Global 3M19 Medical Policy and Technology Assessment Committee prior authorization requirement updates

Update: Effective **February 1, 2020**, prior authorization (PA) requirements will change for the following services covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for our members. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

Medicare PA requirements will be added to the following codes:

- **81230:** CYP3A4 (cytochrome P450, family 3, subfamily A, member 4) (e.g., drug metabolism), gene analysis, common variant(s) (e.g., *2, *22)
- **81231:** CYP3A5 (cytochrome P450, family 3, subfamily A, member 5) (e.g., drug metabolism), gene analysis, common variants (e.g., *2, *3, *4, *5, *6, *7)
- **81232:** DPYD (dihydropyrimidine dehydrogenase) (e.g., 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (e.g., *2A, *4, *5, *6)
- **81346:** TYMS (thymidylate synthetase) (e.g., 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (e.g., tandem repeat variant)
- **0031U:** CYP1A2 (cytochrome P450, family 1, subfamily A, member 2) (e.g., drug metabolism) gene analysis, common variants (e.g., *1F, *1K, *6, *7)
- **0032U:** COMT (catechol-O-methyltransferase) (drug metabolism) gene analysis, c.472G>A (rs4680) variant
- **0033U:** HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (e.g., citalopram metabolism) gene analysis, common variants (e.g., HTR2A rs7997012 c.614-2211T>C)
- **0070U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, common and select rare variants (e.g., *2, *3, *4, *4N, *5, *6, *7, *8, *9)
- **0071U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, full gene sequence
- **0072U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (e.g., CYP2D6-2D7 hybrid gene)
- **0073U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (e.g., CYP2D7-2D6 hybrid gene)
- **0074U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis
- **0075U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis

- **0076U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis
- **0091U:** oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result
- **0092U:** oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy
- **0093U:** prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected
- **0098U:** respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneum
- **0099U:** respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus)
- **0100U:** respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus)
- **J9036:** injection, bendamustine hydrochloride (Belrapzo®) 1 mg
- **81599:** unlisted multianalyte assay with algorithmic analysis
- **0094U**: genome (e.g., unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis
- **0101U:** hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis)
- **0102U:** hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer)
- **0103U:** hereditary ovarian cancer (e.g., hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of next-generation sequencing, Sanger sequencing, multiplex ligation-dependent probe amplification
- **0104U:** hereditary pan cancer (e.g., hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer)
- **0408T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed
- **0409T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed
- **0410T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed
- **0411T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed
- **0412T:** removal of permanent cardiac contractility modulation system; pulse generator only
- **0413T:** removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)

- **0414T:** removal and replacement of permanent cardiac contractility modulation system pulse generator only
- **0415T:** repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)
- **0416T:** relocation of skin pocket for implanted cardiac contractility modulation pulse generator
- **0417T:** programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values
- **0418T:** interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac
- **0512T:** extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound
- **0513T:** extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound
- **0544T:** transcatheter mitral valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture
- **0545T:** transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach
- **0548T**: transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy
- **0549T:** transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy
- **0550T:** transperineal periurethral balloon continence device; removal, each balloon
- **0551T:** transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume
- **E2599:** accessory for speech generating device, not otherwise classified

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the Provider Self-Service Tool on the Availity Portal by going to https://providers.amerigroup.com/TX > Login.

Contracted and noncontracted providers unable to access Availity can Provider Services at 1-855-878-1785 for PA requirements.