

Prior Authorization List changes effective 07/01/2021

Code	Category: Description	Action	Plans
81420	Genetic Testing: Fetal Chromosomal Aneuploidy Genomic Seq Analys	Remove from PA List	All plans
81227	Genetic Testing: CYP2C9 Gene Analysis Common Variants	Remove from PA List. No longer E&I	All plans
81355	Genetic Testing: VKORC1 Gene Analysis Common Variants	Remove from PA List. No longer E&I	All plans
81434	Genetic Testing: Hereditary Retinal Dsrdrs Gen Seq Analys 15 Gen	Remove from PA List. No longer E&I	All plans
81440	Genetic Testing: Nuclear Mitochondrial 100 Gene Genomic Seq	Remove from PA List. No longer E&I	All plans
81460	Genetic Testing: Whole Mitochondrial Genome	Remove from PA List. No longer E&I	All plans
81465	Genetic Testing: Whole Mitochondrial Genome Analysis Panel	Remove from PA List. No longer E&I	All plans
81490	Genetic Testing: Autoimmune Rheumatoid Arthrts Analys 12 Biomrks	Remove from PA List. No longer E&I	All 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	Add	Commercial

	transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed		
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

FIRST NOTICE: Prior Authorization List changes effective 09/01/2021 (60-Day Notice)

Code	Category: Description	Action	Plans
J7207	Blood Formation, Coagulation, Thrombosis agents, Misc.: Adynovate	Add	All plans
J7208	Blood Formation, Coagulation, Thrombosis agents, Misc.: Jivi	Add	All plans
J7209	Blood Formation, Coagulation, Thrombosis agents, Misc.: Nuwiq	Add	All plans
J7182	Blood Formation, Coagulation, Thrombosis agents, Misc.: Novoeight	Add	All plans
30468	Cosmetic: procedures which may be considered cosmetic: Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Add	Add for Medicare lines only
J9217	Gonadotropins: Lupron Depot	Add	All plans
J3358	Skin And Mucous Membrane Agents, Misc.: Stelara IV	Add	Add to Medicare lines
Q5121	Disease-Modifying Antirheumatic Agent: Avsola	Add	Cigna-linked
J2353	Somatostatin Agonists: Sandostatin LAR	Add	All plans

SECOND NOTICE: Prior Authorization List changes effective 08/01/2021

Code	Category: Description	Action	Plans
C9061	EENT Drugs, Miscellaneous: Teprotumumab, 10mg	Add	Cigna-linked plans
C9065	Antineoplastic Agents: Romidepsin, non-lyophilized (e.g. liquid), 1mg	Add	Cigna-linked plans
C9073	Antineoplastic Agents: Brexucabtagene autoleucl	Add	Cigna-linked plans
43659	Non-specific, miscellaneous, and unlisted procedures: Unlisted laparoscopy procedure, stomach	Add	All plans

	NOTE: All of the following additions are: "E&I, unproven"		
C1825	Generator, neurostimulator (implantable), nonrechargeable 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)	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)	Add	Commercial
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s)	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)	Add	Commercial
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	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
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	Add	Commercial
Q0239	Injection, bamlanivimab-xxxx, 700 mg	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