

Medicare Advantage plans

Medical policy and criteria

MEDICAL POLICY UPDATE

Premera Blue Cross Medicare Advantage reviews all medical policies and criteria annually. The Premera Medicare Advantage [Policies and Prior Authorization Resources page](#) has been updated. You can access this page from the Medicare Advantage provider website at 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](#).

EFFECTIVE JULY 2, 2024 THE FOLLOWING SERVICES WILL REQUIRE PRIOR AUTHORIZATION

Code	Description
22610	Arthrodesis posterior tq 1ntrspc thrc
22800	Arthrodesis posterior dfrm<6 vrt sgm
22802	Arthrodesis posterior dfrm 7-12 vrt sgm
22804	Arthrodesis posterior dfrm 13+ vrt sgm
22808	Arthrodesis anterior dfrm 2-3 vrt sgm
22810	Arthrodesis anterior dfrm 4-7 vrt sgm
22812	Arthrodesis anterior dfrm 8+ vrt sgm
22818	Kyphectomy 1-2 segments
22819	Kyphectomy 3 or more
22830	Exploration of spinal fusion
22849	Reinsert spinal fixation
22858	Tot disc arthrp ant 2nd lvl
33289	Transcatheter Implantation wireless P-Art Prs Snr
37220	Iliac revascularization
37221	Iliac revascularization w/stent
37224	Femoral/popliteal revascularization w/transluminal angioplasty
37225	Femoral/popliteal revascularization w/atherectomy
37226	Femoral/popliteal revascularization w/stent
37227	Femoral/popliteal revascularization stent & atherectomy
37228	Tibial/per revascularization w/transluminal angioplasty
37229	Tibial/per revascularization w/atherectomy
37230	Tibial/per revascularization w/stent
37231	Tibial/per revascularization stent & atherectomy

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal. An Independent Licensee of the Blue Cross Blue Shield Association.

27125	Partial hip replacement
27134	Revise hip joint replacement
27137	Revise hip joint replacement
27138	Revise hip joint replacement
27445	Revision of knee joint
27486	Revise/replace knee joint
27487	Revise/replace knee joint
29848	Wrist endoscopy/surgery
29914	Hip arthroscopic w/femoroplasty
29915	Hip arthroscopic acetabuloplasty
29916	Hip arthroscopic w/labral repair

EFFECTIVE MAY 1, 2024, THE FOLLOWING SERVICES NO LONGER REQUIRE PRIOR AUTHORIZATION.

Code	Description
66821	After cataract laser surgery
96116	Neurobehavioral status exam phys/qhp 1st hour
97814	Acupuncture w/stimulation addl 15m
97813	Acupuncture w/stimulation 15 min
96137	Psychological/neuropsychological test phy/qhp ea
96139	Psychological/neuropsychological test tech ea
15273	Skin substitute grafts/arm/lg child
91065	Breath hydrogen/methane test
96136	Psychological/neuropsychological test phy/qhp 1st
97811	Acupuncture w/o stimulation addl 15m
97810	Acupuncture w/o stimulation 15 min
96138	Psychological/neuropsychological tech 1st
15272	Skin sub graft t/a/l add-on
15277	Skn sub graft f/n/hf/g child
19296	Place placement of breast catheter for radiotherapy
19297	Place breast catheter for radiotherapy
19298	Place breast rad tube/catheters
20555	Place needles muscle/tissue for rt
20560	Needle insj w/o njx 1 or 2 muscles
20561	Needle insj w/o njx 3+ muscle
21077	Prepare face/oral prosthesis
21083	Prepare face/oral prosthesis
21086	Prepare face/oral prosthesis
21087	Prepare face/oral prosthesis
21088	Prepare face/oral prosthesis
22864	Remove cervical artificial disc
27704	Removal of ankle implant
31643	Diagnostic bronchoscope/catheter
31660	Bronchial thermoplasty 1 lobe
31661	Bronchial thermoplasty 2/> lobes

33215	Reposition pacing-defib lead
37188	Venous mechanical thrombectomy repeat tx
38204	Bl donor search management
38211	Tumor cell depletion within a harvest
43497	Transoral lwr esophageal myotomy
43499	Esophagus surgery procedure
43860	Revise stomach-bowel fusion
43865	Revise stomach-bowel fusion
50327	Prep renal graft/venous
50328	Prep renal graft/arterial
50329	Prep renal graft/ureteral
50380	Reimplantation of kidney
53860	Transurethral rf treatment
55875	Transperineal needle place prostate
55920	Place needles pelvic for rt
57155	Insert uteri tandem/ovoids
57156	Insertion vaginal brachytherapy device
58346	Insert heyman uteri capsule
61880	Revise/remove neuroelectrode
64570	Remove vagus n electrode
64580	Open implantation neurostimulator electrode array for neuromuscular
66830	Removal of lens lesion
66920	Extraction of lens
66930	Extraction of lens
66940	Extraction of lens
66983	Cataract surg w/iol 1 stage
81508	Fetal congenital abnormalities two proteins
81509	Fetal congenital abnormalities three proteins
81510	Fetal congenital abnormalities three anal
81511	Fetal congenital abnormalities four anal
81512	Fetal congenital abnormalities five anal
82106	Alpha-fetoprotein amniotic
86005	Allergen specific ige multiallergen screen
86813	Hla typing a b or c
86816	Hla typing dr/dq
86817	Hla typing dr/dq
86821	Lymphocyte culture mixed
88235	Tissue culture placenta
88240	Cell cryopreserve/storage
88241	Frozen cell preparation
88245	Chromosome analysis 20-25
88248	Chromosome analysis 50-100
88249	Chromosome analysis 100
88261	Chromosome analysis 5
88263	Chromosome analysis 45
88267	Chromosome analysis placenta

88269	Chromosome analysis amniotic
88271	Cytogenetics dna probe
88273	Cytogenetics 10-30
88275	Cytogenetics 100-300
88280	Chromosome karyotype study
88291	Cytogenetics/molecular report
90837	Psychotherapy w pt 60 minutes
90870	Electroconvulsive therapy
90880	Hypnotherapy
90901	Biofeedback train any meth
93590	Percutaneous transcatheter cls mitral
0440T	Ablation percutaneous uxtr/peripheral nerve
0441T	Ablation percutaneous lxtr/peripheral nerve
0442T	Ablation percutaneous plexus/truncal nerve
0464T	Visual ep test for glaucoma
A0420	Ambulance waiting 1/2 hr
A4290	Sacral nerve stim test lead
A4575	Hyperbaric o2 chamber disposable
A7025	Replace chest compress vest
A7026	Replace chest compress system hose
C1889	Implant/insert device, noc
E0371	Nonpower mattress overlay
E0372	Powered air mattress overlay
E0446	Topical Ox Deliver sys, nos
E0617	Automatic external defibrillator
E0627	Seat lift mech, electric any
E0629	Seat lift mech, non-electric
E0935	Continuous passive motion exercise device
E0936	CPM device, other than knee
E2378	Pw actuator replacement
E2623	Adjustable skin protection wheelchair seat cushion wd>=22in
E2625	Adjustable skin protection/positioning wheelchair seat cushion>=22
G0455	Fecal microbiota prep instillation
H0031	Mental health assessment by non-physician
H0032	Mental health service plan development by non-md
H2012	Behavioral health day treatment, per hour
H2014	Skills training and development, 15 min
H2019	Therapeutic behavioral services, per 15 min
K0609	Replacement electrodes for automated external defibrillator (AED)
L5400	Postop dress & 1 cast change below knee
L6890	Prefab glove for term device
L7368	Lithium-ion battery charger
L8040	Nasal prosthesis
L8041	Midfacial prosthesis
L8042	Orbital prosthesis
L8043	Upper facial prosthesis

L8044	Hemi-facial prosthesis
L8045	Auricular prosthesis
L8046	Partial facial prosthesis
L8047	Nasal septal prosthesis
L8465	Shrinker upper limb
L8621	Repl zinc air battery
L8622	Repl alkaline battery
L8629	CID transmit coil and cable
L8681	Patient program for implantable neurostimulator
L8684	Radiofrequency transmitter implantable sacral root neurostimulator
L8695	External recharging system external
Q0478	Power adapter, combo vad

PART B DRUG POLICY UPDATES:

Effective July 2, 2024, these will be the only preferred drugs for macular degeneration.

Codes	Drug
J9035	Avastin
J3590	Byooviz (biosimilar)
Q5128	Cimerli (biosim)
J2778	Lucentis

Effective July 2, 2024, the following Part B drugs for macular degeneration will require prior authorization:

Codes	Drug	Step Therapy Required
J2327	Skyrizi (risankizumab-rzza)	
J0178	Eylea (aflibercept)	✓
J3590	Eylea HD (aflibercept)	✓
J2777	Vabysmo (faricimab-svoa)	✓
J2781	Syfovre (pegcetacoplan)	✓
J0179	Beovu (brolucizumab-dbll)	✓
J2779	Susvimo (ranibizumab implant)	✓
J2778	Lucentis (ranibizumab)	✓
J2350	ocrelizumab (Ocrevus)	
J9306	pertuzumab (Perjeta)	
J9354	ado-trastuzumab emt (Kadcyla)	
J9039	blinatumomab (Blincyto)	
J2323	natalizumab (Tysabri)	
J9043	cabazitaxel (Jevtana)	

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

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。