

# 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/](https://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.