

# PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

## PA and NPA Code Changes

**Effective Dates:** Various

**Health Plans Affected:** Advantage MD, Employer Health Programs (EHP), Priority Partners, US Family Health Plan (USFHP)

**Type of Change:** Prior Authorization

### Explanation of Change:

Please note the following Prior Authorization (PA), No Prior Authorization Required (NPA) and Non-Covered (NC) changes for the following codes for Advantage MD, Priority Partners, EHP, and USFHP.

1. **A6549:** Gradient compression garment, not otherwise specified
  - NPA to PA
  - Effective July 1, 2024
  - Priority Partners only
  
2. **Q4126:** MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm (skin substitute for wound healing)
  - NC to PA
  - Effective June 10, 2024
  - USFHP only
  
3. **G6017:** Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment
  - PA to NPA – Effective June 10, 2024 for Advantage MD and USFHP
  - PA to NC – Effective June 1, 2024 for Priority Partners
  
4. **81309:** Genetic Analysis Procedures; **81788:** Genetic Analysis Procedures; and **81210:** Genetic Analysis Procedures, Bruton's tyrosine kinase (BTK)
  - PA to NPA
  - Effective April 12, 2024
  - EHP only
  
5. **81407:** Specific genetic analyses listed in this Tier 2, Level 8 molecular pathology code; **81408:** Specific genetic analyses listed in this Tier 2, Level 9 molecular pathology code.
  - PA to NPA
  - Effective Feb. 1, 2024
  - EHP only