



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 05/01/2021

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 06/01/2021 except where noted with*.**

SWHP Policy	Change
025 - Deep Brain Stimulation	Annual review: no changes
026 - Dental Services and Anesthesia	Annual review: no changes
027 - Diathermy	Policy retired.
032 - Shockwave Treatment - Plantar Fasciitis	Annual review: no changes
037 - Genetic Testing	Changed organization. No longer list of codes, rather points to LCD for guidance for all Plans
050 - Cancer Treatment Vaccines	*For Medicaid lines: added reference to TX Mandate HB1584
215 - Medications Covered Under Medical v5	*For Medicaid lines: added reference to TX Mandate HB1584
218 - ADHD Testing	Annual review: revised to clearly delineate criteria for testing
219 - Cancer Chemotherapy Guidelines	*For Medicaid lines: added reference to TX Mandate HB1584
229 - Keratoconus and Medical Contact Lens	Annual review: no changes
230 - Spinraza (Nusinersen)	*For Medicaid lines: added reference to TX Mandate HB1584
238 - Cerliponase alfa (Brineura) for Batten Disease	*For Medicaid lines: added reference to TX Mandate HB1584
249 - Voretigene Neparvovec-rzyl (Luxturna)	Coverage change: now includes commercial
257 - Esketamine (Spravato)	*For Medicaid lines: added reference to TX Mandate HB1584
262 - COVID-19 Telehealth and Telemedicine	*Codes and therapies updated
278 - Axicabtagene (Yescarta)	*For Medicaid lines: added reference to TX Mandate HB1584
279 - Tisagenlecleucel (Kymriah)	*For Medicaid lines: added reference to TX Mandate HB1584
281 - Brexucabtagene autoleucel (Tecartus)	*For Medicaid lines: added reference to TX Mandate HB1584
289 - Anesthesia Professional Reimbursement	*New policy. Transitioned from FC. Payment policy. MAC restrictions removed.
290 - Idacabtagene vicleucel (Abecma)	New policy
291 - Lisocabtagene Maraleucel (Breyanzi)	New policy
236 - Medications, Services, Supplies NOT Medically Necessary	*Updated revised to include codes deemed E&I.
	* Effective Date is 5/1/2021
FirstCare Policy	

Prior Authorization List changes effective 05/01/2021

Code	Category: Description	Action	Plans
33995	General: Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Add to PA list	All plans
J1558	Drugs: Immune globulin, 100mg	Add to PA list	Cigna-linked
J3399	Drugs: Onasemnogene abeparvovec-xio	Add to PA list	Cigna-linked
J9246	Drugs: Melphalan, 1mg	Add to PA list	Cigna-linked
J1554	Drugs: Immune globulin, 500mg	Add to PA list	All plans
J9037	Drugs: Belantamab mafodotin-blmf	Add to PA list	All plans
J9349	Drugs: Tafasitamab-cxix, 2mg	Add to PA list	All plans
Q2053	Drugs: Brexucabtagene autoleucel	Add to PA list	Commercial
	NOTE: All of the following additions are: "E&I, unproven"		
30468	E&I Unproven: Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Add to PA list	Commercial
55880	E&I Unproven: Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Add to PA list	Commercial
57465	E&I Unproven: Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	Add to PA list	Commercial
69705	E&I Unproven: Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Add to PA list	Commercial
69706	E&I Unproven: Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Add to PA list	Commercial
81513	E&I Unproven: Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis	Add to PA list	Commercial
81514	E&I Unproven: Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported	Add to PA list	Commercial
81529	E&I Unproven: Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Add to PA list	Commercial
81554	E&I Unproven: Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical	Add to PA list	Commercial

	result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])		
C2624	E&I Unproven: IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Add to PA list	Commercial
C9071	E&I Unproven: Viltepso	Add to PA list	Commercial
J1427	E&I Unproven: Viltolarsen	Add to PA list	Commercial Medicare
E0744	E&I Unproven: Neuromuscular stimulator for scoliosis	Add to PA list	Commercial
E0762	E&I Unproven: Transcutaneous electrical joint stimulation device system	Add to PA list	Commercial
E0764	E&I Unproven: Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control	Add to PA list	Commercial
E0770	E&I Unproven: Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type	Add to PA list	Commercial

Second NOTICE: Prior Authorization List changes effective 06/01/2021

Code	Category: Description	Action	Plans
Q5115	Antineoplastic agents: Rituximab-abbs, biosimilar, (Truxima), 10 mg	Add to PA list	All plans
	NOTE: All of the following additions are: "E&I, unproven"		
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	Add to PA list	Commercial
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	Add to PA list	Commercial
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Add to PA list	Commercial
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Add to PA list	Commercial
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	Add to PA list	Commercial
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Add to PA list	Commercial
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	Add to PA list	Commercial
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Add to PA list	Commercial
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Add to PA list	Commercial
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions	Add to PA list	Commercial
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic	Add to PA list	Commercial

	ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions		
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	Add to PA list	Commercial
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Add to PA list	Commercial
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	Add to PA list	Commercial
0621T	Trabeculostomy ab interno by laser	Add to PA list	Commercial
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	Add to PA list	Commercial
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	Add to PA list	Commercial
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	Add to PA list	Commercial
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	Add to PA list	Commercial
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	Add to PA list	Commercial
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Add to PA list	Commercial
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Add to PA list	Commercial
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Add to PA list	Commercial

0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Add to PA list	Commercial
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	Add to PA list	Commercial
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	Add to PA list	Commercial
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Add to PA list	Commercial
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Add to PA list	Commercial
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Add to PA list	Commercial
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Add to PA list	Commercial
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Add to PA list	Commercial
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Add to PA list	Commercial
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	Add to PA list	Commercial
C9776	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (icg) (list separately in addition to code for primary procedure)	Add to PA list	Commercial
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Add to PA list	Commercial
K1017	Monthly supplies for use of device coded at k1016	Add to PA list	Commercial
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	Add to PA list	Commercial
K1019	Monthly supplies for use of device coded at k1018	Add to PA list	Commercial
K1020	Non-invasive vagus nerve stimulator	Add to PA list	Commercial
S1091	Stent, non-coronary, temporary, with delivery system (propel)	Add to PA list	Commercial
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization	Add to PA list	Commercial

First NOTICE: Prior Authorization List changes effective 06/01/2021

Code	Category: Description	Action	Plans
81227	Services and devices deemed experimental/investigational/unproven	Remove from PA list	All plans
81355	Services and devices deemed experimental/investigational/unproven	Remove from PA list	All plans

81434	Services and devices deemed experimental/investigational/unproven	Remove from PA list	All plans
81440	Services and devices deemed experimental/investigational/unproven	Remove from PA list	All plans
81460	Services and devices deemed experimental/investigational/unproven	Remove from PA list	All plans
81465	Services and devices deemed experimental/investigational/unproven	Remove from PA list	All plans
81490	Services and devices deemed experimental/investigational/unproven	Remove from PA list	All plans

FIRST NOTICE: Prior Authorization List changes effective 07/01/2021 (60-Day Notice)

Code	Category: Description	Action	Plans
0275T	Back Surgery: Percutaneous laminotomy/laminectomy [PILD] (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	Add	Medicare
C9074	Smooth Muscle Relaxants: Lumasiran, 0.5mg	Add	All lines
	NOTE: All of the following additions are: "E&I, unproven"		
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia. Currently set XD. Need to set to PAY and add to PA list	Add	Commercial
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Add	Commercial
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	Add	Commercial
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	Add	Commercial
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Add	Commercial
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	Add	Commercial
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	Add	Commercial
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements	Add	Commercial
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	Add	Commercial
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	Add	Commercial

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.

As always, we welcome your comments. You can reach us at: SWHPMedicalDirectors@BSWHealth.org

SWHP/FirstCare Medical Directors