

## Upcoming Changes to Codes Requiring Prior Authorization

Code	Description	Drug Y/N	Current Coverage	Coverage Change	Posted Date	Effective Date
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-	N	PA	C	03/22/2022	05/22/2022
86355	B cells, total count	N	PA-no limits	PA-MUE limits	03/22/2022	05/22/2022
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	N	PA	C	04/29/2022	06/29/2022
86359	T cells; total count	N	PA	C	04/29/2022	06/29/2022
86360	T cells; absolute CD4 and CD8 count, including ratio	N	PA	C	04/29/2022	06/29/2022
86361	T cells; absolute CD4 count	N	PA	C	04/29/2022	06/29/2022
T4537	Incontinence product, protective underpad, reusable, bed size, each	N	C	PA	04/29/2022	06/29/2022
T4540	Incontinence product, protective underpad, reusable, chair size, each	N	C	PA	04/29/2022	06/29/2022
T4541	Incontinence product, disposable underpad, large, each	N	C	PA	04/29/2022	06/29/2022
T4542	Incontinence product, disposable underpad, small size, each	N	C	PA	04/29/2022	06/29/2022
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	N	C	PA	04/29/2022	06/29/2022

**Legend:**

C - Covered

N/C – Not Covered

PA – Prior Authorization

OON - Out of Network

C-W/L - Covered with Limits