



Code Updates

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

Code	Description
N/A	Leg Grabber
N/A	Bruder Moist Heat Eye Compress for chronic dry eye
N/A	Finger cots

The following codes are covered for Commercial members with no prior authorization; Not reimbursable for My Care Family members:

Code	Description	Effective
99492	1ST PSYCHIATRIC COLLAB CARE MGMT 1ST 70 MINS	10/1/2020
99493	SBSQ PSYCHIATRIC COLLAB CARE MGMT 1ST 60 MINS	10/1/2020
99494	1ST/SBSQ PSYCH COLLAB CARE MGMT EA ADDL 30 MINS	10/1/2020

The following code is not reimbursable for Commercial members; Not payable for My Care Family members:

Code	Description	Effective
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease	9/8/2020

The following code is not covered for Commercial members; Not payable for My Care Family members:

Code	Description	Effective
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative;	9/8/2020

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

Code	Description	Drug Name	Coverage Effective
C9061	Injection, teprotumumab-trbw, 10 mg	Tepezza	08/27/2020
J3241	Injection, teprotumumab-trbw, 10 mg (replacing C9061 effective 10/1/2020)	Tepezza	08/27/2020
C9063	Injection, eptinezumab-jjmr, 1 mg	Vyepti	08/27/2020

J3032	Injection, eptinezumab-jjmr, 1 mg (replacing C9063 effective 10/1/2020)	Vyepti	08/27/2020
J0223	Injection, givosiran, 0.5 mg	Givlaari	08/27/2020
J1429	Injection, golodirsen, 10 mg	Vyondys 53	08/27/2020
J1632	Injection, brexanolone, 1 mg (replacing C9055 effective 10/1/2020)	Zulresso	09/26/2019
J7351	Injection, bimatoprost, intracameral implant, 1 microgram (replacing J9999 effective 10/1/2020)	Durysta IntraOcular	06/25/2020

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

Code	Description	Drug Name	Coverage Effective
C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj (replacing J9999 effective 10/1/2020)	Darzalex Faspro IV	06/25/2020
C9064	Mitomycin pyelocalyceal instillation, 1 mg (replacing J9999 effective 10/1/2020)	Jelmyto Ureteral	06/25/2020
J1738	Injection, meloxicam, 1 mg (replacing C9059 effective 10/1/2020)	Anjeso	05/7/2020
J9227	Injection, isatuximab-irfc, 10 mg (replacing J9999 effective 10/1/2020)	Sarclisa	07/30/2020

Please see the coverage summary for October 2020 New Codes as below:

The following codes are not covered as they are considered experimental and investigational:

Code	Description
C9060	Fluoroestradiol fl8, diagnostic, 1 mci
C9066	Injection, sacituzumab govitecan-hziy, 10 mg
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral catheterization is included) and vacuum aspiration of the kidney, collecting system and urethra if applicable
C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)
J1437	Injection, ferric derisomaltose, 10 mg
J9304	Injection, pemetrexed (pemfexy), 10 mg
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors
K1009	Speech volume modulation system, any type, including all components and accessories
K1010	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
K1011	Activation device for intraurethral drainage device with valve, replacement only, each

K1012	Charger and base station for intraurethral activation device, replacement only
Q4249	Amniplly, for topical use only, per square centimeter
Q4250	Amnioamp-mp, per square centimeter
Q4254	Novafix dl, per square centimeter
Q4255	Reguard, for topical use only, per square centimeter
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)
0219U	Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3

The following codes are not covered benefits:

Code	Description
G1020	Clinical decision support mechanism curbside clinical augmented workflow, as defined by the medicare appropriate use criteria program
G1021	Clinical decision support mechanism ehealthline clinical decision support mechanism, as defined by the medicare appropriate use criteria program
G1022	Clinical decision support mechanism intermountain clinical decision support mechanism, as defined by the medicare appropriate use criteria program
G1023	Clinical decision support mechanism persivia clinical decision support, as defined by the medicare appropriate use criteria program
K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system
Q9001	Assessment by department of veterans affairs chaplain services
Q9002	Counseling, individual, by department of veterans affairs chaplain services
Q9003	Counseling, group, by department of veterans affairs chaplain services
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens

The following codes are covered but not separately reimbursable:

Code	Description
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years
0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)

The following codes are covered when prior authorized:

Code	Description
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association

0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score

The following codes are covered with no prior authorization:

Code	Description
C9065	Injection, romidepsin, non-lyophilized (e.g. liquid), 1mg
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mci