



October 2024

## Prior Authorization Requirement Changes Effective February 1, 2025

Please note, this communication applies to Healthy Blue + Medicare<sup>SM</sup> (HMO-POS D-SNP) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC).

Effective **February 1, 2025**, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Blue Cross NC for Medicare 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 precertification rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for the following code(s):

Code	Code Description
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anti-cyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy PrismRA <sup>®</sup> , Scipher Medicine <sup>®</sup> , Scipher Medicine <sup>®</sup>
0459U	β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology Elecsys <sup>®</sup> Total Tau CSF (tTau) and β-Amyloid (1-42) CSF II (Abeta 42) Ratio, Roche Diagnostics Operations, Inc (US owner/operator)
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis NASHnext <sup>™</sup> (NIS4 <sup>™</sup> ), Labcorp, Labcorp
J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg
J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg
J0689	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg
J2183	Injection, meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare (HMO-POS D-SNP)  
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Code	Code Description
J2184	Injection, meropenem (B. Braun), not therapeutically equivalent to J2185, 100 mg
J2281	Injection, moxifloxacin (Fresenius Kabi), not therapeutically equivalent to J2280, 100 mg

Not all PA requirements are listed here. Detailed PA requirements are available to providers in the *Resources* section at <https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare> or for contracted providers by accessing [Availity.com](https://www.availity.com). Providers may also call Provider Services at **833-540-2106** for assistance with PA requirements.