

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](#).

CMS HCPCS CODE UPDATES:

Effective July 1, 2023, CMS updated the following codes. The old codes will be removed:

Old Code	New Code	Description
C9148, C9399, J3490, J3590, J9999	J9380	Tecvayli™ (teclistamab-cqyv)
C9149, J3590	J9381	Tziel™ (teplizumab-mzwv)
J3590	C9151	Empaveli™ (pegcetacoplan)
J3590	J1440	Rebyota™ (Fecal microbiota, live-jslm)

POLICY UPDATES:

Effective August 1, 2023, we are updating the following criteria used for reviews:

Policy	Codes	Description of Change
Balloon Ostial Dilation for Treatment of Chronic Rhinosinusitis	31295, 31296, 31297, 31298	We will retire the medical policy and use InterQual criteria.
Continuous Passive Motion Machine (CPM)	E0935, E0936	We will retire the medical policy and continue using CMS criteria for code E0935. For code E0936, we will use InterQual criteria.
Hyperbaric Oxygen Therapy, Systemic and Topical	99183, G0277, A4575, E0446	We will retire the medical policy and use only CMS criteria.
Orthopedic Applications of Platelet-Rich Plasma	0232T	We will retire the medical policy and use only CMS criteria.
Radiofrequency Ablation of Primary or Metastatic Liver Tumors	47370, 47380, 47382	We will retire the medical policy and use InterQual criteria.

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