

October 2024

Prior Authorization Requirement Changes Effective January 1, 2025

Please note, this communication applies to Healthy Blue + MedicareSM (HMO-POS D-SNP) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC).

Effective January 1, 2025, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Blue Cross NC. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Non-compliance with new requirements may result in denied claims.

Prior authorization requirements will be added for the following code(s):

| Code | Description |
|-------|---|
| | Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected ePlex® BCID Gram-Positive Panel, GenMark Diagnostics, Inc, GenMark |
| 0141U | Diagnostics, Inc |
| | Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), |
| 0142U | amplified probe technique, each target reported as detected or not detected ePlex® BCID Gram-Negative Panel, GenMark Diagnostics, Inc, GenMark Diagnostics, Inc |
| 0321U | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique Bridge Urinary Tract Infection Detection and Resistance Test, Bridge Diagnostics |
| - | Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal |
| | pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 |
| 0369U | associated antibiotic-resistance genes, multiplex amplified probe technique |
| 0370U | GI assay (Gastrointestinal Pathogen with ABR), Lab Genomics LLC, Thermo Fisher Scientific |

https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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| Code | Description |
|--------|---|
| | Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract |
| | infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, |
| 0373U | multiplex amplified probe technique, upper or lower respiratory specimen |
| | β -amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent |
| 044511 | immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative |
| 0445U | for amyloid pathology Elecsys® PhosphoTau (181P) CSF (pTau181) and βAmyloid (1-42) CSF II (Abeta |
| 0524T | 42) Ratio, Roche Diagnostics Operations, Inc (US owner/operator) |
| 00211 | Impression & Custom Preparation; Auricular Prosthesis |
| | |
| 21086 | |
| | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all |
| 26472 | imaging guidance and monitoring, percutaneous, mechanochemical; first vein |
| 36473 | treated Endovenous ablation therapy of incompetent vein, extremity, by transcatheter |
| | delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, |
| 36482 | inclusive of all imaging guidance and monitoring, percutaneous; first vein treated |
| | Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode |
| 64568 | array and pulse generator |
| A2026 | Restrata MiniMatrix, 5 mg |
| | Adhesive clip applied to the skin to secure external electrical nerve stimulator |
| A4438 | controller, each |
| 01724 | Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone |
| C1734 | (implantable) Repair of enterocutaneous fistula small intestine or colon (excluding anorectal |
| C9796 | fistula) with plug (e.g., porcine small intestine submucosa [SIS]) |
| | Vascular embolization or occlusion procedure with use of a pressure-generating |
| | catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological |
| | supervision and interpretation, intraprocedural roadmapping, and imaging guidance |
| C9797 | necessary to complete the intervention; for tumors, organ ischemia, or infarction |
| 1 5004 | Addition to lower extremity prostheses, osseointegrated external prosthetic |
| L5991 | connector |
| L8045 | Auricular Prosthesis |
| Q4305 | American Amnion AC Tri-Layer, per sq cm |
| Q4306 | American Amnion AC, per sq cm |
| Q4307 | American Amnion, per sq cm |
| Q4308 | Sanopellis, per sq cm |
| Q4309 | VIA Matrix, per sq cm |
| S9002 | Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device |
| 39002 | |

Blue Cross and Blue Shield of North Carolina Healthy Blue + Medicare (HMO-POS D-SNP) Prior Authorization Requirement Changes Effective January 1, 2025

Not all PA requirements are listed here. Detailed PA requirements are available to providers in the Resources section at https://bluecrossnc.com/providers/networks-programs/bluemedicare/healthy-blue-medicare or for contracted providers by accessing Availity.com. Providers may also call Healthy Blue + Medicare Provider Services at 833-540-2106 for assistance with PA requirements.