



Code updates

The following are not covered as they are considered experimental/investigational:

| Code | Description |
|------|---|
| N/A | Gammacore Non-invasive Vagus Nerve Stimulator |
| N/A | CARTIVA® SCI Synthetic Cartilage Implant for Joint Pain |
| N/A | miraDry |

The following are not covered per benefit:

| Code | Description |
|------|----------------------------------|
| N/A | Apple Watches |
| N/A | BlueStar Diabetes Monitoring App |

The following codes are not covered for Commercial plans:

| Code | Description |
|-------|-----------------------------|
| E0221 | Infrared Heating Pad System |

The following codes are covered but not reimbursed:

| Code | Description |
|-------|--|
| Q0092 | Set-up portable x-ray equipment |
| R0070 | Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen |
| R0075 | Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen |
| S9441 | Asthma education, nonphysician provider, per session |

The following code is covered when prior authorized:

| Code | Description |
|-------|---|
| G0219 | PET imaging whole body; melanoma for noncovered indications |

The following codes are covered without prior authorization:

| Code | Description |
|-------------|---|
| 99324-99328 | Domiciliary or rest home visit for the evaluation and management of new patient |
| 99334-99337 | Domiciliary or rest home visit for the evaluation and management of established patient |

Drug code updates

The following drugs are covered under the medical benefit with prior authorization effective 1/30/2020:

| Code | Description |
|-------------|--|
| J9309 | Injection, polatuzumab vedotin-piiq, 1 mg (Polivy) |
| Q5118 | Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg |