

# Medicare Advantage plans

## Medical policy and criteria

### MEDICAL POLICY UPDATE

Premera Blue Cross Medicare Advantage reviews all medical policies and criteria annually. The following updates are available on the Premera Medicare Advantage provider website at [premera.com/wa/provider/medicare-advantage/](http://premera.com/wa/provider/medicare-advantage/). Simply click on [View medical and pharmacy policy updates](#) located on the right side of the Medicare Advantage provider landing page.

### NEW MEDICAL POLICIES EFFECTIVE APRIL 1, 2020

Policy	Description/Background
<p><b>Bronchial Thermoplasty for the Treatment of Asthma</b></p>	<p>Bronchial thermoplasty is the controlled delivery of radiofrequency energy to heat tissues in the distal airways. Bronchial thermoplasty is based on the premise that patients with asthma have an increased amount of smooth muscle in the airway and that contraction of this smooth muscle is a major cause of airway constriction.</p> <p><b>Medical Policy Statement:</b> The safety and effectiveness of bronchial thermoplasty for the treatment of asthma have not been established. Further studies are needed to evaluate the clinical utility, safety and long-term health implications of this procedure. Bronchial thermoplasty for the treatment of asthma is experimental/investigational.</p> <p>We've added the following codes to the prior authorization list: <b>31660, 31661.</b></p> <p><b>Detailed CMS Policy Documents:</b>  <b>NCD:</b> There is no national coverage determination on bronchial thermoplasty.  <b>LCD:</b> There is no local coverage determination on bronchial thermoplasty.</p>

<p><b>Cataract Removal Surgery</b></p>	<p>A cataract is an opacity, or cloudiness, of the normally clear lens of the eye. It is a common cause of visual impairment, particularly in the elderly population. The cloudiness and loss of transparency are due to the clustering of proteins within the lens.</p> <p><b>Medical Policy Statement:</b> The safety and efficacy of cataract removal surgery, with or without intraocular lens (IOL) implantation, have been established. It is considered an effective treatment when clinical criteria are met.</p> <p>We've added the following codes to the prior authorization list: <b>66820, 66821, 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984.</b></p> <p><b>Detailed CMS Policy Documents:</b>  <b>NCD</b> for Phacoemulsification Procedure - Cataract Extraction (80.10): Longstanding NCD; effective date of this version has not been posted.</p> <p><b>LCD</b> for cataract surgery in adults for services performed on or after 10/01/2019 (L37027)</p>
<p><b>Continuous Passive Motion Machine (CPM)</b></p>	<p>Continuous passive motion (CPM) devices are utilized to keep a joint in motion without patient assistance. CPM is being evaluated for treatment and postsurgical rehabilitation of the upper and lower limb joints and for a variety of musculoskeletal conditions.</p> <p><b>Medical Policy Statement:</b> The safety and effectiveness of the continuous passive motion machine have been established. It may be considered a useful therapeutic option when indicated.</p> <p>We've added the following codes to the prior authorization list: <b>E0935, E0936.</b></p> <p><b>Detailed CMS Policy Documents:</b>  <b>NCD:</b> Medicare National Coverage Determinations-Durable Medical Equipment Reference List (280.1) Manual 100-3, effective on or after 5/5/2005.</p> <p><b>LCD:</b> There is no local coverage determination.</p>
<p><b>Hyperbaric Oxygen Therapy, Systemic and Topical</b></p>	<p>Hyperbaric oxygen therapy (HBOT) is a technique for delivering higher pressures of oxygen to tissue. Two methods of administration are available: systemic and topical.</p> <p><b>Medical Policy Statement:</b> The safety and effectiveness of systemic hyperbaric oxygen therapy have been established for some conditions. It may be considered a useful therapeutic option when indicated for specified conditions.</p>

	<p>Topical hyperbaric oxygen therapy is experimental/ investigational. It has not been scientifically demonstrated to improve patient clinical outcomes.</p> <p>We've added the following codes to the prior authorization list: <b>99183, G0277, A4575, E0446.</b></p> <p><b>Detailed CMS Policy Documents:</b>  <b>NCD:</b> 20.29 – Hyperbaric Oxygen Therapy; effective Date: 4/3/17; implementation Dates: 12/18/17.</p> <p><b>LCD:</b> There is no local coverage determination regarding hyperbaric oxygen therapy.</p>
<p><b>Orthopedic Applications of Platelet-Rich Plasma</b></p>	<p>Platelet-rich plasma (PRP) can be prepared from samples of centrifuged autologous blood. Exposure to a solution of thrombin and calcium chloride degranulates platelets, releasing the various growth factors. The polymerization of fibrin from fibrinogen creates a platelet gel, which can then be used as an adjunct to surgery with the intent of promoting hemostasis and accelerating healing.</p> <p><b>Medical Policy Statement:</b> Use of platelet-rich plasma is considered experimental/investigational for all orthopedic indications. It has not been scientifically demonstrated to improve patient clinical outcomes.</p> <p>We've added the following codes to the prior authorization list: <b>0232T.</b></p> <p><b>Detailed CMS Policy Documents:</b>  <b>NCD:</b> There is no national coverage determination. In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.</p> <p><b>LCD:</b> There is no local coverage determination.</p>
<p><b>Air Ambulance Services</b></p>	<p>Air ambulance transport services utilizing specially designed and equipped airplanes or helicopters are important in providing rapid medical care and transport of ill or injured patients.</p> <p><b>Medical Policy Statement:</b> The safety and effectiveness of air ambulance services have been established. For medical necessity to be established, the attending/ordering physician must determine that the patient's condition requires air ambulance transport, and that any alternative form of transport (ground ambulance, commercial transport) would be clinically inappropriate or detrimental to the health or outcome of the patient.</p>

We've added the following codes to the prior authorization list:  
**A0430, A0431, A0435, A0436, A0420, S9960, S9961.**

**Detailed CMS Policy Documents:**

NCD: Medicare Benefit Policy Manual, Chapter 10, Section 10.4 – Air Ambulance Services. Rev. 103; Issued: 02-20-09; effective Date: 05-05-09; implementation Date: 03-20-09). Medically appropriate air ambulance transportation is a covered service regardless of the State or region in which it is rendered.

However, contractors approve claims only if the beneficiary's medical condition is such that transportation by either basic or advanced life-support ground ambulance is not appropriate.

LCD: There is no local coverage determination.

**PHARMACY PART B CODES ADDED TO THE PRIOR AUTHORIZATION LIST EFFECTIVE APRIL 1, 2020**

JCode	Drug Name
J3245	Ilumya
J3304	Zilretta
J3397	Mepsevii
J1301	Radicava
J0584	Crysvita
J0565	Zinplava
J3111	Evenity
J0222	Onpattro
J9119	Libtayo
J9269	Elzonris
J1303	Ultomiris
J0179	Beovu

## Notice of Nondiscrimination

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Coordinator – Complaints and Appeals  
Premera Blue Cross Medicare Advantage Plans  
PO Box 21481, Eagan, MN 55121  
Phone: 888-850-8526, Fax: 800-889-1076, TTY: 711  
Email: [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Ave SW, Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Premera Blue Cross is an HMO plan with a Medicare contract.  
Enrollment in Premera Blue Cross depends on contract renewal.

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-850-8526 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-850-8526 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-850-8526 (TTY/TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-850-8526 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-850-8526 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-850-8526 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-850-8526 (TTY/TDD: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-850-8526 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-850-8526 (TTY/TDD: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-850-8526 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-888-850-8526 (TTY/TDD: 711)). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-850-8526 (TTY/TDD: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-850-8526 (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-850-8526 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-850-8526 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-850-8526 (TTY/TDD: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-850-8526 (TTY/TDD: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。