

# PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

## New CPT® Codes Requiring Prior Authorization

**Health Plans Affected:** Advantage MD

**Effective Date:** April 1, 2024

**Type of Change:** Prior Authorization

### Explanation of Change:

Effective April 1, 2024, Johns Hopkins Health Plans require prior authorization for the selected medical procedure and equipment codes listed below for Advantage MD health plans. This requirement affects members of all ages enrolled in these plans.

Procedure Code	Effective Date	Procedure Description	Advantage MD Prior Auth YES/NO
0439U	4/1/2024	Code identifies proprietary test for a blood-based genetic test designed to evaluate the risk of coronary heart disease using AI algorithms to analyze genetic and epigenetic biomarkers.	YES, per eviCore
0440U	4/1/2024	Code identifies proprietary test for a blood-based genetic test designed to detect coronary heart disease in symptomatic individuals by analyzing genetic and epigenetic biomarkers.	YES, per eviCore
0444U	4/1/2024	Aventa FusionPlus is a comprehensive gene panel test using proprietary technology to identify gene fusions and rearrangements missed by conventional tests.	YES, per eviCore
0448U	4/1/2024	Code for oncoReveal Dx Lung and Colon Cancer Assay, a next generation sequencing test for detection of somatic mutations in DNA from formalin-fixed paraffin-embedded (FFPE) non-small cell lung cancer (NSCLC) and colorectal cancer (CRC) tumor tissue. The test is intended to be used to select patients with NSCLC or CRC that may benefit from treatment with targeted therapies.	YES, per eviCore
0449U	4/1/2024	Unity carrier screening is a single blood test combining maternal carrier screening and fetal aneuploidy NIPT testing for 5 single-gene disorders. Test does not require paternal sample.	YES, per eviCore

### eviCore prior authorization process for Advantage MD

- For codes subject to prior authorization through eviCore, providers should submit prior authorization requests via the eviCore portal through [Availity](#), the [eviCore portal](#)\* directly, or, if the portal cannot be accessed, by calling eviCore at 866-220-3071.

This code list is provided for reference purposes only and may not be all-inclusive. The listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and

applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

Please refer to the Johns Hopkins Prior Authorization Lookup tool (JPAL), located in the [Availity](#) portal, to check and verify prior authorization requirements for outpatient services and procedures. Prior authorization requirements are subject to change.

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