

PROVIDER Update



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Changes to Prior Authorization Requirements

New CMS codes effective July 1, and other changes effective October 2

Wellcare By Health Net (Health Net*) is making changes to the Medicare Advantage HMO/PPO prior authorization (PA) requirements as outlined in the table below. These changes apply to Direct Network physicians, hospitals, ancillary providers, and non-delegated fee-for-service participating physician groups.

Effective July 1, 2023

The below Part B medications require PA per new HCPCS codes issued by the Centers for Medicare & Medicaid Services.

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- Wellcare By Health Net
 - Medicare Advantage (HMO)
 - Medicare Advantage (PPO)

PROVIDER SERVICES

provider_services@healthnet.com
800-929-9224

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Code	Description	Brand/reference
C9151	Injection, pegcetacoplan, 1 mg	Syfovre™
J0174	Injection, lecanemab-irmb, 1 mg (effective July 6, 2023).	Leqembi™
J1440	Fecal microbiota, live - jslm, 1 mL	Rebyota™
J1961	Injection, lenacapavir, 1 mg	Sunlenca®
J2329	Injection, ublituximab-xiyy, 1 mg	Briumvi®
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	Adstiladrin®
J9321	Injection, pemetrexed (Sandoz) not therapeutically equivalent to J9305, 10 mg	Pemetrexed agents
J9322	Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg	
J9323	Injection, pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg	
J9350	Injection, mosunetuzumab-axgb, 1 mg	Lunsumio™

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Effective July 1, 2023, continued...

Code	Description	Brand/reference
J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Panzyga®
J2427	Injection, paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg	Invega Hafyera™/Invega Trinza®
J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	Ixinity®
J9056	Injection, bendamustine HCl (Vivimusta), 1 mg	Vivimusta™
J9058	Injection, bendamustine HCl (Apotex), 1 mg	Treanda®
J9059	Injection, bendamustine HCl (Baxter), 1 mg	Treanda®
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Elahere™
J9259	Injection, paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg	Abraxane®
J9347	Injection, tremelimumab-actl, 1 mg	Imjudo®
J9380	Injection, teclistamab-cqyv, 0.5 mg	Tecvayli™
J9381	Injection, teplizumab-mzwv, 5 mcg	Tzield®

Outpatient pharmaceuticals (submitted under Medical Benefit)

Medication newly approved by the U.S. Food and Drug Administration (FDA) requires PA, effective immediately.

Requirement	Comments
Zynteglo®	betibeglogene autotemcel

PA requirement additions, changes and deletions, effective October 2, 2023

Below are Part B drugs that **require PA** as of October 2:

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Additions	
Code	Description
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units

Changes		
Below are medical benefits plan PA requirement changes for Direct Network providers as of October 2, 2023.		
Code	Description	Change
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s).	PA required for gender reassignment only
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s).	PA required for gender reassignment only

58260	Vaginal hysterectomy, for uterus 250 g or less.	PA required for gender reassignment only
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s).	PA required for gender reassignment only
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele.	PA required for gender reassignment only
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control.	PA required for gender reassignment only
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele.	PA required for gender reassignment only
58275	Vaginal hysterectomy, with total or partial vaginectomy.	PA required for gender reassignment only
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele.	PA required for gender reassignment only
58285	Vaginal hysterectomy, radical (Schauta type operation).	PA required for gender reassignment only
58290	Vaginal hysterectomy, for uterus greater than 250 g.	PA required for gender reassignment only
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s).	PA required for gender reassignment only
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele.	PA required for gender reassignment only
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele.	PA required for gender reassignment only
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less.	PA required for gender reassignment only
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s).	PA required for gender reassignment only
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g.	PA required for gender reassignment only
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s).	PA required for gender reassignment only
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less.	PA required for gender reassignment only
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s).	PA required for gender reassignment only
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g.	PA required for gender reassignment only
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s).	PA required for gender reassignment only

58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less.	PA required for gender reassignment only
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s).	PA required for gender reassignment only
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g.	PA required for gender reassignment only
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s).	PA required for gender reassignment only
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed.	PA required all instances
97597	Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less.	PA required after 12 visits
97598	Debridement (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure).	PA required after 12 visits
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session.	PA required after 12 visits

Deletions

Below are outpatient Part B procedures, services, equipment or drugs that **no longer require PA** as of October 2:

Code	Description
11008	Removal of prosthetic material or mesh, abdominal wall for infection (e.g., for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure).
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions.
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure).
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less.
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm.

11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure).
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion.
11970	Replacement of tissue expander with permanent implant.
11971	Removal of tissue expander without insertion of implant.
15600	Delay of flap or sectioning of flap (division and inset); at trunk.
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet.
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips.
15650	Transfer, intermediate, of any pedicle flap (e.g., abdomen to wrist, Walking tube), any location.
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s).
15731	Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap).
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae).
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk.
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity.
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity.
15786	Abrasion; single lesion (e.g., keratosis, scar).
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure).
17360	Chemical exfoliation for acne (e.g., acne paste, acid).
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s).
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap.
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging).
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s).
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles.
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts).
21181	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial.
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm.
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft.
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft).

21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia).
21280	Medial canthopexy (separate procedure).
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only.
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies.
30560	Lysis intranasal synechia.
30630	Repair nasal septal perforations.
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral.
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral.
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation.
33940	Donor cardiectomy (including cold preservation).
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation.
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (e.g., transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation.
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (e.g., transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation.
38129	Unlisted laparoscopy procedure, spleen.
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous.
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage.
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor.
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor.
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion.
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer.

38230	Bone marrow harvesting for transplantation; allogeneic.
39599	Unlisted procedure, diaphragm.
43283	Laparoscopy, surgical, esophageal lengthening procedure (e.g., Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure).
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only.
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components.
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis).
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.
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery.
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each.
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral.
50320	Donor nephrectomy (including cold preservation); open, from living donor.
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary.
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary.
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each.
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each.
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each.
50370	Removal of transplanted renal allograft.
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage.
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (e.g., Marshall-Marchetti-Krantz, Burch).
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s).

58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s).
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof.
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas.
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g.
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed.
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy.
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors).
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking.
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy.
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy.
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed.
62280	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid.
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance.
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT).
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance.

62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT).
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill.
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming.
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional).
64585	Revision or removal of peripheral neurostimulator electrode array.
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver.
74713	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure).
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure).
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed).
78013	Thyroid imaging (including vascular flow, when performed).
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed).
78018	Thyroid carcinoma metastases imaging; whole body.
78070	Parathyroid planar imaging (including subtraction, when performed).
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT).
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization.
78102	Bone marrow imaging; limited area.
78201	Liver imaging; static only.
78202	Liver imaging; with vascular flow.
78215	Liver and spleen imaging; static only.
78216	Liver and spleen imaging; with vascular flow.
78226	Hepatobiliary system imaging, including gallbladder when present.
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed.
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure).

78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (e.g., head, neck, chest, pelvis), single day imaging.
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging.
80220	Hydroxychloroquine.
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; intron 8 poly-T analysis (e.g., male infertility).
81239	DMPK (DM1 protein kinase) (e.g., myotonic dystrophy type 1) gene analysis; characterization of alleles (e.g., expanded size).
81262	IGH@ (Immunoglobulin heavy chain locus) (e.g., leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e.g., Southern blot).
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (e.g., promyelocytic leukemia) translocation analysis; single breakpoint (e.g., intron 3, intron 6 or exon 6), qualitative or quantitative.
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for <i>Atopobium vaginae</i> , <i>Gardnerella vaginalis</i> , and <i>Lactobacillus</i> species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis.
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for <i>Gardnerella vaginalis</i> , <i>Atopobium vaginae</i> , <i>Megasphaera</i> type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and <i>Lactobacillus</i> species (<i>L. crispatus</i> and <i>L. jensenii</i>), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of <i>Trichomonas vaginalis</i> and/or <i>Candida</i> species (<i>C. albicans</i> , <i>C. tropicalis</i> , <i>C. parapsilosis</i> , <i>C. dubliniensis</i>), <i>Candida glabrata</i> , <i>Candida krusei</i> , when reported.
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (e.g., IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase).
88230	Tissue culture for non-neoplastic disorders; lymphocyte.
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy.
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells.
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells.
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding.
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding.
88291	Cytogenetics and molecular cytogenetics, interpretation and report.
88364	In situ hybridization (e.g., FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure).
88365	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure.
88366	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure.

88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure).
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure).
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure.
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure.
89310	Semen analysis; motility and count (not including Huhner test).
89320	Semen analysis; volume, count, motility, and differential.
89321	Semen analysis; sperm presence and motility of sperm, if performed.
92512	Nasal function studies (e.g., rhinomanometry).
92516	Facial nerve function studies (e.g., electroneuronography).
92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing).
92546	Sinusoidal vertical axis rotational testing.
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech.
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour.
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure).
92609	Therapeutic services for the use of speech-generating device, including programming and modification.
92610	Evaluation of oral and pharyngeal swallowing function.
92700	Unlisted otorhinolaryngological service or procedure.
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels.
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording).
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.

97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes.
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient.
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.
0040U	BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative.
0208T	Pure tone audiometry (threshold), automated; air only.
0209T	Pure tone audiometry (threshold), automated; air and bone.
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.
0353U	Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected.
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure).

0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session.
0644T	Transcatheter removal or debulking of intracardiac mass (e.g., vegetations, thrombus) via suction (e.g., vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed.
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure).
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple.
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance.
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure).

Below are Level II HCPCS codes that no longer require PA as of October 2:

A4641	Radiopharmaceutical, diagnostic, not otherwise classified.
A6507	Compression burn garment, foot to knee length, custom fabricated.
A7047	Oral interface used with respiratory suction pump, each.
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi.
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 mCi.
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit.
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit.
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.
B9006	Parenteral nutrition infusion pump, stationary.
C1832	Autograft suspension, including cell processing and application, and all system components.
C2622	Prosthesis, penile, noninflatable.
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg.
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty.
E0182	Pump for alternating pressure pad, for replacement only.

E0189	Lambswool sheepskin pad, any size.
E0202	Phototherapy (bilirubin) light with photometer.
E0217	Water circulating heat pad with pump.
E0221	Infrared heating pad system.
E0305	Bedside rails, half-length.
E0310	Bedside rails, full-length.
E0316	Safety enclosure frame/canopy for use with hospital bed, any type.
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress.
E0350	Control unit for electronic bowel irrigation/evacuation system.
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor.
E0455	Oxygen tent, excluding croup or pediatric tents.
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device).
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source.
E0619	Apnea monitor, with recording feature.
E0620	Skin piercing device for collection of capillary blood, laser, each.
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified.
E0856	Cervical traction device, with inflatable air bladder(s).
E0944	Pelvic belt/harness/boot.
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating leg rests.
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests.
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating leg rests.
E1229	Wheelchair, pediatric size, not otherwise specified.
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system.
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system.
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system.
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system.

E1238	Wheelchair, pediatric size, folding, adjustable, without seating system.
E2100	Blood glucose monitor with integrated voice synthesizer.
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver.
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each.
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each.
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more).
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial.
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care.
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281.
G0378	Hospital observation service, per hour.
J1750	Injection, iron dextran, 50 mg.
J1756	Injection, iron sucrose, 1 mg.
J2212	Injection, methyl naltrexone, 0.1 mg.
J2440	Injection, papaverine HCl, up to 60 mg.
J7605	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 mcg.
J7606	Formoterol fumarate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 20 mcg.
J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg.

K0017	Detachable, adjustable height armrest, base, replacement only, each.
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each.
K0053	Elevating footrests, articulating (telescoping), each.
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base).
L0170	Cervical, collar, molded to patient model.
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types).
L0469	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf.
L0470	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment.
L0700	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type).
L0710	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type).
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model.
L1270	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), abdominal pad.
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated.
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated.
L1847	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise.
L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK).
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated.
L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment.
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each.
L2580	Addition to lower extremity, pelvic control, pelvic sling.

L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.
L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without non-torsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment.
L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment.
L4130	Replace pretibial shell.
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK).
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation.
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment
L7900	Male vacuum erection system.
L8040	Nasal prosthesis, provided by a nonphysician.
L8046	Partial facial prosthesis, provided by a nonphysician.
L8627	Cochlear implant, external speech processor, component, replacement.
L8628	Cochlear implant, external controller component, replacement.
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement.
L8659	Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size.
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml.
S0080	Injection, pentamidine isethionate, 300 mg.
V2629	Prosthetic eye, other type.
V5362	Speech screening.
V5363	Language screening.
V5364	Dysphagia screening.

Additional information

If you have questions regarding the information contained in this update, contact the Provider Services Center at 800-929-9224.