



Medical Coverage Policy and Prior Authorization Update Notice

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The following medical coverage policies are either new policies, or policies that have completed their annual review. The second column provides significant information regarding content change that might be of importance to you. **The effective date for Policy changes will be 06/01/2023 except as noted with* where the effective date will be 05/01/2023.**

SWHP Policy	Change
050 - Cancer Treatment Vaccines	No changes
052 - Urinary and Fecal Incontinence v3	No changes
064 - Gender Assignment and Reassignment Surgery	Basically unchanged
215 - Medications Covered Under Medical v12	Clarified failure of preferred biosimilars will not meet medical necessity for non-preferred drug requests. Added language regarding FDA accelerated pathway.
218 - Attention Deficit Hyperactivity Disorder Testing	Minor updates
219 - Cancer Chemotherapy and Therapy Guidelines v8	Clarified failure of preferred biosimilars will not meet medical necessity for non-preferred drug requests
229 - Keratoconus and Medical Contact Lens	No changes
230 - Nusinersen (Spinraza)	Removed age of onset criteria
238 - Cerliponase alfa (Brineura) for Batten Disease	No changes
249 - Voretigene Neparvovec-rzyl (Luxturna)	No changes
257 - Esketamine (Spravato)	No changes
236 - Medications, Services, Supplies NOT Medically Necessary	*236 - Medications, Services, Supplies NOT Medically Necessary v37
	* Effective Date is 05/01/2023

Notice:

New to market medical specialty drugs may require prior authorization. This includes new medical drugs with a drug specific Healthcare Common Procedure Coding System (HCPCS) code as well as drugs with a miscellaneous HCPCS code. Please note inclusion of a drug in this update document does not guarantee benefit coverage. You should verify benefits prior to requesting authorization. Payment for authorized services is contingent upon verification of eligibility for benefits, the benefits available in the member's plan, the applicable contractual limitations, restrictions and exclusions.

Prior Authorization List changes (all plans except Medicaid) effective 05/01/2023

Code	Category: Description	Action	Plans
33340	Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	Add	Medicare (Already on PA for other Plans)
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Remain on PA list but no longer E&I	All Plans
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Remain on PA list but no longer E&I	All Plans
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Remain on PA list but no longer E&I	All Plans
A9291	Digital Cognitive or Behavioral Therapy: Prescription digital cognitive and/or behavioral therapy, FDA-cleared, per course of treatment	Add	All Plans
E2103	Continuous Glucose Monitoring: Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	Add	Medicare
J0208	Miscellaneous Therapeutic Agents: Sodium thiosulfate (Pedmark), 100mg	Add	All Plans
J0218	Enzymes: Olipudase alfa-rpcp (Xenpozyme), 1mg	Add	All Plans
J1449	Blood Formation, Coagulation, and Thrombosis Agents: Eflapegrastim-xnst (Rolvedon), 0.1mg	Add	All Plans
J1747	Eye, Ear, Nose, and Throat (EENT) Preparations: Spesolimab-sbzo (Spevigo), 1mg	Add	All Plans
Q5129	Antineoplastic Agents: Bevacizumab-adcd, biosimilar (Vegzelma), 10mg	Add	All Plans
Q5130	Blood Formation, Coagulation, and Thrombosis Agents: Pegfilgrastim-pbbk, biosimilar (Fylmetra), 0.5mg	Add	All Plans
Q5127	Blood Formation, Coagulation, and Thrombosis: Pegfilgrastim-fpgk, biosimilar (Stimufend), 0.5mg	Add	All Plans
Q5128	Anti-infective Agents: Ranibizumab-eqrn, biosimilar (Cimerli)r, 0.1mg	Add	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
22860	Services and devices considered experimental/investigational/unproven: Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar	Add	All Plans
30469	Services and devices considered experimental/investigational/unproven: Repair of nasal valve collapse with low energy, temperaturecontrolled (ie, radiofrequency) subcutaneous/submucosal remodeling	Add	All Plans
33267	Services and devices considered experimental/investigational/unproven: Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Add	Adding Medicare lines
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Add	All Plans
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Add	All Plans
43290	Services and devices considered experimental/investigational/unproven: Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Add	All Plans
43291	Services and devices considered experimental/investigational/unproven: Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Add	All Plans
53451	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	Add	Adding Medicare lines

53452	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	Add	Adding Medicare lines
53453	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; removal, each balloon	Add	Adding Medicare lines
53454	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Add	Adding Medicare lines
61736	Services and devices considered experimental/investigational/unproven: Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Add	Adding Medicare lines
61737	Services and devices considered experimental/investigational/unproven: Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Add	Adding Medicare lines
77090	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Add	Adding Medicare lines
77091	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Add	Adding Medicare lines
77092	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Add	Adding Medicare lines
81560	Services and devices considered experimental/investigational/unproven: Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Add	Adding Medicare lines
0242U	Services and devices considered experimental/investigational/unproven: Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	Add	Adding Medicare lines
0294U	Services and devices considered experimental/investigational/unproven: Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	Add	Adding Medicare lines
0295U	Services and devices considered experimental/investigational/unproven: Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score	Add	Adding Medicare lines
0296U	Services and devices considered experimental/investigational/unproven: Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	Add	Adding Medicare lines
0297U	Services and devices considered experimental/investigational/unproven: Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	Add	Adding Medicare lines
0298U	Services and devices considered experimental/investigational/unproven: Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	Add	Adding Medicare lines
0299U	Services and devices considered experimental/investigational/unproven: Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	Add	Adding Medicare lines
0300U	Services and devices considered experimental/investigational/unproven: Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	Add	Adding Medicare lines
0301U	Services and devices considered experimental/investigational/unproven: Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	Add	Adding Medicare lines

0302U	Services and devices considered experimental/investigational/unproven: Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enhancement	Add	Adding Medicare lines
0303U	Services and devices considered experimental/investigational/unproven: Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic	Add	Adding Medicare lines
0304U	Services and devices considered experimental/investigational/unproven: Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic	Add	Adding Medicare lines
0305U	Services and devices considered experimental/investigational/unproven: Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index	Add	Adding Medicare lines
0306U	Services and devices considered experimental/investigational/unproven: Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD	Add	Adding Medicare lines
0307U	Services and devices considered experimental/investigational/unproven: Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	Add	Adding Medicare lines
0308U	Services and devices considered experimental/investigational/unproven: Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD	Add	Adding Medicare lines
0309U	Services and devices considered experimental/investigational/unproven: Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	Add	Adding Medicare lines
0310U	Services and devices considered experimental/investigational/unproven: Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	Add	Adding Medicare lines
0311U	Services and devices considered experimental/investigational/unproven: Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organisms identified	Add	Adding Medicare lines
0313U	Services and devices considered experimental/investigational/unproven: Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	Add	Adding Medicare lines
0314U	Services and devices considered experimental/investigational/unproven: Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	Add	Adding Medicare lines
0315U	Services and devices considered experimental/investigational/unproven: Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	Add	Adding Medicare lines
0316U	Services and devices considered experimental/investigational/unproven: Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	Add	Adding Medicare lines
0317U	Services and devices considered experimental/investigational/unproven: Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	Add	Adding Medicare lines
0318U	Services and devices considered experimental/investigational/unproven: Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	Add	Adding Medicare lines
0319U	Services and devices considered experimental/investigational/unproven: Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	Add	Adding Medicare lines
0320U	Services and devices considered experimental/investigational/unproven: Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	Add	Adding Medicare lines

0321U	Services and devices considered experimental/investigational/unproven: Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	Add	Adding Medicare lines
0322U	Services and devices considered experimental/investigational/unproven: Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD	Add	Adding Medicare lines
0672T	Services and devices considered experimental/investigational/unproven: Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	Add	Adding Medicare lines
0673T	Services and devices considered experimental/investigational/unproven: Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Add	Adding Medicare lines
0674T	Services and devices considered experimental/investigational/unproven: Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	Add	Adding Medicare lines
0675T	Services and devices considered experimental/investigational/unproven: Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	Add	Adding Medicare lines
0676T	Services and devices considered experimental/investigational/unproven: Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure)	Add	Adding Medicare lines
0677T	Services and devices considered experimental/investigational/unproven: Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	Add	Adding Medicare lines
0678T	Services and devices considered experimental/investigational/unproven: Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure)	Add	Adding Medicare lines
0679T	Services and devices considered experimental/investigational/unproven: Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Add	Adding Medicare lines
0680T	Services and devices considered experimental/investigational/unproven: Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	Add	Adding Medicare lines
0681T	Services and devices considered experimental/investigational/unproven: Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	Add	Adding Medicare lines
0682T	Services and devices considered experimental/investigational/unproven: Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Add	Adding Medicare lines
0683T	Services and devices considered experimental/investigational/unproven: Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Add	Adding Medicare lines
0684T	Services and devices considered experimental/investigational/unproven: Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Add	Adding Medicare lines
0685T	Services and devices considered experimental/investigational/unproven: Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Add	Adding Medicare lines

0686T	Services and devices considered experimental/investigational/unproven: Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Add	Adding Medicare lines
0687T	Services and devices considered experimental/investigational/unproven: Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	Add	Adding Medicare lines
0688T	Services and devices considered experimental/investigational/unproven: Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month	Add	Adding Medicare lines
0689T	Services and devices considered experimental/investigational/unproven: Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)	Add	Adding Medicare lines
0690T	Services and devices considered experimental/investigational/unproven: Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Add	Adding Medicare lines
0691T	Services and devices considered experimental/investigational/unproven: Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report	Add	Adding Medicare lines
0692T	Services and devices considered experimental/investigational/unproven: Therapeutic ultrafiltration	Add	Adding Medicare lines
0693T	Services and devices considered experimental/investigational/unproven: Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	Add	Adding Medicare lines
0694T	Services and devices considered experimental/investigational/unproven: 3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	Add	Adding Medicare lines
0695T	Services and devices considered experimental/investigational/unproven: Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement	Add	Adding Medicare lines
0696T	Services and devices considered experimental/investigational/unproven: Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation	Add	Adding Medicare lines
0697T	Services and devices considered experimental/investigational/unproven: Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Add	Adding Medicare lines
0698T	Services and devices considered experimental/investigational/unproven: Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	Add	Adding Medicare lines
0700T	Services and devices considered experimental/investigational/unproven: Molecular fluorescent imaging of suspicious nevus; first lesion	Add	Adding Medicare lines
0701T	Services and devices considered experimental/investigational/unproven: Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	Add	Adding Medicare lines
0702T	Services and devices considered experimental/investigational/unproven: Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	Add	Adding Medicare lines
0703T	Services and devices considered experimental/investigational/unproven: Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar month	Add	Adding Medicare lines

0704T	Services and devices considered experimental/investigational/unproven: Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	Add	Adding Medicare lines
0705T	Services and devices considered experimental/investigational/unproven: Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	Add	Adding Medicare lines
0706T	Services and devices considered experimental/investigational/unproven: Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	Add	Adding Medicare lines
0707T	Services and devices considered experimental/investigational/unproven: Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	Add	Adding Medicare lines
0708T	Services and devices considered experimental/investigational/unproven: Intradermal cancer immunotherapy; preparation and initial injection	Add	Adding Medicare lines
0709T	Services and devices considered experimental/investigational/unproven: Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	Add	Adding Medicare lines
0710T	Services and devices considered experimental/investigational/unproven: Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	Add	Adding Medicare lines
0711T	Services and devices considered experimental/investigational/unproven: Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Add	Adding Medicare lines
0712T	Services and devices considered experimental/investigational/unproven: Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	Add	Adding Medicare lines
0713T	Services and devices considered experimental/investigational/unproven: Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Add	Adding Medicare lines
K1026	Services and devices considered experimental/investigational/unproven: Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Add	Adding Medicare lines
T1505	Services and devices considered experimental/investigational/unproven: Electronic medication compliance management device, includes all components and accessories, not otherwise classified	Add	All Plans

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 06/01/2023

Code	Category: Description	Action	Plans
69729	Bone-anchored hearing aids (BAHA): Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Add	All Plans
69730	Bone-anchored hearing aids (BAHA): Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Add	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)	Add	All Plans

FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 07/01/2023 (60-Day Notice)

Code	Category: Description	Action	Plans
C9146	Anti-neoplastic Agents: Mirvetuximab soravtansine-gynx	Add	All Plans
C9147	Anti-neoplastic Agents: Tremelimumab-actl 20mg/ml	Add	All Plans
C9148	Anti-neoplastic Agents: Teclistamab-cqyv	Add	All Plans
C9149	Hormones and Synthetic Substitutes: Teplizumab-mzww	Add	All Plans
J1411	Blood Formation, Coagulation, and Thrombosis: Etranacogene dezaparvovec-drlb susp	Add	All Plans
J7179	Antihemophilic Agent: Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:Rco	Add	All Plans
	NOTE: The following additions are for Pharmaceuticals currently using misc. codes which will be updated as HCPCS code(s) change		
C9399 J3490	Eye, Ear, Nose, and Throat (EENT) Preparations: Pegcetacoplan	Add	All Plans
C9399 J3490	Central Nervous System Agents: Phenobarbital sodium	Add	All Plans
C9399 J3490	Anti-infective Agents: Lenacapavir	Add	All Plans
C9399 J3590	Blood Formation, Coagulation, and Thrombosis: Antihemophilic factor (recombinant), FC-VWF-XTEN fusion protein-eh1l	Add	All Plans
C9399 J3590	Anti-infective Agents: Adalimumab-atto	Add	All Plans
C9399 J3590	Enzymes: Velmanase alfa-tycv	Add	All Plans
C9399 J3590	Hormones and Synthetic Substitutes: Insulin glargine-aglr	Add	All Plans
C9399 J3590	Central Nervous System Agents: Ublituximab-xiiy	Add	All Plans
C9399 J3590	Central Nervous System Agents: Lecanemab-irmb	Add	All Plans
C9399 J8999	Anti-neoplastic Agents: Oral, Elacestrant tablets	Add	All Plans
C9399 J9999	Anti-neoplastic Agents: Mosunetuzumab-axgb	Add	All Plans
J8499	Central Nervous System Agents: Oral, Trofinetide	Add	All Plans
J8499	Central Nervous System Agents: Oral, Omaveloxolone	Add	All Plans
J8499	Anti-infective Agents: Oral, Lenacapavir	Add	All Plans
C9399 J9999	Antineoplastic Agents: Retifanlimab-dlwr	Add	All Plans

	NOTE: All of the following additions are potentially “E&I, unproven”		
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Add	All Plans
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Add	All Plans
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Add	All Plans
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Add	All Plans
0364U	Services and devices considered experimental/investigational/unproven: Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	Add	All Plans
0365U	Services and devices considered experimental/investigational/unproven: Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer	Add	All Plans
0366U	Services and devices considered experimental/investigational/unproven: Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	Add	All Plans
0367U	Services and devices considered experimental/investigational/unproven: Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	Add	All Plans
0368U	Services and devices considered experimental/investigational/unproven: Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	Add	All Plans
0375U	Services and devices considered experimental/investigational/unproven: Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	Add	All Plans
0376U	Services and devices considered experimental/investigational/unproven: Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate	Add	All Plans
0377U	Services and devices considered experimental/investigational/unproven: Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	Add	All Plans
0378U	Services and devices considered experimental/investigational/unproven: RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	Add	All Plans
0379U	Services and devices considered experimental/investigational/unproven: Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	Add	All Plans
0380U	Services and devices considered experimental/investigational/unproven: Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis,	Add	All Plans

	20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype		
0381U	Services and devices considered experimental/investigational/unproven: Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Add	All Plans
0382U	Services and devices considered experimental/investigational/unproven: Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Add	All Plans
0383U	Services and devices considered experimental/investigational/unproven: Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Add	All Plans
0384U	Services and devices considered experimental/investigational/unproven: Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	Add	All Plans
0385U	Services and devices considered experimental/investigational/unproven: Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease	Add	All Plans
0386U	Services and devices considered experimental/investigational/unproven: Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	Add	All Plans

**Other Prior Authorization List changes (all plans except Medicaid)
effective 06/01/2023**

Code	Category: Description	Action	Plans
90586	Vaccine: Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use (Tice)	Remove	All Plans
A4238	Continuous Glucose Monitoring: Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm)	Add	Medicare Plans
E2102	Continuous Glucose Monitoring: Adjunctive, non-implanted continuous glucose monitor or receiver	Add	Medicare Plans

Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date
J0218	Enzymes: Olipudase alfa-rpcp (Xenpozyme), 1mg	Add	5/1/2023

Additional Information for Providers

The rendering provider must be the same on the preauthorization request and on the claim's submission. If there is a change, it is imperative that the utilization review team is notified to amend the preauthorization in a timely manner.

[Click here](#) to access last month's medical Coverage Policy and Prior Authorization Update Notice.

As always, we welcome your comments. You can reach us at: HPMedicalDirectors@BSWHealth.org
BSWHP Medical Directors