

# PROVIDER Update



CONTRACTUAL | MAY 31, 2024 | UPDATE 24-549 | 3 PAGES

## Medicare Prior Authorization Update for CPT PLA and Cat III Codes Effective July 1, 2024

### Ordering/prescribing physician is responsible for determining which codes require PA

The following new American Medical Association Current Procedural Terminology (CPT®) Proprietary Laboratory Analyses (PLA) codes and CPT Category III codes will require prior authorization (PA), unless determined to be a non-covered service, upon their effective date of July 1, 2024.

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Code	Description
0020M	ONC CNS ALYS 30000 DNA METHYLATION LOCI TUM TISS
0450U	ONC MM LC-MS/MS MONOCLONAL P-PRTN SEQ ALYS SERUM
0451U	ONC MM LC-MS/MS PEPTIDE ION QUANTIFICATION SERUM
0452U	ONC BLADDER MTHYL PENK DNA DETCJ LTE-QMSP URINE
0453U	ONC CLRCT CA CFDNA MTHYLTN BSD QUAN PCR ASY PLSM
0454U	RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG
0456U	AI RA NGS GEN XPRSN 19 GEN WHL BLD ALYS ANTI-CCP
0457U	PFAS 9 PFAS COMPOUNDS LC-MS/MS PLASMA/SERUM QUAN
0458U	ONC BREAST CA S100 A8&A9 ELISA TEAR FLUID ALG
0459U	ABETA42 & TTAU ECLIA CEREBRAL SPINAL FLUID RATIO
0460U	ONC WHL BLD/BUCCAL DNA SNP GNOTYP RT-PCR 24 GENE
0461U	ONC RX-GENOMIC ALYS SNP GNOTYP RT-PCR 24 GENES
0462U	MELATONIN LVL TEST SLEEP STUDY 7/9 SAMPLE ELISA
0463U	ONC CERVIX MRNA GENXPRSN 14 BMRK E6&E7 HPV NASBA
0465U	ONC UROTHELIAL CARC DNA QMSP 2 GENES ALG ALYS

#### THIS UPDATE APPLIES TO:

- Physicians
- Hospitals
- Ancillary Providers
- Independent Practice Associations
- Behavioral Health Providers

#### PROVIDER SERVICES

866-999-3945

#### PROVIDER PORTAL

[provider.wellcare.com/california](https://provider.wellcare.com/california)

Code	Description
0466U	CRD CAD DNA GWAS 564856 SNP TRGT VARIANT GNOTYP
0467U	ONC BLDR DNA NGS 60 GEN&WHL GENOME ANEUP UR ALG
0468U	HEP NASH MIR-34A-5P A2M YKL40 HBA1C SRM&WHL BLD
0469U	RARE DS WHL GENOM SEQ ALYS CHRMOML ABNR FTL SAMP
0470U	ONC OROP DETCJ MRD NGS QUAN EVAL 8DNA CFHPV16&18
0472U	CA VI PSP&SP1 ANTB ELISA SEMIQL BLD SJOGREN SYND
0473U	ONC SOLID TUMOR NGS DNA FFPE TISS BLD/SLV 648GEN
0474U	HERED PAN CA GSAP 88 GENES 20DUP/DEL NGS BLD/SLV
0475U	HERED PRST8 CA-RLTD DO GSAP NGS CGH EVAL 23 GENE
0867T	TPLA B9 PROSTATIC HYPERPLASIA PRST8 VOL>=50 ML
0868T	HIGH-RESOLUTION GASTRIC ELECTROPHYSIOLOGY MAPG
0869T	NJX B1 SUB MATRL B1&/SFT TISSUE HW FIXJ AGMNTJ
0870T	IMPLANTATION SUBQ PERITONEAL ASCITES PUMP SYS
0871T	REPLACEMENT SUBCUTANEOUS PERITONEAL ASCITES PUMP
0872T	RPLCMT INDWELLING BLADDER & PERITONEAL CATHETERS
0873T	REVJ SUBQ IMPL PERITONEAL ASCITES PUMP SYSTEM
0874T	REMOVAL PERITONEAL ASCITES PUMP SYSTEM
0876T	DUPLEX SCAN HEMODIALYSIS FISTULA CPTR AIDED LMTD
0877T	AUGMNT ALYS CH CT IMG DATA ILD WO CNCRNT CT EXAM
0878T	AUGMNT ALYS CH CT IMG DATA ILD W/CNCRNT CT EXAM
0879T	AUGMNT ALYS CH CT IMG DATA ILD DATA PREP&TRNSMS
0880T	AUGMNT ALYS CH CT IMG DATA ILD PHYS/QHP I&R
0881T	CRTX ORAL CAVITY TEMP REGULATED FLU COOLING SYS
0884T	ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH
0885T	COLSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH
0886T	SGMDSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH
0888T	HISTOTRIPSY MALIGNANT RENAL TISSUE W/IMG GDN
0889T	PERSONALIZED TARGET DEVELOPMENT ARHFCMRIGTBBS
0890T	ARHFCMRIGTBBS 1ST MOTOR THRESHOLD DETER 1ST TX D
0891T	ARHFCMRIGTBBS SUBSEQUENT TREATMENT DAY
0892T	ARHFCMRIGTBBS SBSQ MOTOR THRESHLD REDETER PR TX D

Code	Description
0893T	N-INVAS ASSMT BLD OXY GAS XCHNG EFF&CARDRESP I&R
0897T	N-INVAS AUGMNT ARRHYT ALYS QUAN CAR ARRHYT SIMUL
0898T	NONINVASIVE PROSTATE CANCER ESTIMATION MAP
0899T	N-INVAS DETER AQMBF AUGMNT ALG ALYS DATASET CMR
0900T	N-INVAS EST AQMBF ASSITIVE ALG ALYS DATASET CMR

### Verify eligibility and benefits

Be sure to verify eligibility and benefits prior to giving services for all members. Payment, regardless of authorization, depends on the member's eligibility at the time service is rendered. You can check eligibility when you log onto the provider portal at [provider.wellcare.com/California](https://provider.wellcare.com/California).

### Additional information

If you have questions regarding the information contained in this update, contact 866-999-3945.