PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

eviCore CPT® Code Updates for Fully Insured Commercial and Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program

eviCore has released the following updates by program based on the annual American Medical Association (AMA) code update.

Radiation Therapy Program

The following Radiation Therapy codes will be deleted by the AMA on January 1, 2019.

Code	Description	Additional Information
0333	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy	
C9031	Lutathera: Lutetium Lu 177, dotatate, therapeutic, 1 mCi.	Replaced by A9513

The following Radiation Therapy codes have been added and will require prior authorization (PA) effective **March 1, 2019.**

Code	Description	Additional Information
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Replacing C9031
C9408	Iodine i-131 iobenguane, therapeutic, 1 millicurie (Azedra)	
79403	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy (List separately in addition to code for primary procedure)	
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	

Code	Description	Additional Information
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	
A9543	Yttrium 90 Ibritumomab Tiuxetan (Zevalin) , therapeutic, per treatment dose, up to 40 millicuries	

Radiology Program

The following Radiology codes will be deleted by the AMA on January 1, 2019.

Code	Description	Additional Information
77058	MRI Breast With And/Or Without Contrast	Code will be redirected to 77048 or 77046
77059	MRI Breast Bilateral	Code will be redirected to 77049 or 77047
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	
C8904	MRI Breast w/o contrast, unilateral	
C8907	MRI BREAST BILATERAL w/o CONTRAST	

The following Radiology codes have been added and will require PA effective **March 1, 2019.**

Code	Description	Additional Information
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Replacing 77058
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Replacing 77059
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Replacing 77058

Code	Description	Additional Information
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Replacing 77059
76391	Magnetic resonance (eg, vibration) elastography	
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	

Cardiology Program

The following Cardiology codes will be deleted by the AMA on January 1, 2019.

Code	Description	Additional Information
0387T	Implantation or replacement of permanent ventricular pacemaker	Code will be redirected to 33274
0388T	Removal of permanent ventricular pacemaker	Code will be redirected to 33275

The following Cardiology codes have been added and will require PA effective **March 1, 2019.**

Code	Description	Additional Information
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Replacing 0387T
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Replacing 0388T
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	

Code	Description	Additional Information
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	

Sleep Program

The following Sleep codes have been added and will require PA effective **March 1, 2019.**

Code	Description
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
A9270	Non-covered item or service (Used for oral appliances that do not incorporate all of the criteria as set forth in the Policy Article; tongue-retaining or tongue-positioning devices; and devices that are used only to treat snoring without a diagnosis of obstructive sleep apnea)
E1399	Durable medical equipment, miscellaneous (Oral Appliances related to Sleep Program)

Lab Management Program

The following Lab Management codes have been added and will require PA effective **March 1, 2019.**

Code	Description
0081U	Oncology (uveal melanoma), mRNA, gene-expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping genes), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis.

eviCore clinical guidelines are available on the Blue Cross website at **providers.bluecrossmn.com**

- To access the link, select "**Medical Policy**" under **Tools and Resources**, read and accept the Blue Cross Medical Policy Statement
- Click on the "+" (plus) sign next to "**Medical and Behavioral Health Policies**" and locate the "**Medical Policy Supporting Documents**" section
- Click on "**eviCore healthcare Specialty Utilization Management Clinical Guidelines**" link
- Click on the "**Clinical Guidelines and Forms**" link
- Select desired solution in dropdown.

Products Impacted

This change only applies to fully insured commercial and Medicare Advantage subscribers.

The changes do not impact:
- Blue Cross Commercial Self-Insured Subscribers
- Blue Cross Platinum Blue and Senior Gold Subscribers
- Blue Cross Government Programs (Families and Children(F&C), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans)
- Blue Cross Federal Employee Program (FEP)

To submit a Prior Authorization (PA) Request to eviCore

Providers began submitting eviCore PA requests via our free **Availity** provider portal. Instructions on how to utilize this portal are found on the Availity website.

Providers need to reference the eviCore clinical guideline criteria, submit prior authorization request via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Note: An approved PA does not guarantee coverage under a member's benefit plan. Member benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Questions?

If you need to submit a PA by phone or need to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.