This *Update* has been revised since its original publication. A procedure code has been revised; see corrected number in red text on page 5 of the *Update*.



Update January 2019

No. 2019-02

Affected Programs: BadgerCare Plus, Medicaid To: All Providers, HMOs and Other Managed Care Programs

2019 CPT and HCPCS Procedure Code Changes

Effective for dates of service (DOS) on and after January 1, 2019, ForwardHealth has updated covered services, policies, and service limitations to reflect the 2019 *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) procedure code changes. These changes include the following:

- Enddated, added, and revised CPT and HCPCS procedure codes for BadgerCare Plus and Medicaid
- Added Current Dental Terminology (CDT) codes
- Enddated, added, and revised HCPCS procedure codes for provider-administered drugs

ForwardHealth is also announcing changes to coverage policy based on annual policy review. These changes include:

- Added covered services based on provider recommendations
- Changes to narcotic treatment services

Procedure Code Changes for BadgerCare Plus and Medicaid

ForwardHealth has adopted updates to CPT and HCPCS procedure codes for BadgerCare Plus and Medicaid. These changes include:

- Enddating deleted CPT and HCPCS procedure codes
- Adding new CPT and HCPCS procedure codes
- Adopting revised descriptions for certain CPT and HCPCS procedure codes

Providers should refer to the 2019 CPT and HCPCS code books for a complete list of new, deleted, and revised procedure codes. This *ForwardHealth Update* provides ForwardHealth coverage information for certain updated procedure codes.

For complete information about ForwardHealth coverage related to the updated CPT and HCPCS procedure codes, including information on allowable rendering provider types and maximum allowable fees, providers should refer to the interactive maximum allowable fee schedules on the ForwardHealth Portal at *www.forwardhealth.wi.gov/*. To access the fee schedules, click the Fee Schedules link in the Providers quick links box of the Portal home page, and then click the Interactive Max Fee Search link in the Quicklinks box. Policy information for CPT and HCPCS procedure codes is subject to change; providers should refer to the interactive fee schedules and the ForwardHealth Online Handbook for the most current policy and coverage information.

Behavioral Treatment Benefit

Effective for DOS on and after January 1, 2019, ForwardHealth is updating behavioral treatment policies to reflect 2019 CPT procedure code changes as announced in the December 2018 *ForwardHealth Update* (2018-46), titled "Behavioral Treatment Procedure Code Changes and New Prior Authorization Policy." The ForwardHealth behavioral treatment benefit covers adaptive behavior assessment and treatment for members with autism or other diagnoses or conditions associated with adaptive behavior deficiencies or maladaptive behaviors. The behavioral treatment benefit is administered fee-for-service for all Medicaid-enrolled members who demonstrate medical necessity for covered

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services. The behavioral treatment benefit is carved out of managed care organizations (MCOs), which include BadgerCare Plus and Medicaid SSI HMOs and special managed care plans. Providers are reminded that enrollment, comprehensive and focused treatment concepts, and covered services remain the same. For specific coverage policy information, refer to the Behavioral Treatment Benefit service area of the Online Handbook, available on the Portal.

PA Requests for DOS in Both 2018 and 2019

Providers submitting new prior authorization (PA) requests that include DOS in 2018 and 2019 are required to submit the requests with the 2018 procedure codes. ForwardHealth will convert the procedure codes for the DOS on and after January 1, 2019, to the new codes. As a reminder, ForwardHealth will not convert any PA requests that include procedure codes for use with commercial insurers.

New PA Requests for DOS in 2019 Only

Effective immediately, PA requests for DOS on and after January 1, 2019, must be submitted with the new 2019 behavioral treatment CPT procedure codes. Refer to the Prior Authorization section of the Behavioral Treatment Benefit service area of the Online Handbook for related PA policy for behavioral treatment services identified by the 2019 CPT codes.

Changes for Durable Medical Equipment

Enddated Procedure Codes

ForwardHealth is enddating the following durable medical equipment (DME) procedure codes:

- V5170 (Hearing aid, CROS; in the ear)
- V5180 (Hearing aid, CROS; behind the ear)
- V5210 (Hearing aid, BICROS; in the ear)
- V5220 (Hearing aid, BICROS; behind the ear)

New Procedure Codes

ForwardHealth covers the following new HCPCS procedure codes with an approved PA request:

• L8698 (Miscellaneous component, supply, or accessory for use with total artificial heart system)

- V5171 (Hearing aid, contralateral routing device, monaural, in the ear [ITE])
- V5181 (Hearing aid, contralateral routing device, monaural, behind the ear [BTE])
- V5211 (Hearing aid, contralateral routing system, binaural, [ITE/ITE])
- V5221 (Hearing aid, contralateral routing system binaural, [BTE/BTE])

Note: Providers are required to amend any unused approved PA requests for DOS on and after January 1, 2019, for hearing aid procedure codes V5170, V5180, V5210, or V5220 to reflect the new procedure codes.

ForwardHealth covers the following new HCPCS procedure codes without PA:

- A5514 (For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer [or higher] includes arch filler and other shaping material, custom fabricated, each)
- E0447 (Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute [lpm])

Coverage Limitations

Procedure code A5514 is allowable only for members with a diabetes diagnosis; up to six per year are allowable (three right and three left).

For procedure code E0447, one unit equals a one-month supply; therefore, only one unit per month is allowable.

For specific coverage information, refer to the interactive maximum allowable fee schedule available on the Portal at *wnm.forwardhealth.wi.gov/*.

Changes for Emerging Molecular Pathology and Diagnostic Genetic Testing

New Procedure Codes

New procedure codes have been added to the CPT code set for emerging molecular pathology and diagnostic genetic testing. Refer to Attachment 1 of this *Update* for a list of molecular pathology and diagnostic genetic testing procedure codes that are covered with an approved PA request. As coverage decisions are subject to change, refer to the fee schedules on the Portal for information about covered procedures.

Reminders

Full Genome and Exome Sequencing

ForwardHealth does not cover full genome and exome sequencing.

Panel Versus Component Coding

In adherence with correct coding guidelines, it is not appropriate to report two or more procedures to describe a service when a single, comprehensive procedure exists that more accurately describes the complete service performed by a provider. ForwardHealth expects providers who perform all components of a genomic sequencing procedure and other molecular multianalyte assays to request PA and submit claims only for the associated panel code.

Broad Net Panels

The use of "broad net" gastrointestinal and other panels for sequencing based clinical microbiome screening does not offer sufficient clinical utility to be considered medically necessary.

Advanced Imaging Services

ForwardHealth requires PA for most advanced imaging services in an effort to do the following:

- Reduce redundancy of tests and prevent administration of unnecessary tests
- Ensure the medical necessity of tests
- Minimize member exposure to radiation
- Apply national clinical guidelines for imaging services

Most advanced imaging services, including computed tomography (CT), magnetic resonance (MR), magnetic resonance elastography (MRE), and positron emission tomography (PET) imaging, require PA when performed in either outpatient hospital settings or in non-hospital settings (e.g., radiology clinics), unless the ordering provider has been granted an exemption from PA requirements for CT and MR services.

eviCore healthcare, a private radiology benefits manager, is authorized to administer PA for advanced imaging services on behalf of ForwardHealth. Providers work directly with eviCore healthcare and should submit to eviCore healthcare all information necessary to make a PA determination. eviCore healthcare uses approved national clinical guidelines for imaging services when making PA determinations.

New Procedure Codes

ForwardHealth covers the following new procedure codes with an approved PA request:

- 76391 (Magnetic resonance [eg, vibration] elastography)
- 77046 (Magnetic resonance imaging, breast, without contrast material; unilateral)
- 77047 (Magnetic resonance imaging, breast, without contrast material; bilateral)
- 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)
- 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)

For specific coverage requirements, including situations exempt from PA requirements and information for ordering providers who are exempt from PA requirements, refer to the Advanced Imaging Services Online Handbook topic (topic #10677) in the ForwardHealth Online Handbook.

Enddated Procedure Codes

ForwardHealth is enddating the following procedure codes:

- 95974 (Electronic analysis of implanted neurostimulator pulse generator system [eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements]; complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour)
- 95975 (Electronic analysis of implanted neurostimulator pulse generator system [eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements]; complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour [List separately in addition to code for primary procedure])

Covered Procedure Codes

Several new and revised procedure codes have been introduced by CPT for neurostimulator analysis and programming. ForwardHealth will cover analysis and programming as appropriate without PA.

Outpatient Mental Health Services and Psychological/Neuropsychological Testing

Enddated Procedure Codes

ForwardHealth is enddating the following procedure codes:

 96101 (Psychological testing [includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS], per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report)

- 96102 (Psychological testing [includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS], with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face)
- 96103 (Psychological testing [includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI], administered by a computer, with qualified health care professional interpretation and report)
- 96111 (Developmental testing, [includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments] with interpretation and report)
- 96118 (Neuropsychological testing [eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test], per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report)
- 96119 (Neuropsychological testing [eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test], with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face)
- 96120 (Neuropsychological testing [eg, Wisconsin Card Sorting Test], administered by a computer, with qualified health care professional interpretation and report)

Note: Procedure code 96120 was used to identify coverage policy for computer-based neuropsychological postconcussion testing of student athletes. Effective for DOS on and after January 1, 2019, ForwardHealth has removed coverage restrictions for post-concussion testing. Coverage policies for allowable neuropsychological testing procedure codes continue to apply. Providers are reminded to submit the most appropriate procedure code for the service rendered.

Covered Procedure Codes

ForwardHealth covers the following new and revised procedure codes for neuropsychological testing without PA request:

- 96112 (Developmental test administration [including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed], by physician or other qualified health care professional, with interpretation and report; first hour)
- 96113 (Developmental test administration [including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed], by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes [List separately in addition to code for primary procedure])
- 96116 (Neurobehavioral status examination [clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities], by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour)
- 96121 (Neurobehavioral status examination [clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities], by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour [List separately in addition to code for primary procedure])
- 96130 (Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member[s] or caregiver[s], when performed; first hour)

- 96131 (Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member[s] or caregiver[s], when performed; each additional hour [List separately in addition to code for primary procedure])
- 96132 (Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member[s] or caregiver[s], when performed; first hour)
- 96133 (Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member[s] or caregiver[s], when performed; each additional hour [List separately in addition to code for primary procedure])
- 96136 (Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes)
- 96137 (Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes [List separately in addition to code for primary procedure])
- 96138 (Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes)
- 96139 (Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes [List separately in addition to code for primary procedure])
- 96146 (Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only)

Coverage Limitations

Prior to January 1, 2019, ForwardHealth restricted combination of services of central nervous system assessments and tests (identified by procedure codes 96101-96120). Effective January 1, 2019, ForwardHealth coverage of central nervous system assessments and tests will have unit per day restrictions for each separate procedure, but there are no additional limitations or restrictions for combinations of procedures. Providers are reminded that National Correct Coding Initiative (NCCI) restrictions do apply to all ForwardHealth services, including nervous system assessments and tests. Providers are expected to follow national correct coding guidelines when submitting claims. For more information on NCCI guidelines, refer to the National Correct Coding Initiative topic (topic #11537) in the Responses chapter of the Claims section of the Online Handbook.

The following unit per day restrictions will apply:

- 96112 (one unit per day)
- 96113 (six units per day)
- 96116 (one unit per day)
- 96121 (three units per day)
- 96130 (one unit per day)
- 96131 (seven units per day)
- 96132 (one unit per day)
- 96133 (seven units per day)
- 96136 (one unit per day)
- 96137 (11 units per day)
- 96138 (one unit per day)
- 96139 (11 units per day)
- 96146 (one unit per day)

Claims Submission

Claims using procedure codes 96138 and 96139 for services performed by technicians who are not Medicaid-enrolled are required to be submitted under the supervising provider's National Provider Identifier (NPI). Psychiatrists, psychologists, neurologists, and other Medicaid-enrolled providers are required to bill for psychological and neuropsychological testing services using the appropriate procedure codes with their own NPI.

Cellular/Tissue-Based Products

ForwardHealth covers cellular/tissue-based products in limited circumstances where evidence of efficacy is strong.

Enddated Procedure Codes

ForwardHealth is enddating procedure code Q4131 (Epifix, per square centimeter).

New Procedure Codes

ForwardHealth covers the following new procedure codes without PA for wound treatment for members with neuropathic diabetic foot ulcers and non-infected venous leg ulcers:

- Q4186 (Epifix, per square centimeter)
- Q4187 (Epicord, per square centimeter)

For specific coverage requirements, refer to the Cellular/Tissue-Based Products topic (#17537) in the Codes chapter of the Covered and Noncovered Services section of the Online Handbook.

Changes to Dental Coverage Policy

Enddated Procedure Codes

ForwardHealth is enddating the following procedure codes:

- D1515 (Space maintainer fixed bilateral)
- D9940 (Occlusal guards, by report)

Note: Providers are required to amend any unused approved PA requests that will be needed for DOS on and after January 1, 2019, to reflect the new procedure codes.

New Procedure Codes Covered Without PA

ForwardHealth covers the following new CDT procedure codes for dental services without PA:

- D1516 (Space Maintainer fixed bilateral, maxillary)
- D1517 (Space Maintainer fixed bilateral, mandibular)
- D9613 (Infiltration of sustained release therapeutic drug-single or multiple sites)

Coverage Limitations

Space maintainers (D1516 and D1517) are allowable once per year for members through age 20. Narrative is required to exceed the frequency limitation.

New Procedure Codes Covered with Approved PA

Occlusal guards are removable dental appliances designed to minimize the effects of bruxism (grinding of teeth) and other occlusal factors. ForwardHealth covers the following new CDT procedure codes with an approved PA request when all coverage criteria are met:

- D9944 (Occlusal guard hard appliance, full arch)
- D9945 (Occlusal guard soft appliance, full arch)
- D9946 (Occlusal guard hard appliance, partial arch)

Coverage Limitations

ForwardHealth covers one of each type of occlusal guard (identified by procedure codes D9944, D9945, and D9946) per year for the following members with an approved PA request:

- Members 20 years of age or younger
- Members 21 years of age and older who have been medically diagnosed with a permanent physical, developmental, or intellectual disability, or have a documented medical condition that impairs their ability to maintain oral hygiene

For more information regarding PA requirements for occlusal guards, refer to the Occlusal Guards topic (topic #20377) in the Services Requiring Prior Authorization chapter of the Prior Authorization section of the Dental service area of the Online Handbook. Coverage limitations and PA requirements remain the same for each newly allowable occlusal guard.

Note: Occlusal guards are different from sports guards (procedure code D9941) and temporomandibular joint (TMJ) splints (procedure code D7880). ForwardHealth does not cover either sports guards or TMJ splints. Providers are required to indicate the fabrication and dispensing of occlusal guards using CDT procedure codes D9944–D9946 on all PA requests and claims.

Changes to Provider-Administered Drugs Coverage Policy

Provider-Administered Drugs

New HCPCS codes have been added to the Provider-Administered Drugs Carve-Out Procedure Codes table and existing HCPCS codes have been revised or enddated according to 2019 CPT and HCPCS procedure code changes. Refer to the Physician page of the Provider-specific Resources area of the Portal for the complete table.

Provider-administered drugs are reimbursed at Medicare Part B Average Sale Price rates, when available.

As a reminder, for the interim, ForwardHealth will cover and reimburse select high cost, orphan, and accelerated approval drugs under the pharmacy benefit. Select high cost, orphan, and accelerated approval drugs covered under the pharmacy benefit will not be covered as provider-administered drugs. Refer to the Select High Cost, Orphan, and Accelerated Approval Drugs data table at

www.forwardbealth.wi.gov/WIPortal/content/provider/medicaid/ pharmacy/data_tables/pdfs/SHCOaAAD120318.pdf.spage on the Pharmacy page of the Provider-specific Resources area of the Portal for a list of select high cost, orphan, and accelerated approval drugs and interim billing and coverage information for these drugs. The Select High Cost, Orphan, and Accelerated Approval Drugs data table will be updated regularly; it is the provider's responsibility to remain up-todate with the information included on the data table.

Changes to Services Reimbursable Only as Inpatient Hospital Services

Changes have been made to the list of services that may be reimbursed only when performed in an inpatient hospital setting. For specific information, refer to the Procedures Reimbursable Only as Inpatient Hospital Services topic (topic #15297) in the Codes chapter of the Covered and Noncovered Services section of the Online Handbook and the fee schedules.

Changes to Narcotic Treatment Services

Effective January 1, 2019, ForwardHealth will implement a unit limit of one for drug screens provided by narcotic treatment services. This is consistent with NCCI edits that currently limit the allowable units for procedure code H0003 to one per DOS.

Narcotic treatment services submitting claims for drug screens should indicate one unit per DOS, regardless of the number of drugs or drug classes included in the screen. Modifier 59 will not be recognized as a separate screen for assessment purposes. ForwardHealth continues to reimburse up to 40 drug screens per calendar year.

New Covered Services Based on Provider Recommendations

Throughout the course of the year, ForwardHealth is asked by providers to consider procedures and services for coverage. Refer to Attachment 2 for a list of procedures that have been reviewed and have coverage policy changes or are now covered by ForwardHealth as a result of provider recommendations.

Information Regarding MCOs

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate MCO. MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at *www.forwardhealth.wi.gov/*. P-1250

This *Update* was issued on 01/23/2019 and information contained in this *Update* was incorporated into the Online Handbook on 02/12/2019.

ATTACHMENT 1 Molecular Pathology and Diagnostic Genetic Test Procedure Codes That Require Prior Authorization

The following table contains a list of molecular pathology and diagnostic genetic testing *Current Procedural Terminology* (CPT) procedure codes that are covered by ForwardHealth with prior authorization (PA).

Note: This list is not a comprehensive list of covered genetic testing services. This list only includes current covered codes that require PA. The information included in the table is subject to change. For the most current information on all covered codes, providers are encouraged to refer to the maximum allowable fee schedules on the ForwardHealth Portal, available by clicking the Fee Schedules link in the Providers box on the Portal home page.

| Procedure Code | Description | | |
|-------------------|--|--|--|
| 81120 | <i>IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble)</i> (eg, glioma), common variants (eg, R132H, R132C) | | |
| 81121 | <i>IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial)</i> (eg, glioma), common variants (eg, R140W, R172M) | | |
| 81161 | <i>DMD (dystrophin)</i> (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed | | |
| 81162 | <i>BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements) | | |
| 81163 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | | |
| 81164 | <i>BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | | |
| 81165 | <i>BRCA1 (BRCA1, DNA repair associated)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | | |
| 81166 | <i>BRCA1 (BRCA1, DNA repair associated)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | | |
| 81167 | <i>BRCA2 (BRCA2, DNA repair associated)</i> (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | | |
| 81173 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence | | |
| 81174 | <i>AR (androgen receptor)</i> (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant | | |
| 81175 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence | | |

| Procedure Code | Description | | | |
|-------------------|---|--|--|--|
| 81176 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12) | | | |
| 81178 | ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | | | |
| 81179 | <i>ATXN2 (ataxin 2)</i> (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | | | |
| 81180 | ATXN3 (ataxin 3) (eg, spinocerebellar ataxia Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | | | |
| 81181 | <i>ATXN7 (ataxin 7)</i> (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | | | |
| 81182 | ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | | | |
| 81183 | <i>ATXN10 (ataxin 10)</i> (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | | | |
| 81184 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | | | |
| 81185 | <i>CACNA1A (calcium voltage-gated channel subunit alpha1 A)</i> (eg, spinocerebellar ataxia) gene analysis; full gene sequence | | | |
| 81187 | <i>CNBP (CCHC-type zinc finger nucleic acid binding protein)</i> (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | | | |
| 81201 | APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence | | | |
| 81203 | APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants | | | |
| 81204 | <i>AR (androgen receptor)</i> (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status) | | | |
| 81216 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | | | |
| 81222 | <i>CFTR (cystic fibrosis transmembrane conductance regulator)</i> (eg, cystic fibrosis) gene analysis; duplication/deletion variants | | | |
| 81223 | <i>CFTR (cystic fibrosis transmembrane conductance regulator)</i> (eg, cystic fibrosis) gene analysis; full gene sequence | | | |
| 81234 | <i>DMPK (DM1 protein kinase)</i> (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles | | | |
| 81238 | F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence | | | |
| 81239 | <i>DMPK (DM1 protein kinase)</i> (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size) | | | |
| 81247 | <i>G6PD (glucose-6-phosphate dehydrogenase)</i> (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-) | | | |

| Procedure Code | Description | | | |
|-------------------|---|--|--|--|
| 81248 | <i>G6PD (glucose-6-phosphate dehydrogenase)</i> (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s) | | | |
| 81249 | <i>G6PD (glucose-6-phosphate dehydrogenase)</i> (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence | | | |
| 81284 | <i>FXN (frataxin)</i> (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles | | | |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size) | | | |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence | | | |
| 81287 | MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis | | | |
| 81292 | <i>MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2)</i> (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | | | |
| 81294 | <i>MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2)</i> (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | | | |
| 81295 | <i>MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1)</i> (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | | | |
| 81297 | <i>MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1)</i> (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | | | |
| 81298 | <i>MSH6 (mutS homolog 6 [E. coli])</i> (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | | | |
| 81300 | <i>MSH6 (mutS homolog 6 [E. coli])</i> (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | | | |
| 81302 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis | | | |
| 81304 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants | | | |
| 81312 | <i>PABPN1 (poly[A] binding protein nuclear 1)</i> (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | | | |
| 81317 | <i>PMS2 (postmeiotic segregation increased 2 [S. cerevisiae])</i> (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | | | |
| 81319 | <i>PMS2 (postmeiotic segregation increased 2 [S. cerevisiae])</i> (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | | | |
| 81321 | <i>PTEN (phosphatase and tensin homolog)</i> (eg, Cowden syndrome, <i>PTEN</i> hamartoma tumor syndrome) gene analysis; full sequence analysis | | | |
| 81323 | <i>PTEN (phosphatase and tensin homolog)</i> (eg, Cowden syndrome, <i>PTEN</i> hamartoma tumor syndrome) gene analysis; duplication/deletion variant | | | |
| 81324 | <i>PMP22 (peripheral myelin protein 22)</i> (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis | | | |
| 81325 | <i>PMP22 (peripheral myelin protein 22)</i> (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis | | | |

| Procedure Code | Description | | | |
|-------------------|--|--|--|--|
| 81334 | <i>RUNX1 (runt related transcription factor 1)</i> (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3–8) | | | |
| 81335 | <i>TPMT (thiopurine S-methyltransferase)</i> (eg, drug metabolism), gene analysis, common variants (eg, *2, *3) | | | |
| 81400 | Refer to the 2019 CPT code book for full description. | | | |
| 81401 | Refer to the 2019 CPT code book for full description. | | | |
| 81402 | Refer to the 2019 CPT code book for full description. | | | |
| 81403 | Refer to the 2019 CPT code book for full description. | | | |
| 81404 | Refer to the 2019 CPT code book for full description. | | | |
| 81405 | Refer to the 2019 CPT code book for full description. | | | |
| 81406 | Refer to the 2019 CPT code book for full description. | | | |
| 81407 | Refer to the 2019 CPT code book for full description. | | | |
| 81408 | Refer to the 2019 CPT code book for full description. | | | |
| 81410 | Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including <i>FBN1</i> , <i>TGFBR1</i> , <i>TGFBR2</i> , <i>COL3A1</i> , <i>MYH11</i> , <i>ACTA2</i> , <i>SLC2A10</i> , <i>SMAD3</i> , and <i>MYLK</i> | | | |
| 81411 | Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for <i>TGFBR1, TGFBR2, MYH11,</i> and <i>COL3A1</i> | | | |
| 81413 | Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including <i>ANK2</i> , <i>CASQ2</i> , <i>CAV3</i> , <i>KCNE1</i> , <i>KNCE2</i> , <i>KCNH2</i> , <i>KCNJ2</i> , <i>KCNQ1</i> , <i>RYR2</i> , and <i>SCN5A</i> | | | |
| 81414 | Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including <i>KCNH2</i> and <i>KCNQ1</i> | | | |
| 81430 | Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including <i>CDH23, CLRN1,</i> <i>GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3,</i> <i>USH1C, USH1G, USH2A,</i> and <i>WFS1</i> | | | |
| 81431 | Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for <i>STRC</i> and <i>DFNB1</i> deletions <i>in GJB2 and GJB6 genes</i> | | | |
| 81434 | Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including <i>ABCA4</i> , <i>CNGA1</i> , <i>CRB1</i> , <i>EYS</i> , <i>PDE6A</i> , <i>PDE6B</i> , <i>PRPF31</i> , <i>PRPH2</i> , <i>RDH12</i> , <i>RHO</i> , <i>RP1</i> , <i>RP2</i> , <i>RPE65</i> , <i>RPGR</i> , and <i>USH2A</i> | | | |

| Procedure Code | Description | | | | |
|-------------------|--|--|--|--|--|
| 81437 | Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including <i>MAX, SDHB, SDHC, SDHD, TMEM127,</i> and <i>VHL</i> | | | | |
| 81438 | Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for <i>SDHB, SDHC, SDHD,</i> and <i>VHL</i> | | | | |
| 81439 | Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (including, <i>DSG2, MYBPC3, MYH7, PKP2,</i> <i>TTN</i>) | | | | |
| 81440 | Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including <i>BCS1L</i> , <i>C10orf2</i> , <i>COQ2</i> , <i>COX10</i> , <i>DGUOK</i> , <i>MPV17</i> , <i>OPA1</i> , <i>PDSS2</i> , <i>POLG</i> , <i>POLG2</i> , <i>RRM2B</i> , <i>SCO1</i> , <i>SCO2</i> , <i>SLC25A4</i> , <i>SUCLA2</i> , <i>SUCLG1</i> , <i>TAZ</i> , <i>TK2</i> , and <i>TYMP</i> | | | | |
| 81442 | Noonan Spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including <i>BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2,</i> <i>NRAS, PTPN11, RAF1, RIT1, SHOC2,</i> and <i>SOS1</i> | | | | |
| 81460 | Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection | | | | |
| 81465 | Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed | | | | |
| 81479 | Unlisted molecular pathology procedure | | | | |
| 81541 | Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score | | | | |
| 81545 | Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious) | | | | |
| 81599 | Unlisted multianalyte assay with algorithmic analysis | | | | |

ATTACHMENT 2 Changes to Coverage Policy and New Covered Services Based on Provider Recommendations

The following table includes information about changes to coverage policy and new codes covered as a result of providerrecommended review.

| Procedure Code | Description | Policy Change |
|--|---|---|
| A6502-A6511, A6513 | Compression burn garments | As of January 1, 2019, providers are no longer required to submit claim attachments with the claim. A maximum allowable fee has been assigned. |
| 88341–88342 | P16 staining for colposcopy | As of January 1, 2019, codes 88341 and 88342 are being added to the list of laboratory services allowable under the Family Planning Only Services benefit. |
| 81595 | Allomap assay (cardiology heart transplant mRNA) | As of January 1, 2019, ForwardHealth has added code 81595 as a covered genetic testing service with no prior authorization (PA) requirements. |
| 67028–50 | Injection eye drug | As of January 1, 2019, reimbursement is available when services are performed bilaterally. |
| Q0091 | Obtaining, preparing, and conveyance of cervical or vaginal smear to laboratory | Coverage for code Q0091 under laboratory services has been enddated as of December 31, 2018. Providers are reminded that collection of a Pap smear is included in the evaluation and management (E&M) or preventive service. |
| 33477 | Melody valve (transcatheter pulmonary valve implantation, percutaneous approach) | As of January 1, 2019, ForwardHealth has removed the PA requirement for code 33477. |
| E0470 | Respiratory assist device | As of January 1, 2019, E0470 is allowable for reimbursement for rental or purchase. |
| H0002 | Depression screening | As of January 1, 2019, providers who submit claims for codes H0002- HE or H0002-HF, the limitation of one unit per member, per pregnancy has been removed. |
| A4626 using modifiers 22 and/or 59 | Cotton balls and applicators | As of January 1, 2019, cotton balls and applicators are no longer reimbursed separately from the tracheostomy care kit for a new tracheostomy or the tracheostomy care kit for an established tracheostomy. |
| 99344–99345, 99347–99350 | Home visits | As of January 1, 2019, home visits for new and established patients will be added to the vision contract. |