

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202156 JULY 8, 2021

Coverage and billing information for the July 2021 HCPCS code update

The Indiana Health Coverage Programs (IHCP) has reviewed the July 2021 Healthcare Common Procedure Coding System (HCPCS) update to determine coverage and billing guidelines. The IHCP coverage and billing information provided in this bulletin is effective retroactively to dates of service (DOS) on or after July 1, 2021, unless otherwise specified. The bulletin serves as a notice of the following information:



- [Table 1](#): New Current Procedural Terminology (CPT^{®1}) and other alphanumeric codes included in the July 2021 HCPCS update. Coverage and billing information for these procedure codes applies to dates of service (DOS) on or after July 1, 2021, unless otherwise specified. For claims with an earlier effective date, providers have 90 days from the date of the publication for managed care claim submission, or 180 days from the date of publication for fee-for-service (FFS) claim submission, to bypass timely filing limits. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.
- [Table 2](#): Newly covered procedure codes carved out of managed care and reimbursable outside the inpatient diagnosis-related group (DRG).
- [Table 3](#): New HCPCS codes for the coronavirus disease 2019 (COVID-19). Providers have 90 days from the date of the publication for managed care claim submission, or 180 days from the date of publication for FFS claim submission, to bypass timely filing limits. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit.
- [Table 4](#): Pricing for newly covered procedure codes that are manually priced.
- [Table 5](#): Newly covered procedure codes linked to revenue code 636.
- [Table 6](#): Available prior authorization (PA) criteria for the newly covered procedure codes that require PA.
- [Table 7](#): Alternate procedure codes to be used in place of codes that have been discontinued.
- [Table 8](#): Procedure code with pricing information pending.

Discontinued codes included in the July 2021 HCPCS code updates, along with alternate code considerations, are available for reference or download from the [Centers for Medicare & Medicaid Services \(CMS\) website](https://www.cms.gov) at cms.gov. For coverage information, consult the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

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The July 2021 HCPCS and CPT codes will be added to the claim-processing system. Established pricing will be posted on the appropriate IHCP Fee Schedule and updates will be made to the following code table documents on the [Code Sets](#) page at in.gov/medicaid/providers:

- *Procedure Codes That Require National Drug Codes (NDCs)*
- *Revenue Codes with Special Procedure Code Linkages*
- *Podiatry Services Codes*
- *Physician-Administered Drugs Carved Out of Managed Care and Reimbursable Outside the Inpatient DRG*
- *Transportation Services Codes*
- *Family Planning Eligibility Program Codes*



The standard global billing procedures and edits apply to the new codes unless special billing guidance is otherwise noted. Reimbursement, PA and billing information apply to services delivered under the FFS delivery system. Questions about FFS PA should be directed to Gainwell Technologies at 800-457-4584, option 7.

Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing information within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled. Note that the procedure codes carved out of managed care (Table 2) will follow FFS guidance. The July 2021 HCPCS update also includes modifications to descriptions for some existing HCPCS codes. These modifications are available for reference or download from the CMS website at cms.gov. Any modifications to descriptions that affect IHCP reimbursement will be announced at a later date. Providers may submit, resubmit or adjust FFS claims that they feel were impacted by the delay in publication.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

TO PRINT

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Table 1 – New codes included in the 2021 quarterly HCPCS update, effective for DOS on or after July 1, 2021, unless otherwise indicated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
90627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 ml dosage, for intramuscular use	Noncovered	N/A	N/A	N/A
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	Noncovered	N/A	N/A	N/A
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	Noncovered	N/A	N/A	N/A
90758	Zaire ebolavirus vaccine, live, for intramuscular use	Noncovered	N/A	N/A	N/A
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	Noncovered	N/A	N/A	Effective 5/4/2021 See Table 3
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/ 0.5 mL dosage; first dose	Noncovered	N/A	N/A	Effective 5/4/2021 See Table 3
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/ 0.5 mL dosage; second dose	Noncovered	N/A	N/A	Effective 5/4/2021 See Table 3
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	Noncovered	N/A	N/A	N/A
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	Noncovered	N/A	N/A	N/A
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVS [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	Noncovered	N/A	N/A	N/A
0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	Noncovered	N/A	N/A	N/A
0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy	Noncovered	N/A	N/A	N/A
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy, per embryo tested	Noncovered	N/A	N/A	N/A
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound	Noncovered	N/A	N/A	N/A
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound	Noncovered	N/A	N/A	N/A
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	Noncovered	N/A	N/A	N/A
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	Noncovered	N/A	N/A	N/A
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	Noncovered	N/A	N/A	N/A
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	Noncovered	N/A	N/A	N/A
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	Noncovered	N/A	N/A	N/A
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	Noncovered	N/A	N/A	N/A
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	Noncovered	N/A	N/A	N/A
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	Noncovered	N/A	N/A	N/A
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Noncovered	N/A	N/A	N/A
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Noncovered	N/A	N/A	N/A
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Noncovered	N/A	N/A	N/A
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	Covered	Yes	No	See Table 4 See Table 6
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Noncovered	N/A	N/A	N/A
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Noncovered	N/A	N/A	N/A
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Noncovered	N/A	N/A	N/A
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Noncovered	N/A	N/A	N/A

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Noncovered	N/A	N/A	N/A
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Noncovered	N/A	N/A	N/A
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	Noncovered	N/A	N/A	N/A
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	Noncovered	N/A	N/A	N/A
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Noncovered	N/A	N/A	N/A
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Noncovered	N/A	N/A	N/A
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Noncovered	N/A	N/A	N/A
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Noncovered	N/A	N/A	N/A
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Noncovered	N/A	N/A	N/A
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Noncovered	N/A	N/A	N/A
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Noncovered	N/A	N/A	N/A
A9593	Gallium ga-68 psma-11, diagnostic, (UCSF), 1 millicurie	Noncovered	N/A	N/A	N/A
A9594	Gallium ga-68 psma-11, diagnostic, (UCLA), 1 millicurie	Noncovered	N/A	N/A	N/A
C1761	Catheter, transluminal intravascular lithotripsy, coronary	Noncovered	N/A	N/A	N/A
C9075	Injection, casimersen, 10 mg	Covered	Yes	Yes	See Table 2 See Table 5 See Table 6
C9076	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Covered	Yes	Yes	See Table 2 See Table 5 See Table 6
C9077	Injection, cabotegravir and rilpivirine, 2mg/3mg	Covered	No	Yes	See Table 5
C9078	Injection, trilaciclib, 1 mg	Covered	No	Yes	See Table 5
C9079	Injection, evinacumab-dgnb, 5 mg	Covered	No	Yes	See Table 5
C9080	Injection, melphalan flufenamide hydrochloride, 1 mg	Covered	No	Yes	See Table 5
C9778	Colpopexy, vaginal; minimally invasive extra-peritoneal approach (sacrospinous)	Covered	No	No	None

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Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
G0327	Colorectal cancer screening; blood-based biomarker	Covered	No	No	See Table 4 Allowed for Podiatrist (provider specialty 140) Restricted to ages 50-75 years
J0224	Injection, lumasiran, 0.5 mg	Noncovered	N/A	N/A	See Table 7
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg	Covered	No	Yes	See Table 5 Restricted to diagnosis code E30.1 – <i>Precocious puberty</i> Claim details reported without diagnosis code E30.1 will deny with explanation of benefits (EOB) 6108 – <i>Histrelin implant limited to specific diagnosis</i>
J7168	Prothrombin complex concentrate (human), Kcentra, per i.u. of factor IX activity	Covered	No	Yes	See Table 2 See Table 4 See Table 5 See Table 7
J9348	Injection, naxitamab-ggqk, 1 mg	Covered	No	Yes	See Table 5
J9353	Injection, margetuximab-cmkb, 5 mg	Covered	No	Yes	See Table 5
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home	Covered for all programs, including limited benefit programs	No	No	Effective 6/8/2021 See Table 2 See Table 3 See Table 5 Allowed for Ambulance provider (provider specialty 260) Allowed for Family Supports Waiver (FSW) and Community Integration and Habilitation (CIH) waiver providers (see BT202129 for billing instructions)
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	Covered	No	No	Effective 5/26/2021 See Table 3 See Table 5 Restricted to ages 12-999

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Table 1 – New codes included in the 2021 quarterly HCPCS update, effective for DOS on or after July 1, 2021, unless otherwise indicated

Procedure code	Description	Program coverage*	Prior authorization required	NDC required	Special billing information
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	Covered	No	No	Effective 5/26/2021 See Table 3 See Table 5 Restricted to ages 12-999
Q0244	Injection, casirivimab and imdevimab, 1200 mg	Covered	No	Yes	Effective 6/3/2021 See Table 3 See Table 5
Q0247	Injection, sotrovimab, 500 mg	Covered	No	Yes	Effective 5/26/2021 See Table 3 See Table 5 See Table 8
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	Covered	No	Yes	See Table 5

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Table 2 – Newly covered procedure codes carved out of managed care and reimbursable outside the inpatient DRG, effective for DOS on or after July 1, 2021

Procedure code	Description
C9075	Injection, casimersen, 10 mg
C9076	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
J7168	Prothrombin complex concentrate (human), Kcentra, per i.u. of factor IX activity
M0201*	COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home

*Carved out of managed care only. Not reimbursable outside the inpatient DRG.

Table 3 – New procedure codes related to COVID-19

Procedure code	Description	Effective date
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	5/4/2021
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose	5/4/2021
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; second dose	5/4/2021
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home	6/8/2021
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	5/26/2021
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	5/26/2021
Q0244	Injection, casirivimab and imdevimab, 1200 mg	6/3/2021
Q0247	Injection, sotrovimab, 500 mg	5/26/2021

Table 4 – Pricing percentages for newly covered procedure codes that are manually priced

Procedure code	Description	Amount reimbursed as percent of billed charges when billed on a professional claim	Amount reimbursed as percent of billed charges when billed on an outpatient claim
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	90 percent	N/A
G0327	Colorectal cancer screening; blood-based biomarker	90 percent	90 percent

Table 4 – Pricing percentages for newly covered procedure codes that are manually priced

Procedure code	Description	Amount reimbursed as percent of billed charges when billed on a professional claim	Amount reimbursed as percent of billed charges when billed on an outpatient claim
J7168	Prothrombin complex concentrate (human), Kcentra, per i.u. of factor IX activity	State Maximum Allowable Cost (SMAC) pricing	SMAC pricing

Table 5 – Newly covered procedure codes linked to revenue code 636

Procedure code	Description
C9075	Injection, casimersen, 10 mg
C9076	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
C9077	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
C9078	Injection, trilaciclib, 1 mg
C9079	Injection, evinacumab-dgnb, 5 mg
C9080	Injection, melphalan flufenamide hydrochloride, 1 mg
J1951	Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg
J7168	Prothrombin complex concentrate (human), Kcentra, per i.u. of factor IX activity
J9348	Injection, naxitamab-ggqk, 1 mg
J9353	Injection, margetuximab-cmkb, 5 mg
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency
Q0244	Injection, casirivimab and imdevimab, 1200 mg
Q0247	Injection, sotrovimab, 500 mg
Q5123	Injection, rituximab-arxx, biosimilar, (Riabni), 10 mg

Table 6 – Available PA criteria for newly covered procedure codes that require PA

Procedure code	Description	PA criteria
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	Refer to nationally recognized care guidelines.
C9075	Injection, casimersen, 10 mg	<p>Casimersen (Amondys 45) is considered medically necessary when all the following criteria are met:</p> <ul style="list-style-type: none"> The member must have a diagnosis of Duchenne muscular dystrophy (DMD), with confirmed mutation of the DMD gene that is amenable to exon 45 skipping. The dosage is 30 mg/kg once weekly; patient weight must be provided to confirm dose. The prescriber must provide documentation of current clinical status (for example, Brooke Score, six-minute walk test, and so on) to compare upon reevaluations of therapy. <p><i>Note: Amondys 45 is not used concomitantly with other exon skipping therapies for DMD.</i></p>

Table 6 – Available PA criteria for newly covered procedure codes that require PA

Procedure code	Description	PA criteria
C9076	Lisocabtagene maraleucel, up to 110 million autologous anti-CDd19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<p>Chimeric antigen receptor T-cell (CAR-T) treatments may be considered medically necessary when all the following criteria are met:</p> <ul style="list-style-type: none"> • Member has not previously received the specified CAR-T treatment. • Member will be administered the specified CAR-T treatment: <ul style="list-style-type: none"> ○ At a facility that is Risk Evaluation and Mitigation Strategy (REMS) Program-certified for the specified CAR-T treatment ○ By healthcare providers that have successfully completed the specified CAR-T REMS Program Knowledge Assessment <p>Additional PA requirements include the following specific criteria for lisocabtagene maraleucel (Breyanzi):</p> <ul style="list-style-type: none"> • The member must be at least 18 years of age • The member must have a diagnosis of relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy: <ul style="list-style-type: none"> ▪ Including any of the following: <ul style="list-style-type: none"> ➢ Diffuse large B-cell lymphoma (DLBCL) not otherwise specified <ul style="list-style-type: none"> ○ Including DLBCL arising from indolent lymphoma ➢ Primary mediastinal large B-cell lymphoma ➢ High-grade B-cell lymphoma ➢ Follicular lymphoma grade 3B ▪ And does not have a diagnosis of primary central nervous system lymphoma

Table 7 – Alternate procedure codes to be used in place of codes that have been discontinued

Discontinued procedure code	Description	Alternate code consideration
C9074	Injection, lumasiran, 0.5 mg	J0224
C9132	Prothrombin complex concentrate (human), Kcentra, per i.u. of factor IX activity	J7168

Table 8 – Procedure codes with pricing information pending

Procedure code	Description
Q0247	Injection, sotrovimab, 500 mg