



Code updates

CPT code updates

As a reminder, the following service is not covered across all lines of business:

| Code | Description |
|------|--|
| N/A | Inogen One G5 Oxygen Systems |
| N/A | In Home Breath Analysis Specimen Collection Kits |

As a reminder, the following codes are not covered as experimental and investigational for commercial members; not reimbursable for My Care Family members:

| Code | Description |
|-------|-------------------|
| 65771 | Radial keratotomy |
| 65765 | Keratophakia |

As a reminder, the following code is covered but not separately reimbursable for all lines of business:

| Code | Description |
|-------|--|
| D1999 | unspecified preventive procedure – by report |

As a reminder, the following code is not reimbursable for My Care Family members. Providers would need to bill with CPT:

| Code | Description |
|-------|--|
| S8037 | Magnetic resonance cholangiopancreatography (MRCP) |

The following codes are covered with no prior authorization:

| Code | Description | Effective Date |
|-------|--|----------------|
| 77085 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment | 7/1/2020 |
| 77086 | Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA) | 7/1/2020 |

The following code is covered with prior authorization for all lines of business:

| Code | Description | Effective Date |
|-------|--|----------------|
| L5961 | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control | 8/1/2020 |

The following code is not covered as experimental and investigational for all lines of business:

| Code | Description | Effective Date |
|-------|---|----------------|
| C9250 | Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml | 8/1/2020 |

The following code is not covered as experimental and investigational for commercial members; covered with prior authorization for My Care Family members:

| Code | Description | Effective Date |
|-------|---|----------------|
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | 8/1/2020 |

The following codes are not covered per benefit for commercial members; covered with prior authorization for My Care Family members:

| Code | Description | Effective Date |
|-------|--|----------------|
| E0627 | Seat lift mechanism, electric, any type | 10/1/2020 |
| E0629 | Seat lift mechanism, nonelectric, any type | 10/1/2020 |

The following codes are not covered as experimental and investigational for commercial member; covered with no prior authorization for My Care Family members:

| Code | Description | Effective Date |
|-------|---|----------------|
| C9122 | Mometasone furoate sinus implant, 10 mcg (Sinuva) | 10/1/2020 |
| J7401 | Mometasone furoate sinus implant, 10 mcg | 10/1/2020 |

The following code is covered but not separately reimbursable for all lines of business:

| Code | Description | Effective Date |
|-------|--|----------------|
| S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres | 10/1/2020 |

Drug code updates

The following drugs are covered under the medical benefit with prior authorization:

| Code | Description | Effective Date |
|------------------|---|----------------|
| J2354 | Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg (BYNFEZIA Pen Injection-SC) | 06/25/2020 |
| No Specific Code | Bimatoprost implant (DURYSTA IntraOcular Implant) <i>will be presented by J3490 Unclassified drugs until such time a permanent code is assigned by CMS</i> | 06/25/2020 |

The following drugs are covered under the medical benefit without prior authorization:

| Code | Description | Effective Date |
|------------------|--|-----------------------|
| No Specific Code | Daratumumab/Hyaluronidase-fihj (DARZALEX FASPRO IV) <i>will be represented by J9999 Not otherwise classified anti-neoplastic drug until such time a permanent code is assigned by CMS</i> | 06/25/2020 |
| No Specific Code | (JELMYTO Ureteral Injection) <i>will be represented by J9999 Not otherwise classified anti-neoplastic drug until such time a permanent code is assigned by CMS</i> | 06/25/2020 |