

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](#).

UPDATED HCPCS CODES FOR PART B DRUGS

The following part B drugs have updated HCPCS codes from CMS and have been updated on the prior authorization list:

| Previous Code | New Code | Drug | New Code Effective Date |
|---------------|----------|-----------------------------------|--------------------------------|
| C9086 | J0491 | Saphnelo™ (anifrolumab-fnia) | 4/1/2022 |
| J3490 | J3590 | Tezspire™ (tezepelumab-ekko) | 5/3/2022- effective date of PA |
| J3490 | J3590 | Vyvgart™ (efgartigimod alfa-fcab) | 5/3/2022- effective date of PA |
| J3590 | C9093 | Susvimo™ (ranibizumab injection) | 5/3/2022- effective date of PA |

EFFECTIVE JUNE 20, 2022, CODES REMOVED FROM THE PRIOR AUTHORIZATION LIST

The following procedures no longer require prior authorization:

| Code | Description |
|-------|---|
| 52287 | Cystourethroscopy, with injection(s) for chemodenervation of the bladder |
| 64642 | Chemodenervation of one extremity; 1-4 muscle(s) |
| 64643 | Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) |
| 64644 | Chemodenervation of one extremity; 5 or more muscles |
| 64645 | Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure) |
| 64646 | Chemodenervation of trunk muscle(s); 1-5 muscle(s) |
| 64647 | Chemodenervation of trunk muscle(s); 6 or more muscles |
| 64650 | Chemodenervation of eccrine glands; both axillae |
| 64653 | Chemodenervation of eccrine glands; other area(s) (e.g., scalp, face, neck), per day |

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EFFECTIVE AUGUST 1, 2022, THE FOLLOWING PROCEDURES WILL NO LONGER REQUIRE PRIOR AUTHORIZATION:

| Code | Description |
|-------|---|
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft |
| 27446 | Arthroplasty, knee, condyle, and plateau; medial OR lateral compartment |
| 27447 | Arthroplasty, knee, condyle, and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) |
| 50590 | Lithotripsy, extracorporeal shock wave |

EFFECTIVE OCTOBER 1, 2022, THE FOLLOWING CODES WILL REQUIRE PRIOR AUTHORIZATION

| Code | Description |
|-------|--|
| 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate |
| 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) |
| 31237 | Nasal/sinus endoscopy, surgical; with biopsy, polypectomy, or debridement (separate procedure) |
| 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming |
| 43497 | Lower esophageal myotomy, transoral (i.e., peroral endoscopic myotomy [POEM]) |
| 50592 | Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency |
| 50593 | Ablation renal tumor(s) unilateral percutaneous, cryotherapy |
| 61635 | Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty, if performed |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays |
| 64555 | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) |
| 64566 | Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming |
| 64575 | Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) |
| 64580 | Open implantation of neurostimulator electrode array; neuromuscular |
| 64582 | Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array |
| 65756 | Keratoplasty endothelial |
| 69716 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor |
| 81173 | AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence |
| 81301 | Microsatellite instability analysis (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (e.g., BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed |

| | |
|-------|---|
| 81310 | NPM1 (nucleophosmin) (e.g., acute myeloid leukemia) gene analysis, exon 12 variants |
| 81314 | PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (e.g., gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (e.g., exons 12, 18) |
| 81406 | Molecular pathology procedure level 7 |
| 81455 | Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (e.g., ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed |
| 81479 | Unlisted molecular pathology procedure |
| 81518 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy |
| 81519 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score |
| 81541 | Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score |
| E2311 | Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware |
| L1851 | Knee orthosis single upright thigh and calf |
| L5999 | Lower extremity prosthesis NOS |
| L8682 | Implantable neurostimulator radiofrequency receiver |

UPDATED MEDICAL POLICIES

We've updated the following medical policies. Unless specified, all updates are effective immediately and can be viewed on the [Policies and Prior Authorization Resources page](#).

- **Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry:** Minor updates were made to make the exclusions clearer for all types of cardiac monitors addressed in the policy.
- **Cosmetic and Reconstructive Surgery:** The following procedures were added to the criteria table within this policy:
 - Reconstructive repair of Pectus Excavatum
 - Vaginal rejuvenation/vulvovaginal atrophy
 - Varicose veins

Where CMS guidance is not available, this policy will be used for these procedures beginning October 1, 2022.

- **Effective October 1, 2022, the following codes were also added to the PA list and the Cosmetic and Reconstructive surgery policy:**

| Code | Description | PA Required |
|-------|--|---------------------|
| 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate | Effective 10/1/2022 |
| 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) | Effective 10/1/2022 |

- **Effective October 1, 2022, Gender Transition/Affirmation Surgery:** Four codes were added to this policy. Requests for these codes related to gender transition/affirmation surgery will be reviewed using this policy beginning October 1, 2022. These codes may also be reviewed using the Cosmetic and Reconstructive surgery policy (already in place) as applicable.

| Code | Description | PA Required |
|-------|--|---------------------|
| 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate | ✓ |
| 15772 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) | ✓ |
| 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate | Effective 10/1/2022 |
| 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) | Effective 10/1/2022 |

- **Effective October 1, 2022, Implantable Bone-Conduction and Bone-Anchored Hearing Devices:** New code 69716 (Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor) is being added to this policy.
- **Peripheral Subcutaneous Field Stimulation:** Policy retired as CMS guidance is being used.
- **Effective October 1, 2022, Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia or Gastroparesis:** New code 43497 (Lower esophageal myotomy, transoral (i.e., peroral endoscopic myotomy [POEM])) is being added to this policy.

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。