



Provider Notice

April 16, 2024

New Codes Added to Prior Authorization list- Effective 6/17/24

CountyCare Health Plan is committed to providing an efficient and consistent Utilization Management (UM) experience for our members and providers. HFS has recently updated their professional fee schedule and CountyCare is updating their Prior Authorization requirement in conjunction with the fee schedule changes. **The following prior authorization (PA) revisions will be effective on 6/17/24.**

The following procedure codes are new codes that are covered and being added to the Prior Authorization Look up which can be found here [Prior Authorization – CountyCare Health Plan](#) and **will require prior authorization:**

CPT_CODE	FULL_DESCRIPTION	PA Requirement
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	YES
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	YES
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	YES
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	YES
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	YES
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	YES
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	YES
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	YES
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	YES
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	YES- NCH
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	YES

33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	YES
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	YES
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	YES
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	YES
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	YES
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	YES
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	YES
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	YES
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	YES - NCH PA - Cardiology Scope
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	YES - NCH PA - Cardiology Scope
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	YES - NCH PA - Cardiology Scope
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	YES - NCH PA - Cardiology Scope
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	YES - NCH PA - Cardiology Scope
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	YES - NCH PA - Cardiology Scope
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	YES - NCH PA - Cardiology Scope
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	YES - NCH PA - Cardiology Scope

93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	YES - NCH PA - Cardiology Scope
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	YES - NCH PA - Cardiology Scope

The following codes have been added to the HFS Fee Schedule and the Prior Authorization Lookup but **will NOT require prior authorization:**

CPT_CODE	FULL_DESCRIPTION
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)
82166	Anti-mullerian hormone (AMH)
86041	Acetylcholine receptor (AChR); binding antibody
86042	Acetylcholine receptor (AChR); blocking antibody
86043	Acetylcholine receptor (AChR); modulating antibody
86366	Muscle-specific kinase (MuSK) antibody
87523	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed
99459	Pelvic examination (List separately in addition to code for primary procedure)
J0184	Injection, amisulpride, 1 mg
J0217	Injection, velmanase alfa-tycv, 1 mg
J0402	Injection, aripiprazole (Abilify Asimtufii), 1 mg
J0576	Injection, buprenorphine extended-release (Brixadi), 1 mg
J0688	Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg
J0799	FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified

J0873	Injection, daptomycin (Xellia), not therapeutically equivalent to J0878, 1 mg
J1304	Injection, tofersen, 1 mg
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose
J1939	Injection, bumetanide, 0.5 mg
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
J2679	Injection, fluphenazine HCl, 1.25 mg
J2799	Injection, risperidone (Uzedy), 1 mg
J3425	Injection, hydroxocobalamin, 10 mcg
J9072	Injection, cyclophosphamide, (Dr. Reddy's), 5 mg
J9255	Injection, methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg
J9333	Injection, rozanolixizumab-noli, 1 mg
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes
92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)

The following code was removed by the AMA and is **no longer a valid code for billing**:

74710	Pelvimetry, with or without placental localization
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This notice is intended to provide guidance for In-Network facilities. All Out of Network requests are subject to prior authorization along with Medical Director review and may be redirected to an In-Network facility.

Reminder - there are multiple ways to request Prior Authorization:

- In-network providers may submit requests via the [CountyCare Health Plan Portal](#) for a quicker response. 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 detail.

To access New Century Health Portal for authorization entry, please follow the steps below to obtain authorizations:

- Login New Century Health Provider portal: <https://my.newcenturyhealth.com/>
- New user can request access and training by contacting Latonia Bradshaw Sr. Provider Network Manager @ lbradshaw@newcenturyhealth.com or by phone @ 562.2373419
- Training available for all new staff members and refresher courses for existing staff as needed.

Contact us

If you need additional assistance on how to use the portal, please contact CountyCare Provider Services at ProviderServices@countycare.com or your Provider Relations Representative or 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.