



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 08/01/2021

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 09/01/2021 except as noted with*.**

SWHP Policy	Change
042 - Custodial Care	Reviewed. No changes
044 - Hyperbaric Oxygen Therapy	Reviewed. No changes
049 - Dermatoscopy	Reviewed. No changes
137 - Psychologic - Evaluation for Med and Surg Procedures v2	Added language regarding non-coverage of testing by technician or computer
206 - Autism Coverage Policy	Minor language update in "Overview"
235 - Synagis (Palivizumab)	Reviewed. No changes
252 - Urine Drug Monitoring v2	Reviewed. No changes
254 - Emapalumab (Gamifant) - v1	Reviewed. No changes
261 - Out of Network Requests	Reviewed. No changes
262 - COVID-19 Telehealth and Telemedicine_v05	*Codes updated. Termination of cost-share wavier added.
278 - Axicabtagene (Yescarta) v4	Added the statement, "All requests will be reviewed by a clinical pharmacist and medical director" added. No clinical changes
279 - Tisagenlecleucel (Kymriah) v4	Added the statement, "All requests will be reviewed by a clinical pharmacist and medical director" added. No clinical changes
280 - Medications for Duchenne Muscular Dystrophy v4	Updated to add Amondys 45
281 - Brexucabtagene autoleucel (Tecartus) v4	Added the statement, "All requests will be reviewed by a clinical pharmacist and medical director" added. No clinical changes
290 - Idacabtagene vicleucel (Abecma) v3	Added the statement, "All requests will be reviewed by a clinical pharmacist and medical director" added. No clinical changes
291 - Lisocabtagene Maraleucel (Breyanzi	Added the statement, "All requests will be reviewed by a clinical pharmacist and medical director" added. No clinical changes
292 - Medicare Non-Texas LCD Coverage	New Policy
293 - Aducanumab (Aduhelm)	New policy
236 - Medications, Services, Supplies NOT Medically Necessary	*Updated with revisions as needed
	* Effective Date is 8/1/2021
FirstCare policies being retired	
MN-324 Trodelvy	
MN-327 Padcev	
MN-328 Evomela	
MN-329 Enhertu	

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 autoleucel	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 Code deleted 4/17	Commercial
Q0239	Injection, bamlanivimab-xxxx, 700 mg	Add Code deleted 4/17	Commercial

FIRST NOTICE: Prior Authorization List changes effective 10/01/2021 (60-Day Notice)

Code	Category: Description	Action	Plans
Q2041	Antineoplastic Agents: Yescarta	Add Medicare	All plans
Q2042	Antineoplastic Agents: Kymriah	Add Medicare	All plans
Q2053	Antineoplastic Agents: Tecartus	Add Medicare	All plans
C9075	Amondys 45	Add	All plans
C9076	Injection, lisocabtagene maraleucel	Add	All plans
C9077	Injection, cabotegravir/rilpivirine extended release	Add	All plans
C9078	Injection, trilacidib	Add	All plans
C9079	Injection, evinacumab-dgnb	Add	All plans
J0224	Injection, lumasiran, 0.5mg	Add	All plans
J1951	Injection, leuprolide acetate for depot, 0.25mg	Add	All plans
J9314	Injection, romidepsin, non-lyophilized (e.g. liquid), 0.1mg	Add	All plans
J9348	Injection, naxitamab-ggqk, 1mg	Add	All plans
J9353	Injection, margetuximab-cmkb, 5mg	Add	All plans
Q5123	Injection, rituximab-arrx, biosimilar, 10mg	Add	All plans
C9080	Injection, melphalan flufenamide	Add	All plans
	NOTE: All of the following additions are: "E&I, unproven"		
0064U	Services and devices deemed experimental/investigational/unproven: Antibody, Treponema pallidum, total and rapid plasma reagin (RPR)	Add	All plans
0065U	Services and devices deemed experimental/investigational/unproven: Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	Add	All plans
0242U	Services and devices deemed 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	All plans
0243U	Services and devices deemed experimental/investigational/unproven: Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Add	All plans
0244U	Services and devices deemed experimental/investigational/unproven: Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	Add	All plans
0245U	Services and devices deemed experimental/investigational/unproven: Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	Add	All plans
0246U	Services and devices deemed experimental/investigational/unproven: Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	Add	All plans

0247U	Services and devices deemed experimental/investigational/unproven: Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	Add	All plans
0248U	Services and devices deemed experimental/investigational/unproven: Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	Add	All plans
0249U	Services and devices deemed experimental/investigational/unproven: Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	Add	All plans
0250U	Services and devices deemed experimental/investigational/unproven: Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	Add	All plans
0251U	Services and devices deemed experimental/investigational/unproven: Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	Add	All plans
0252U	Services and devices deemed experimental/investigational/unproven: Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy	Add	All plans
0253U	Services and devices deemed experimental/investigational/unproven: Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	Add	All plans
0254U	Services and devices deemed experimental/investigational/unproven: Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplications, mosaicism, and segmental aneuploidy, per embryo tested	Add	All plans
0640T	Services and devices deemed experimental/investigational/unproven: Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound	Add	All plans
0641T	Services and devices deemed experimental/investigational/unproven: Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound	Add	All plans
0642T	Services and devices deemed experimental/investigational/unproven: Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of	Add	All plans

	tissue oxygenation [StO2]); interpretation and report only, each flap or wound		
0643T	Services and devices deemed experimental/investigational/unproven: Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	Add	All plans
0644T	Services and devices deemed experimental/investigational/unproven: Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	Add	All plans
0645T	Services and devices deemed experimental/investigational/unproven: Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	Add	All plans
0646T	Services and devices deemed experimental/investigational/unproven: Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	Add	All plans
0647T	Services and devices deemed experimental/investigational/unproven: Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	Add	All plans
0648T	Services and devices deemed 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	Add	All plans
0649T	Services and devices deemed 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) (List separately in addition to code for primary procedure)	Add	All plans
0650T	Services and devices deemed experimental/investigational/unproven: Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	Add	All plans
0651T	Services and devices deemed experimental/investigational/unproven: Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	Add	All plans
0652T	Services and devices deemed experimental/investigational/unproven: Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Add	All plans

0653T	Services and devices deemed experimental/investigational/unproven: Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Add	All plans
0654T	Services and devices deemed experimental/investigational/unproven: Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Add	All plans
0655T	Services and devices deemed experimental/investigational/unproven: Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	Add	All plans
0656T	Services and devices deemed experimental/investigational/unproven: Vertebral body tethering, anterior; up to 7 vertebral segments	Add	All plans
0657T	Services and devices deemed experimental/investigational/unproven: Vertebral body tethering, anterior; 8 or more vertebral segments	Add	All plans
0658T	Services and devices deemed experimental/investigational/unproven: Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Add	All plans
0659T	Services and devices deemed experimental/investigational/unproven: Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Add	All plans
0660T	Services and devices deemed experimental/investigational/unproven: Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Add	All plans
0661T	Services and devices deemed experimental/investigational/unproven: Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Add	All plans
0662T	Services and devices deemed experimental/investigational/unproven: Scalp cooling, mechanical; initial measurement and calibration of cap	Add	All plans
0663T	Services and devices deemed experimental/investigational/unproven: Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	Add	All plans
0664T	Services and devices deemed experimental/investigational/unproven: Donor hysterectomy (including cold preservation); open, from cadaver donor	Add	All plans
0665T	Services and devices deemed experimental/investigational/unproven: Donor hysterectomy (including cold preservation); open, from living donor	Add	All plans
0666T	Services and devices deemed experimental/investigational/unproven: Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Add	All plans
0667T	Services and devices deemed experimental/investigational/unproven: Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Add	All plans
0668T	Services and devices deemed experimental/investigational/unproven: Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Add	All plans

0669T	Services and devices deemed experimental/investigational/unproven: Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Add	All plans
0670T	Services and devices deemed experimental/investigational/unproven: Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Add	All plans
C1761	Catheter, transluminal intravascular lithotripsy, coronary	Add	All plans

SECOND NOTICE: Prior Authorization List changes effective 09/01/2021

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

Other Prior Authorization List changes effective 09/01/2021

Code	Category: Description	Action	Plans
G9006	COORDINATED CARE FEE HOME MONITORING	Remove	All Lines

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