

Code updates

The following code is covered when prior authorized for Commercial members only:

Code	Description	Effective
S0812	Phototherapeutic keratectomy (PTK)	5/1/2020

The following code is covered for all lines of business no prior authorization is required:

Code	Description	Effective
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	1/1/2019

The following services are covered for all lines of business when prior authorized:

Code	Description	Effective
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	4/1/2020
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	4/1/2020
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	4/1/2020

The following code is covered for My Care Family members when prior authorized; remains not covered for Commercial members:

Code	Description	Effective
Q4186	Epifix, per sq cm	4/1/2020

The following code is covered for My Care Family members no prior authorization is required; remains not covered for Commercial members:

Code	Description	Effective
T4538	Diaper service, reusable diaper, each diaper	4/1/2020

The following codes are covered but not separately reimbursable:

Code	Description	Effective
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	4/1/2020
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	4/1/2020

The following services/devices are not covered per benefits for all lines of business:

Code	Description	Effective
N/A	Medi-Belt Insulin Pump Carrier	
N/A	iPads	
N/A	Breg Polar Care Cubes Code Therapy System	
N/A	Willow portable Breast Pumps	
N/A	Posey Bed	
N/A	Residential and commercial water softening, filtration and conditioning systems	
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	6/1/2020
G1012	Clinical decision support mechanism agilemd, as defined by the medicare appropriate use criteria program	4/1/2020
G1013	Clinical decision support mechanism evidencecare imaging advisor, as defined by the medicare appropriate use criteria program	4/1/2020
G1014	Clinical decision support mechanism inveniq semantic answers in medicine, as defined by the medicare appropriate use criteria program	4/1/2020
G1015	Clinical decision support mechanism reliant medical group, as defined by the medicare appropriate use criteria program	4/1/2020
G1016	Clinical decision support mechanism speed of care, as defined by the medicare appropriate use criteria program	4/1/2020
G1017	Clinical decision support mechanism healthhelp, as defined by the medicare appropriate use criteria program	4/1/2020
G1018	Clinical decision support mechanism infinx, as defined by the medicare appropriate use criteria program	4/1/2020
G1019	Clinical decision support mechanism logicnets, as defined by the medicare appropriate use criteria program	4/1/2020

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

Code	Description	Effective
N/A	Bee Venom Therapy	
N/A	AxioBionics Wearable Therapy NMES	
N/A	NeuroMD Corrective Therapy Device	
C9056	Injection, givosiran, 0.5 mg	4/1/2020
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [(ECM)], with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	4/1/2020
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	4/1/2020
0165U	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation	4/1/2020
0166U	Liver disease, 10 biochemical assays (?2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	4/1/2020
0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	4/1/2020
0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	4/1/2020

The following drugs are covered under the medical benefit for all lines of business no prior authorization is required:

Code	Description	Effective
C9054	Injection, lefamulin (Xenleta), 1mg	3/26/2020
J0121	Injection, omadacycline, 1 mg (Nuzyra)	3/26/2020
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	3/26/2020

The following drugs are covered under the medical benefit for all lines of business when prior authorized:

Code	Description	Effective
C9053	Injection, crizanlizumab-tmca, 1 mg (Adakveo)	3/26/2020
J0179	Injection, brolucizumab-dbl, 1 mg (Beovu)	3/26/2020
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes (Luxturna)	1/1/2019
N/A	(luspatercept-aamt) subcutaneous injection (Reblozyl) represented by J3590 Unclassified biologics	3/26/2020
N/A	Rituximab-pvvr injection, for intravenous use (Ruxience) represented by unlisted code J3490	2/27/2020
N/A	Antihemophilic factor recomb, glycopegylated-exe (Esperoct) represented by unlisted code J3590	2/27/2020
N/A	(Meloxicam) Injection 30 mg/ML (ANJESO) represented by J3490 Unclassified drugs	5/7/2020
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	5/7/2020

NEW BENEFIT: Preventive Pre-Exposure Prophylaxis (PrEP) for HIV

Effective 6/1/2020, AllWays Health Partners covers preventive services associated with PrEP for HIV. This coverage includes testing to determine if a member is eligible for treatment including office visits, laboratory testing and preventive medical counseling covered under the medical benefit. Not all self-insured accounts may have accepted this change. Preventive service providers should continue to confirm member eligibility and benefits as they normally do.

For billing information please see the AllWays Health Partners [Preventive Services Provider Payment Guideline](#).