

# 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/](http://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.

### THE FOLLOWING CODES WERE REMOVED FROM THE PRIOR AUTHORIZATION LIST SEPTEMBER 18, 2020.

After careful review, we have decided to remove the following codes from the prior authorization list due to low utilization, low denial rates, or other factors.

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	
97605	Negative pressure wound therapy <equal 50 sq cm
97606	Negative pressure wound therapy > 50 sq cm
97607	Neg pressure wound therapy non dme <= 50 sq cm
97608	Neg pressure wound therapy non dme >50 sq cm
A9272	Wnd suct dispbl dsg all acc & cmpnt any typ ea
E1800	Dyn adjustbl elb ext/flx devc w/sft intrfce matl
E1801	Static progressive stretch elbow device
E1802	Dyn adjustbl forarm pron/supin devc intrfce matl
E1805	Dyn adjustbl wrist ext/flx devc w/interface matl
E1806	Static progressive stretch wrist device
E1810	Dyn adjustbl knee ext/flx devc w/interface matl
E1811	Static progressive stretch knee device
E1812	Dyn knee ext/flex devc w/actv resistance control
E1818	Static progressive stretch forearm device
E1820	Repl sft interfce matl dyn adjustbl ext/flx devc
E1821	Repl sft interfce matl/cuff bi-dir stat devc

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

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	
E1825	Dyn adjustbl fngr ext/flx devc w/sft intrfce mat
E2402	Neg press wound therapy elec pump station/prtble
E2500	Speech gen devc digitized <= 8 mins rec time
E2502	Spch gen devc digitzd>8 mins <= 20 mins rec time
E2504	Spch gen devc digitzd>20 mins<=40 mins rec time
E2506	Speech gen device digitized >40 mins rec time
E2508	Spch gen devc synthsizd req mess spell & cntct
E2510	Spch gen devc synthesizd mx meth mess&devc accss
E2511	Speech gen software prog pc/pers digital assist
E2512	Access speech generating device mounting system
E2599	Accessory for speech generating device noc
K0743	Suction pump home model portable for use wounds
K0744	Absorb wd dr hom mdl prtble pad sz 16 sq in/less
K0745	Absrb wd dr hom mdl prt pad>16 sq in<= 48 sq in
K0746	Absorb wnd drsg hom mdl prtble pad sz > 48 sq in

Hysterectomy	
58541	Laparoscopy supracervical hysterectomy 250 gm<
58542	Laps supracrv hysterect 250 gm< rmvl tube/ovary
58543	Laps supracervical hysterectomy >250
58544	Laps supracrv hysterec >250 g rmvl tube/ovary
58548	Laps w/rad hyst w/bilat lmpadec rmvl tube/ovary
58550	Laps vaginal hysterectomy uterus 250 gm<
58552	Laps w/vag hysterect 250 gm< rmvl tube&/ovary
58553	Laps w/vaginal hysterectomy > 250 grams
58554	Laps vaginal hysterect > 250 gm rmvl tube&/ovary
58570	Laparoscopy w total hysterectomy uterus 250 gm<
58571	Laps total hysterect 250 gm< w/rmvl tube/ovary
58572	Laparoscopy total hysterectomy uterus >250 gm
58573	Laparoscopy tot hysterectomy >250 g w/tube/ovar

Arthroscopy	
29861	Arthroscopy hip surgical w/removal loose/fb
29862	Arthrs hip debridement/shaving articular crtlg
29863	Arthroscopy hip surgical w/synovectomy
29866	Arthroscopy knee osteochondral agrft mosaicplast
29867	Arthroscopy knee osteochondral allograft
29868	Arthroscopy knee meniscal trnsplj med/lat
29879	Arthrs knee abrasion arthrp/mlt drlg/microfx
29886	Arthrs knee drilling osteochond dissecans lesion

### Monitored Anesthesia

00731	Anesthesia upper gi endoscopic px nos
00732	Anesthesia upper gi endoscopic px ercp
00811	Anesthesia lower intst endoscopic px nos
00812	Anesthesia lower intst endoscopic px scr colsc
00813	Anesthesia combined upper&lower gi endoscopic px
G0500	Moderate sedat srvc prov same phys perf gi endo

### Oral Surgery

21070	Coronoidectomy separate procedure
21085	Impression & preparation oral surgical splint
21142	Rcnstj midface lefort i 2 pieces w/o bone graft
21143	Rcnstj midface lefort i 3> piece w/o bone graft
21146	Rcnstj midface lefort i 2 pieces w/bone grafts
21147	Rcnstj midface lefort i 3> piece w/bone grafts
21150	Rcnstj midface lefort ii anterior intrusion
21151	Rcnstj midface lefort ii w/bone grafts
21154	Rcnstj midface lefort iii w/o lefort i
21155	Rcnstj midface lefort iii w/lefort i
21159	Rcnstj midface lefort iii w/fhd w/o lefort i
21160	Rcnstj midface lefort iii w/fhd w/lefort i
21198	Osteotomy mandible segmental
21206	Osteotomy maxilla segmental
21208	Osteoplasty facial bones augmentation
21215	Graft bone mandible
21244	Rcnstj mndbl xtroral w/transosteal bone plate
21245	Rcnstj mndbl/maxl subpriosteal implant partial
21246	Rcnstj mndbl/maxl subpriosteal implant complete
21247	Rcnstj mndblr condyle w/bone cartlg autografts
21248	Rcnstj mandible/maxl endosteal implant partial
21249	Rcnstj mandible/maxl endosteal implant complete
41120	Glossectomy <one-half tongue
42120	Rescj palate/extensive rescj lesion
42140	Uvulectomy excision uvula
42160	Dstrj lesion palate/uvula thermal cryo/chem
42226	Lengthening palate & pharyngeal flap
42227	Lengthening palate w/island flap
42235	Repair anterior palate w/vomer flap
42950	Pharyngoplasty plstc/rcnstv opration pharynx
42953	Pharyngoesophageal repair

Other Codes	
27332	Arthrt w/exc semilunar crtlg knee medial/lat
27333	Arthrt w/exc semilunar crtlg knee medial&lat
27415	Osteochondral allograft knee open
27416	Osteochondral autograft knee open mosaicplasty
32664	Thoracoscopy w/thoracic sympathectomy
36516	Ther apheresis w/extracorporeal immunoadsorption
43229	Esophagoscopy flex transoral lesion ablation
43270	Egd ablate tumor polyp/lesion w/dilation& wire
43327	Esopg/gstr fundoplasty w/laparotomy
61650	Evasc intracranial prolng admn rx agent art 1st
61651	Evasc intracranial prolng admn rx agent art addl
91110	Gi imag intraluminal esophagus-ileum w/i&r
91111	Gastrointestinal tract imaging esophagus w/i&r
91112	Gi transit & pres meas wireless capsule w/interp
0444t	Initial plmt drug eluting ocular insert uni/bi
0445t	Sbsq plmt drug eluting ocular insert uni/bi
0465t	Supchrld njx of rx agt w/o supply of medication
G9708	Women who had bil mastectomy/hx bil mastectomy
G9748	Pt apprvd qual tplnt prog & sched ld kid tplnt
G9750	Pt apprvd qual tplnt prog & sched ld kid tplnt
S2340	Chemodenervation abductor muscle vocal cord
S2341	Chemodenervation adductor muscle vocal cord

## REVISED 2021 PRIOR AUTHORIZATION REQUIREMENTS.

Currently, prior authorizations for the programs listed below are required, which is also indicated in our 2021 Evidence of Coverage. However, after reviewing the denial rates, community prior authorization practices, and cost effectiveness, we are suspending prior authorizations for these programs beginning January 1, 2021. We'll review this change after Q1, 2021 and if there are no issues from this change, we'll make these changes permanent.

Program	CPT/HCPCS Codes
Cardiac Rehabilitation	93797, 93798
Intensive cardiac rehabilitation	G0422, G0423
Pulmonary rehabilitation	G0237, G0238, G0239, G0424, S9473
Supervised exercise therapy (SET)	93668
Dialysis	90999

**PREFERRED GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF) PRODUCTS FOR  
PREMERA MEDICARE ADVANTAGE PLANS EFFECTIVE JANUARY 1, 2021.**

Udenyca® (pegfilgrastim-cbqv) and Ziextenzo® (pegfilgrastim-bmez) will be considered second-line treatment for patients age 18 or older who are at risk of severe febrile neutropenia when Granix® (tbo-filgrastim) or Nivestym® (filgrastim-aafi) has been tried and failed, or there is a medical reason why those two drugs cannot be taken.

Neulasta® (pegfilgrastim) / Neulasta Onpro®, Fulphila® (pegfilgrastim-jmdb), and Nyvepria™ (pegfilgrastim-apgf) will be considered as a third-line treatment of patients age 18 or older who are at risk of severe febrile neutropenia when:

1. Granix® (tbo-filgrastim) or Nivestym® (filgrastim-aafi) has been tried and failed, or there is a medical reason why those drugs cannot be taken.

**AND**

2. Udenyca® (pegfilgrastim-cbqv) or Ziextenzo® (pegfilgrastim-bmez) has been tried and failed, or there is a medical reason why those drugs cannot be taken.

Preferred short acting G CSF Products	Preferred long acting G CSF Products
Granix	Udenyca
Nivestym	Ziextenzo

**DRUGS TO BE ADDED TO THE PRIOR AUTHORIZATION LIST ON JANUARY 1, 2021.**

Drug Name	HCPCS Code
Neulasta/Neulasta Onpro	J2505
Fulphila	Q5108
Udenyca	Q5111
Ziextenzo	Q5120

## 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](mailto: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>.

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## 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、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。