

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/. Simply click on [View medical and pharmacy policy updates](#) located on the right side of the Medicare Advantage provider landing page.

CMS Mandated Codes Added to the Prior Authorization List Effective August 22, 2019
E1390: Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E0466: Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
L0650: Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
CMS Mandated Codes Added to the Prior Authorization List Effective October 21, 2019
E0193: Powered air flotation bed (Low Air Loss Therapy)
E0277: Powered pressure-reducing air mattress
E0371: Nonpowered advance pressure reducing overlay for mattress length and width
E0372: Powered air overlay for mattress, standard mattress length and width
E0373: Nonpowered advanced pressure reducing mattress

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