



# Code Updates

## CPT code updates

As a reminder, the following services are not covered across all lines of business:

Code	Description
T2012	Habilitation, educational; waiver, per diem
T2013	Habilitation, educational, waiver; per hour
T2014	Habilitation, prevocational, waiver; per diem
T2015	Habilitation, prevocational, waiver; per hour
T2016	Habilitation, residential, waiver; per diem
T2017	Habilitation, residential, waiver; 15 minutes
T2018	Habilitation, supported employment, waiver; per diem
T2019	Habilitation, supported employment, waiver; per 15 minutes
T2020	Day habilitation, waiver; per diem
T2021	Day habilitation, waiver; per 15 minutes
T2047	Habilitation, prevocational, waiver; per 15 minutes

The following codes are not as experimental and investigational for commercial members; not reimbursable for My Care Family members as of 1/1/2021:

Code	Description
92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)

The following code is covered with no prior authorization for all lines of business as of 11/1/2020:

Code	Description
P9604	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge

The following code is covered but not separately reimbursable for all lines of business as of 11/1/2020:

Code	Description
P9603	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated miles actually travelled

The following code is covered but not separately reimbursable for My Care Family as of 11/1/2020:

Code	Description
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split

The following code is not covered per benefit for My Care Family members as of 1/1/2021:

Code	Description
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results.

## Drug code updates

The following drug is covered under the medical benefit with prior authorization:

Code	Description	Brand Name	Effective Date
C9066 (code effective 10/1/2020)	Injection, sacituzumab govitecan-hziy, 2.5 mg (Providers may bill HCPCS J9999 Not otherwise classified, antineoplastic drugs for date of service 09/24/2020 - 09/30/2020)	Trodelvy	09/24/2020