

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.

New Outpatient Site of Service program starting July 1

Bright HealthCare is introducing a new program to help members receive high-quality care at a lower cost. Beginning July 1, the new Site of Service program will help ensure that members receive care in the most appropriate, cost-effective setting based on their individual needs. For example, when clinically appropriate, members may be redirected to a lower cost setting for certain services, such as a free-standing, non-hospital outpatient site of care.

Authorization requests for the CPT codes below will be reviewed to ensure that the member is receiving care in the appropriate clinical setting:

95810: Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

95811: Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist

Medical necessity includes concepts of cost-effectiveness which includes more and less cost-effective sites of service. We are focusing on certain services more than others. Please refer to the Authorization list to see the most up to date list.

How will this program impact the authorization process?

Services that are in scope for the Site of Service program will be reviewed to determine if the member can receive the services at a lower-cost setting. When clinically appropriate, members will only receive coverage under their Bright Healthcare plan for services in a lower cost setting. Additional services may be included in the Site of Service program in the future.

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:

- 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)
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

FULL CLINICAL REVIEW REQUIRED	
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

Prior Authorization is no longer required for the following procedures:

- 81528 – Cologuard
- Pathology & Lab

NO AUTHORIZATION REQUIRED	
74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES
81267	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION
81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG
0043U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM
0044U	Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG
0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service

NO AUTHORIZATION REQUIRED	
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO ₂], oxyhemoglobin [ctHbO ₂], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder
86152	CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC
86153	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP
86294	IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE
86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE
86386	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE
88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL
88121	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA
88341	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE
88342	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE
88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH
88373	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH
88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB

- Sleep Study

NO AUTHORIZATION REQUIRED	
95800	SLP STDY UNATND W/HRT RATE/O ₂ SAT/RESP/SLP TIME
95801	SLP STDY UNATND W/MIN HRT RATE/O ₂ SAT/RESP ANAL
95806	SLEEP STD AIRFLOW HRT RATE&O ₂ SAT EFFORT UNATT
G0398	HST W/TYPE II PRTBLE MON UNATTENDED MIN 7 CH

NO AUTHORIZATION REQUIRED	
G0399	HST W/TYPE III PRTBLE MON UNATTENDED MIN 4 CH
G0400	HST W/TYPE IV PRTBLE MON UNATTENDED MIN 3 CH

AIM Specialty Health Review

Please check the Bright HealthCare website's [Utilization Management page](#) to find a list of procedure 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 [Availity.com](#) and [BrightHealthcare.com](#) ahead of submitting authorization requests.