

# Medicare Advantage plans

## Medical policy and criteria

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### 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.

AIM Codes Added to the Prior Authorization List Effective January 1, 2019
<b>19296:</b> Placement of radiotherapy after loading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes image guidance.
<b>19297:</b> Placement of radiotherapy after loading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes image guidance.
<b>19298:</b> Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following partial mastectomy, includes image guidance.
<b>20555:</b> Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure).
<b>31643:</b> Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with placement of catheter(s) for intracavitary radioelement application.
<b>55875:</b> Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy.

AIM Codes Added to the Prior Authorization List Effective January 1, 2019

**55920:** Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application.

**57155:** Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy.

**57156:** Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy.

**58346:** Insertion of Heyman capsules for clinical brachytherapy.

**64483:** Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level.

**64484:** Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (list separately in addition to code for primary procedure).

**67218:** Destruction of localized lesion of retina (e.g., macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source).

**77014:** CT guidance for placement of radiation therapy fields.

**77295:** 3-dimensional radiotherapy plan, including dose-volume histograms.

**77301:** Intensity modulated radiation therapy plan, including dose volume histogram for target and critical structure partial tolerance specifications (IMRT treatment plan).

**77316:** Brachytherapy isodose plan; simple (1-4 sources or 1 channel), includes basic dosimetry calculations (Do not bill 77300).

**77317:** Brachytherapy isodose plan, intermediate (5-10 sources or 2-12 channels), includes basic dosimetry calculation (Do not bill 77300).

**77318:** Brachytherapy isodose plan, complex (over 10 sources or over 12 channels), includes basic dosimetry calculations (Do not bill 77300).

**77338:** Multi-leaf collimator (MLC) devise(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan.

**77370:** Special medical radiation physics consultation.

**77371:** Radiation treatment delivery, stereotactic radiosurgery (SRS) complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based.

**77373:** Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions.

AIM Codes Added to the Prior Authorization List Effective January 1, 2019

**77385:** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking when performed; simple.

**77386:** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking when performed; complex.

**77387:** Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed.

**77402:** Radiation treatment delivery, up to 5 MeV; simple. All the following criteria are met (and none of the complex or intermediate criteria are met): single treatment area, one or two ports and two or fewer simple blocks.

**77407:** Radiation treatment delivery, up to 5 MeV; intermediate. Any of the following criteria are met (and none of the complex criteria are met): 2 separate treatment areas, 3 or more ports on a single treatment area, or 3 or more simple blocks.

**77412:** Radiation treatment delivery, up to 5 MeV; complex. Any of the following criteria are met: 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, field-in-field or other tissue compensation that does not meet IMRT guidelines, or electron beam.

**77432:** Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session).

**77435:** Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions.

**77470:** Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral or endocavitary irradiation).

**77761:** Intracavitary radiation source application; simple.

**77762:** Intracavitary radiation source application; intermediate.

**77763:** Intracavitary radiation source application; complex.

**77778:** Interstitial radiation source application; complex, includes supervision, handling, loading of radiation source, when performed.

**62320:** Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic, without imaging guidance.

AIM Codes Added to the Prior Authorization List Effective January 1, 2019

**62321:** Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT).

**62322:** Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance.

**62323:** Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT).

**64490:** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level.

**64491:** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic, second level (list separately in addition to code for primary procedure).

**64492:** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (list separately in addition to code for primary procedure).

**64493:** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level.

**64494:** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (list separately in addition to code for primary procedure).

**64495:** Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (list separately in addition to code for primary procedure).

**64510:** Injection, anesthetic agent; stellate ganglion (cervical sympathetic).

**64520:** Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic).

**G0339:** Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment.

## AIM Codes Added to the Prior Authorization List Effective January 1, 2019

**G0340:** Image-guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment.

**G6001:** Ultrasonic guidance for placement of radiation therapy fields.

**G6002:** Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy.

**G6003:** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 MeV.

**G6004:** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 MeV.

**G6005:** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 MeV.

**G6006:** Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 MeV or greater.

**G6007:** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 MeV.

**G6008:** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 MeV.

**G6009:** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 MeV.

**G6010:** Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 MeV or greater.

**G6011:** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV.

**G6012:** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV.

**G6013:** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV.

**G6014:** Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater.

**G6017:** Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment.

Pharmacy Part B Codes Added to the Prior Authorization List Effective 1-1-2019

C9032	Luxturna
J0129	Orencia
J0220	Myozyme
J0256	Aralast
J0256	Aralast NP
J0256	Prolastin-C
J0256	Zemaira
J0257	Glassia
J0717	Cimzia
J0775	Xiaflex
J0897	Prolia
J1300	Soliris
J1325	Flolan Injection
J1325	Velettri
J1559	Hizentra
J1562	Vivaglobin
J1599	Inj IVIG non-lyophilized NOS, 500 mg
J1602	Simponi Aria
J1745	Remicade
J2326	Spinraza
J2507	Krystexxa
J2796	Nplate
J2860	Sylvant
J3262	Actemra
J3285	Remodulin
J3358	Stelara
J3380	Entyvio
J3590	Fasenra
J3590	Trogarzo
J7686	Tyvaso
J9022	Tecentriq
J9023	Bavencio
J9042	Adcetris
J9999	Rituxan Hycela
J9999	Imfinzi

**Pharmacy Part B Codes Added to the Prior Authorization List Effective 1-1-2019**

Q5103                      Inflectra

Q5104                      Renflexis

**Pharmacy Part B Codes Removed Effective January 1, 2019**

J9034                      Bendeka

J7330                      Carticel

J9145                      Darzalex

J9325                      Imlygic

J7316                      Jetrea

J9999                      Lartruvo

J0570                      Probuphine

J9295                      Portrazza

J7320                      Genvisc

J7321                      Hyalgan, Supartz

J7322                      Hymovis

J7323                      Euflexxa

J7324                      Orthovisc

J7325                      Synvisc or Synvisc-one

J7326                      Gel-one

J7327                      Monovisc

J7328                      Gel-syn

**Car-T Codes Added Effective November 1, 2018**

**Q2040:** Tisagenlecleucel (Kymriah), up to 250 mil CAR+ viable T cells, including leukapheresis and dose prep procedures, per infusion

**Q2041:** Axicabtagene ciloleucel (Yescarta), up to 200 mil autologous anti-CD19 CAR T Cells, including leukapheresis and dose prep procedures, per infusion.

**CBG Codes Added Effective January 1, 2019**

**K0553:** Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 unit of service = 1 month's supply.

**K0554:** Receiver (Monitor), dedicated, for use with therapeutic continuous glucose monitor system.

**Codes Removed Effective November 1, 2018**

**95970:** Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration configuration of wave form, battery status, electrode select ability, output modulation, cycling, impedance and patient compliance measurements) simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming.

**95974:** Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode select ability, output modulation, cycling, impedance and patient compliance measurements) complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour.

**95975:** Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode select ability, output modulation, cycling, impedance and patient compliance measurements) complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (list separately in addition to code for primary procedure).

**95978:** Electronic analysis implanted neurostimulator pulse generator system, complex deep brain system, with programming, first hour.

**95979:** Electronic analysis implanted neurostim pulse generator system, complex deep brain system, with programming, each additional 30.

## 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>.

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。