



June 2020

IMPORTANT UTILIZATION MANAGEMENT UPDATES

Prior Authorization Changes

CountyCare Health Plan is committed to providing an efficient and consistent Utilization Management (UM) experience for our members and providers. In April 2020, HFS released the final practitioner fee schedule, including newly covered services; the following prior authorization (PA) additions for newly covered codes will be effective for all dates of service beginning on 07/01/2020.

REMINDER: In-Network providers should submit PA requests via the CountyCare Provider [portal](#).

Code	Description	As of 7/1/20 DOS
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	PA Required
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	PA Required
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	PA Required
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	PA Required
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	PA Required
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	PA Required
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	PA Required
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	PA Required
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	PA Required
17380	Electrolysis epilation, each 30 minutes	PA Required
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	PA Required
54401	Insertion of penile prosthesis; inflatable (self-contained)	PA Required
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	PA Required
54660	Insertion of testicular prosthesis (separate procedure)	PA Required
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	PA Required
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	PA Required
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	PA Required

Code	Description	As of 7/1/20 DOS
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	PA Required
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	PA Required
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Required
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	PA Required
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	PA Required
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	PA Required
80145	Adalimumab	PA Required
80187	Posaconazole	PA Required
80230	Infliximab	PA Required
80235	Lacosamide	PA Required
80280	Vedolizumab	PA Required
80285	Voriconazole	PA Required
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	PA Required
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	PA Required
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	PA Required
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	PA Required
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	PA Required
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	PA Required
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	PA Required
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	PA Required
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	PA Required

Code	Description	As of 7/1/20 DOS
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	PA Required
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	PA Required
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	PA Required
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	PA Required
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	PA Required
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	PA Required
J0179	Injection, brolocizumab-dbl, 1 mg	PA Required
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	PA Required
J0888	Injection, epoetin beta, 1 microgram, (for Non ESRD use)	PA Required
J1627	Injection, granisetron, extended-release, 0.1 mg	PA Required
J2350	Injection, ocrelizumab, 1 mg	PA Required
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	PA Required
J3111	Injection, romosozumab-aqqg, 1 mg	PA Required
J3358	Ustekinumab, for intravenous injection, 1 mg	PA Required
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	PA Required
J7199	Hemophilia clotting factor, not otherwise classified	PA Required
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	PA Required
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.	PA Required
J9030	BCG live intravesical instillation, 1 mg	PA Required
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	PA Required
J9118	Injection, calaspargase pegol-mknl, 10 units	PA Required
J9119	Injection, cemiplimab-rwlc, 1 mg	PA Required
J9199	Injection, gemcitabine hydrochloride (infugem), 200 mg	PA Required
J9204	Injection, mogamulizumab-kpkc, 1 mg	PA Required
J9210	Injection, emapalumab-lzsg, 1 mg	PA Required
J9269	Injection, tagraxofusp-erzs, 10 micrograms	PA Required
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	PA Required
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	PA Required
J9355	Injection, trastuzumab, 10 mg	PA Required
J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	PA Required
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	PA Required

Code	Description	As of 7/1/20 DOS
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	PA Required
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	PA Required
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	PA Required
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	PA Required
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	PA Required
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	PA Required
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	PA Required
Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram	PA Required
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	PA Required
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	PA Required

We encourage you to reference the [Prior Authorization Code Level Look-up](#) for a complete listing of PA requirements.

Contact Us

If you have any questions or would like additional information, please contact CountyCare Provider Services at ProviderServices@countycare.com or your Provider Relations Representative.