dell children's
HEALTH PLAN

Prior authorization requirements changes effective November 1, 2019

Effective **November 1, 2019**, prior authorization (PA) requirements will change for the following services. These services will require PA by Dell Children's Health Plan for Medicaid members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines (including definitions and specific contract provisions/exclusions) take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- **0026U** — Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result
- **0533T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes setup, patient training, configuration
- **0534T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; setup, patient training, configuration of monitor
- **0535T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration
- **0536T** — Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report
- **0546T** — Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report
- **33270** — Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation
- **33271** — Insertion of subcutaneous implantable defibrillator electrode
- **77299** — Unlisted procedure, therapeutic radiology clinical treatment planning
- **81205** — BCKDHB (Branched Chain Keto Acid Dehydrogenase E1, beta polypeptide) (e.g., Maple Syrup Urine Disease) gene analysis, common variants (e.g., R183P, G278S, E422X)
- **81219** — CALR (Calreticulin) (e.g., Myeloproliferative Disorders), gene analysis, common variants in exon 9
- **81250** — G6PC (glucose-6-phosphatase, catalytic subunit) (e.g., Glycogen storage disease, Type 1a, Von Gierke disease) gene analysis, common variants (e.g., R83C, Q347X)
- **81302** — MECP2 (methyl CpG binding protein 2) (e.g., Rett Syndrome) gene analysis; full sequence analysis
- **81303** — MECP2 (methyl CpG binding protein 2) (e.g., Rett Syndrome) gene analysis; known familial variant
- **81304** — MECP2 (methyl CpG binding protein 2) (e.g., Rett Syndrome) gene analysis; duplication/deletion variants
- **81331** — SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (e.g., Prader-Willi Syndrome and/or Angelman Syndrome), methylation analysis
- **81332** — SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (e.g., Prader-Willi Syndrome and/or Angelman Syndrome), methylation analysis

- **81400** — Molecular Pathology Procedure, Level 1 (e.g., identification of single germline variant [e.g., SNP] by techniques such as restriction enzyme digestion or melt curve analysis)ACADM (acyl—CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (e.g., medium chain acyl dehydrogenase deficiency)
- **81401** — Molecular Pathology Procedure, Level 2 (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine kinase) (e.g., acquired imatinib resistance)
- **81402** — Molecular Pathology Procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using nonsequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (e.g., congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (e.g., IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K])
- **81402** — Molecular Pathology Procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using nonsequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (e.g., congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (e.g., IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K])
- **81407** — Molecular Pathology Procedure, Level 8 (e.g., analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (e.g., generalized epilepsy with febrile seizures), full gene sequence
- **81408** — Molecular pathology procedure, Level 9 (e.g., analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (e.g., Marfan Syndrome), full gene sequence NF1 (neurofibromin 1) (e.g., neurofibromatosis, type 1), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (e.g., malignant hyperthermia), full gene sequence VWF (von Willebrand factor) (e.g., von Willebrand Disease types 1 and 3), full gene sequence
- **97033** — Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
- **C9042** — Injection, Bendamustine hcl (belrapzo), 1 mg
- **C9043** — Injection, Levoleucovorin, 1 mg
- **C9141** — Injection, Factor VIII, (Antihemophilic Factor, recombinant), pegylated-aucl (jivi)
- **D9130** — Temporomandibular Joint Dysfunction – Non-Invasive Physical Therapies
- **D9920** — or management, by report
- **J9999** — Not otherwise classified, antineoplastic drugs
- **S3850** — Genetic testing for Sickle Cell Anemia

To request PA, you may use one of the following methods:

- **Web**: https://www.Availity.com
- **Fax**:
  - 1-800-964-3627
  - 1-866-249-1271 (durable medical equipment)
- **Phone**: 1-888-821-1108

Not all PA requirements are listed here. PA requirements are available to contracted providers through the Availity Portal (https://www.availity.com > Payer Spaces > Dell Children's Health Plan icon >

Applications > Precertification Lookup Tool). Providers may also call us at 1-888-821-1108 for PA requirements.