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, commonly variants (e.g., *1F, *1K, *6, *7)
- **0032U**: COMT (catechol-O-methyltransferase) (drug metabolism) gene analysis, 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](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.