

### Upcoming Changes to Codes Requiring Prior Authorization

Code	Description	Drug Y/N	Current Coverage	Coverage Change	Posted Date	Effective Date
A9590	IODINE I-131 IOBENGUANE 1MCI	Y	PA	N/C	3/30/2023	5/29/2023
G0088	ADM IV DRUG 1ST HOME VISIT	Y	PA	N/C	3/30/2023	5/29/2023
G0089	ADM SUBQ DRUG 1ST HOME VISIT	Y	PA	N/C	3/30/2023	5/29/2023
G0090	ADM IV CHEMO 1ST HOME VISIT	Y	PA	N/C	3/30/2023	5/29/2023

**Legend:**

C - Covered

N/C – Not Covered

PA – Prior Authorization

OON - Out of Network

C-W/L - Covered with Limits