ethyol** J0207 **Etopophos** J9181 ***Eyelea HD** C9161 **Faslodex** J9395 **Firmagon** J9155 **Flebogamma DIF** J1572 **Floxuridine** J9200 **Fludarabine Phosphate** J9185 **Fluorouracil** J9190 ***Fludeoxyyglucose f18** A9609 **Folotyn** J9307 **Fulphila** Q5108 **Fusilev** J0641 **Gammagard Liquid** J1569 **Gammaked** J1561 **Gammaplex** J1557 **Gazyva**

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	J9301 **Gemcitabine** J9201 **Golimumab** J1602 **Granisetron Hcl** J1626 **Granix** J1447 **Halaven** J9179 ***Hemady** J8541 ***Hepzato** J9248 **Herceptin** J9355 **Herceptin Hylecta** J9356 **Hizentra** J1559 **Hycamtin** J9351 **Idamycin Pfs** J9211 **Ifex** J9208 ***Imdelltra** C9170 **Imfinzi** J9173 **Immune Globulin** 90283, 90284, J1599 **Infugem** J9199 **Intron A** J9214 **Istodax (Overfill)** J9315 ***Ivra** J9249 **Ixempra** J9207 ***Izervay** C9162 **Jevtana** J9043

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	***Jylamvo** J8611 **Kadcyla** J9354 **Kanjinti** Q5117 **Kepivance** J2425 **Keytruda** J9271 **Khapzory** C9043, J0642 **Kyprolis** J9047 **Lartruvo** J9285 **Leucovorin Calcium** J0640 **Leukine** J2820 **Leuprolide Acetate** J9218 **Libtayo** J9119 **Lipodox 50** Q2049 ***Lumisight** A9615, C9171 **Lumoxiti** J9313 **Lupron Depot** J9217 **Lutathera** A9513 **Mesna** J9209 **Methotrexate** J9250, *J9255 **Methotrexate Sodium** J9260 ***Myhibbin** J7514 **Mitomycin** J9280 **Mitoxantrone Hcl** J9293 **Mustargen**

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	J9230 **Mvasi** Q5107 **Mylotarg** J9203 **Navelbine** J9390 **Neulasta** J2505 **Neupogen** J1442 **Nipent** J9268 **Nivestym** Q5110 **Nplate** J2796 ***Nypozi** C9173 **Octagam** J1568 **Octreotide Acetate** J2354 **Ogivri** Q5114 ***Omvoh** C9168 **Oncaspar** J9266 **Ondansetron Hcl** J2405, Q0162, S0119 **Onivyde** J9205 **Opdivo** J9299 **Oxaliplatin** J9263 **Paclitaxel** J9267 **Pamidronate Disodium** J2430 **Peg-Intron** S0148 ***Pemgarda** Q0224 ***Pemrydi RTU** J9324

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	**Perjeta** J9306 **Photofrin** J9600 **Polivy** J9309 **Portrazza** J9295 ***Posluma** A9608 **Poteligeo** J9204 **Privigen** J1459 **Procrit** J0885 **Proleukin** J9015 **Prolia** J0897 **Provenge** Q2043 **Retacrit** Q5106 **Rituxan** J9312 **Rituxan Hycela** J9311 ***Rystiggo** J9333 ***Ryznueta** J9361 **Sandostatin LAR** J2353 **Somatuline Depot** J1930 **Supprelin La** J9226 **Sustol** J1627 **Sylatron** C9399, J9999 **Sylvant** J2860 ***Syndros** Q0155 **Synribo**

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	J9262 ***Talvey** C9163 **Tecentriq** J9022 **Temsirolimus** J9330 **Tepadina** J9340 **Testopel** S0189 ***Tevimbra** J9329 **Tice Bcg** J9030 **Treanda** J9033 **Trelstar Mixject** J3315 **Truxima** Q5115 **Udenyca** Q5111 **Unituxin** C9399, J9999 **Valrubicin** J9357 **Vantas** J9225 **Varubi** J2797 **Vectibix** J9303 **Velcade** J9041 ***Veopoz** J9376 **Vinblastine Sulfate** J9360 **Vincasar** J9370 ***Vyvgart Hytrulo** J9334 **Vyxeos** J9153 ***Xatmap** J8612

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	***Xeloda** J8522 ***Xenoview** A9610 **Xgeva** J0897 **Xofigo** A9606 ***Ycanth** C9164 **Yervoy** J9228 **Yondelis** J9352 **Zaltrap** J9400 **Zanosar** J9320 **Zarxio** Q5101 **Zevalin** A9543 **Zoladex** J9202 **Zoledronic Acid** J3489 **Adakveo®** J0791 **Aduhelm™** J0172 **Amvuttra™** J0225 **Botulinim Toxins** J0585, J0586, J0587, J0588 **Crysvita®** J0584 **Enjaymo®** J1302 **Entyvio™** J3380 **EvkeezaTM** J1305 **Fylnetra®** Q5130 **Givlaari®** J0223 **Hemgenix®**

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	J1411 **Immune Globulins (IVIG, SCIG)** 90283, 90284, J1459, J1551, *J1552, J1554, J1555, J1556, J1557, J1558, J1559, J1561, J1566, J1568, J1569, J1572, J1575, J1599 **Injectable Medications – Unclassified** C9399, J3490, J3590 **Korsuva®** J0879 **Krystexxa®** J2507 **Leqembi®** J0174 **Leqvio®** J1306 **Luxturna™** J3398 **Nexviazyme®** J0219 **Ocrevus™** J2350 **Onpattro™** J0222 **Orencia™** J0129 **OxlumoTM** J0224 **Prolia®** J0897 **Radicava®** J1301 **Reblozyl®** J0896 **Rolvedon®** J1449 **Ryplazim®** J2998 **Saphnelo™** J0491 **Scenesse®** J7352 **Skyrizi®** J2327 **Soliris** J1300 **Spevigo®**

Chemotherapy Agents, Supportive, and Symptom Management Drugs (Part B) (cont.)	J1747 **SpinrazaTM** **J**2326 **Stimufend®** Q5127 **Tepezza®** J3241 **Tezspire™** J2356 **Therapeutic Radiopharmaceuticals*** A9513, A9590, A9606, A9607, A9699 **Ultomiris™** J1303 **Uplizna®** J1823 **Vabysmo®** J2777 **Vyvgart™** J9332 **Zolgensma®** J3399 **Bone Density Agents** J3111, J0897 **Colony-Stimulating Factors** J1442, J1447, Q5108, Q5110, Q5111, Q5122, Q5125 **Erythropoiesis-Stimulating Agents** J0885 **Hyaluronic Acid Polymers (FDA approved as medical devices)** J7320, J7321, J7322, J7323, J7324, J7326, J7327, J7329, J7331, J7332 **Immunomodulators** J1745, Q5104 **Intravenous Iron Products** J1437, J1439 **Rituximab** J9311, J9312, Q5123 **Vascular Endothelial Growth Factor (VEGF) Inhibitors** J0178, J0179, J2777, J2778, J2779, Q5124, Q5128