Provider Notice

February 5, 2024

Prior Authorization (PA) Change effective 04/05/2025

CountyCare Health Plan is committed to providing efficient and consistent Utilization Management (UM) experiences for our members and providers. We have evaluated new genetic testing procedures added to the HFS Fee Schedule to determine the need for prior authorization. To ensure that tests are ordered appropriately for members meeting medical necessity criteria, the following codes **will require prior authorization** effective 4/5/2025

- **81529** - Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis

- **81554** - Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])

- **81546** - Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)

- **81412** - Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1

- **81419** - Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2

- **81422** - Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood

- **81351** - TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence

Please be aware that CountyCare will be posting a medical policy for genetic testing in advance of 4/5/25

The following Dialysis code will no longer require PA effective immediately.
90999: Unlisted Dialysis

A complete list of procedure codes/services and prior authorization requirements can be found here: Prior Authorization – CountyCare Health Plan

Reminder

There are multiple ways to request Prior Authorization and notification:

- **In-network providers only: (Preferred method)** may submit requests via the **CountyCare Health Plan Portal** for a quicker response. Visit CountyCare Provider Portal for details on how to sign up. **You can find the portal link** here.
- Submit via phone by calling 312-864-8200, option 5, or 1-855-444-1661, option 5.
- Submit via fax by visiting www.countycare.com for fax numbers and details.

This notice is intended to provide guidance for In-Network facilities. However, all Out of Network requests are subject to prior authorization through eviCore as well. Out of Network requests may be redirected to an In-network provider whenever possible and will be subject to physician review.

Contact us

Please contact CountyCare Provider Services at **312-864-8200, Option 6**. You can also use our Interactive Voice Response (IVR) system to verify eligibility. The Provider Services Representatives can assist you with eligibility and claim status. They can also connect you with your assigned PR Representative.

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact your assigned Provider Relations Representative or if you do not know your assigned Representative, please contact CountyCareProviderServices@cookcountyhhs.org.