

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

Background: Effective **February 1, 2020**, prior authorization (PA) requirements will change for the following services. These services will require PA 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.**

Medicaid PA requirements will be added to the following codes:

- **43238:** esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus
- **43242:** esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound)
- **43253:** esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s)
- **78459:** myocardial imaging, positron emission tomography (PET), metabolic evaluation
- **78491:** myocardial PET; single study, rest/stress
- **78492:** myocardial PET; multiple studies, rest and/or stress
- **78608:** brain imaging, PET; metabolic evaluation
- **78609:** brain imaging, PET; perfusion evaluation
- **78811:** PET imaging; limited area (e.g., chest, head/neck)
- **78812:** PET imaging; skull base to mid-thigh
- **78813:** PET imaging; skull base to mid-thigh
- **78814:** PET with concurrently acquired computed tomography (CT) for attenuation correction
- **78815:** PET with concurrently acquired CT for attenuation correction
- **78816:** PET with concurrently acquired CT for attenuation correction
- **81227:** Cyp2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (e.g., drug metabolism), gene analysis, common variants (i.e., *2, *3, *5, *6)
- **81231:** CYP3A5 (cytochrome P450, family 3, subfamily A, member 5) (e.g., drug metabolism), gene analysis, common variants (i.e., *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) (i.e., *2A, *4, *5, *6)

<https://providers.amerigroup.com>

- **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 (i.e., *1F, *1K, *6, *7)
- **0032U:** COMT (catechol-O-methyltransferase) (drug metabolism) gene analysis, c.472G>A (rs4680) variant
- **0070U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, common and select rare variants (i.e., *2, *3, *4, *4N, *5, *6, *7, *8, *9)
- **0072U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., CYP2D6-2D7 hybrid gene)
- **0073U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., CYP2D7-2D6 hybrid gene)
- **0074U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., nonduplicated gene)
- **0075U:** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (e.g., drug metabolism) gene analysis, targeted sequence analysis (i.e., 5 gene duplication/multiplication)
- **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
- **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)
- **0104U:** hereditary pan cancer (e.g., hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer)
- **J9036:** injection, bendamustine hydrochloride (Belrapzo®), 1 mg
- **81479:** unlisted molecular pathology procedure
- **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
- **0408T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed and programming of sensing and therapeutic parameters
- **0409T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed and programming of sensing and therapeutic parameters
- **0410T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed and programming of sensing and therapeutic parameters
- **0411T:** insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed and programming of sensing and therapeutic parameters
- **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
- **G9143:** warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
- **J3490:** unclassified drugs (Avastin®, Mvasi™)
- **S3870:** comparative genomic hybridization microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability

Request PA via:

- **Web:** <https://www.availity.com>
- **Phone:** 1-855-878-1785

Not all PA requirements are listed here. Detailed PA requirements are available to providers on our provider website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) and at <https://www.availity.com>. Providers may also call Provider Services at 1-855-878-1785 for PA requirements.