

Bright HealthCare: Authorization Requirement Changes - July 2022

REMINDER: All out-of-network providers require an approved authorization for payment for any services provided to a Bright Healthcare Member.

View Bright HealthCare’s [prior authorization requirements](#), effective 7/1/2022, on the Utilization Management website.

Please note: Colorado providers received a communication stating that there would be changes to authorization requirements for certain Endoscopic procedures – esophagogastroduodenoscopy (EGD). These EGD changes are no longer occurring for 7/1/2022.

Please review the following updates to the 7/1/2022 authorization list:

Full Clinical Review Required

Full clinical review is required for the procedures below to align with similar procedure codes:

- All T codes require full clinical review.
- Diabetic Shoes (**Individual and Family Plans ONLY**):

FULL CLINICAL REVIEW REQUIRED	
A5500	ORTHOTIC SHOE FOR DIABETIC
A5501	CUSTOM ORTHOTIC SHOE
A5503	ROLLER OR ROCKER FOR SHOE
A5504	WEDGE FOR ORTHOTIC SHOE
A5505	TOE BAR FOR ORTHOTIC SHOE
A5506	OFFSET HEEL FOR ORTHOTIC
A5507	MODIFICATION TO ORTHOTIC
A5508	DELUXE ADD-ON FOR ORTHOTIC
A5510	ORTHOTIC INSERT FOR DIABETES
A5512	ORTHOTIC INSERT FOR DIABETES
A5513	ORTHOTIC INSERT FOR DIABETES
A5514	ORTHOTIC INSERT FOR DIABETES

- Select medical pharmacy codes:

FULL CLINICAL REVIEW REQUIRED	
J1453	INJECTION FOSAPREPITANT 1 MG (EMEND)
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG (LUPRON DEPOT)
J0875	INJECTION DALBAVANCIN 5MG (DALVANCE)
J9223	INJECTION LURBINECTEDIN 0.1 MG (ZEPZELCA)
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG (TRIPTODUR)
J2469	INJECTION PALONOSETRON HCL 25 MCG (ALOXI)

FULL CLINICAL REVIEW REQUIRED	
J0172	INJECTION, ADUCANUMAB-AVWA, 2 MG
J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG
J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG
J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG
J0741	INJECTION, CABOTEGRAVIR AND RILPIVIRINE, 2 MG/3 MG
J1305	INJECTION, EVINACUMAB-DGNB, 5 MG
J1426	INJECTION, CASIMERSEN, 10 MG
J1448	INJECTION, TRILACICLIB, 1 MG
J9247	INJECTION, MELPHALAN FLUFENAMIDE, 1 MG
J9318	INJECTION, ROMIDEPSIN, NONLYOPHILIZED, 0.1 MG
J9319	INJECTION, ROMIDEPSIN, LYOPHILIZED, 0.1 MG
Q2055	CELL-BASED GENE THERAPY
Q0240	INJECTION, CASIRIVIMAB AND IMDEVIMAB, 600 MG
Q2054	TREATMENT FOR LYMPHOMA

- Select Genetic Testing:

FULL CLINICAL REVIEW REQUIRED	
81349	GENETIC TESTING
81523	GENETIC TEST ON BREAST TISSUE
0285U	TEST FOR RADIATION SENSITIVITY
0306U	GENETIC TEST FOR CANCER
0307U	GENETIC TEST FOR CANCER
0313U	GENETIC TEST FOR CANCER
0314U	GENETIC TEST FOR SKIN CANCER
0315U	GENETIC TEST FOR SKIN CANCER
0317U	GENETIC TEST FOR LUNG CANCER
0318U	GENETIC TEST FOR CHILD
0319U	TEST FOR RENAL TRANSPLANT
0320U	TEST FOR RENAL TRANSPLANT

AIM Vendor Codes

Please check the Bright HealthCare website's [Utilization Management page](#) to find a list of codes that will need to be submitted via AIM, related to genetic testing, radiology, and radiation therapy.

Be sure to use the online portal, or to check the prior authorization lists on [Avality.com](#) and [BrightHealthcare.com](#) ahead of submitting authorization requests.