

## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 12/01/2020

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 these changes will be 01/01/2021.**

Policy	Change
003 - Occupational Therapy	Retired. Use 272 – Therapy Services
004 - Physical Therapy	Retired. Use 272 – Therapy Services
031 - Epidural Adhesiolysis	No changes
056 - Interspinous Process Decompression System	No changes
110 - Obstructive Sleep Apnea Diagnosis and Treatment	Updated indications for Hypoglossal Nerve Stimulation
112 - Speech Therapy	Retired. Use 272 – Therapy Services
204 - Transcatheter Aortic Valve Replacement	Corrected list of covered CPT codes
216 - Preterm Early-Term Deliveries	Updated per ACOG guidelines
217 - Nitric Oxide Inh in Premature	No changes
247 - Claim Review Process	No changes
257 - Esketamine (Spravato)	Added new indication and renewal criteria
272 - Medicaid Therapy Services	Retitled from Medicaid Therapy Services. No changes
273 - Medicaid Group Therapy Services	Retitled from Medicaid Grp Therapy Services. No changes
278 - Axicabtagene (Yescarta)	Added criteria for prescriber and dosing
279 - Tisagenlecleucel (Kymriah)	Added criteria for prescriber, dosing and administration
281 - Brexucabtagene autoleucel (Tecartus)	New policy
<i>236 - Medications, Services, Supplies NOT Medically Necessary</i>	<i>Updated with additions and removals. See policy for details.</i>
<b>Below is for information only – (FirstCare Policies):</b>	
MN-003 Medications Covered Under Medical	Replaced with policy 215
MN-004 Off-Label Use of FDA Approved Drugs	Replaced with policy 215
MN-005 Synagis	Replace with policy 235
MN-11 Makena	Retired
MN-23 Arzerra (Ofatumumab)	No changes
MN-24 Erwinaze (asparaginase Erwinia chrysanthemi)	No changes
MN-26 Halaven (eribulin)	No changes
MN-27 Kadcyla (ado-trastuzumab) and Perjeta (pertuzumab)	No changes
MN-28 Jevtana (cabazitaxel)	No changes
MN-31 Mozobil (plerixafor)	No changes
MN-32 Proleukin (aldesleukin)	No changes
MN-40 Hycamtin (topotecan)	No changes
MN-52 Ceftaroline (Teflaro)	Retired
MN-56 Kalbitor (ecallantide)	No changes

MN-203 Ocrevus (ocrelizumab)	No changes
MN-216 Zinplava	No changes
MN-221 Radicava (edaravone)	No changes
MN-244 Poteligeo	No changes
MN-253 Rituxan Hycela	No changes
MN-260 Vyxeos (daunorubicin and cytarabine)	No changes
MN-265 Parsabiv	Retired
MN-278 Brentuximab Vedotin	No changes
MN-282 Onpattro (patisiran)	Minor update (J-code updated)
MN-287 Orbactiv	Retired
MN-301 Evenity	Retired

## Prior Authorization List changes effective 01/01/2021

Code	Category: Description	Action
0018U	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR	Removed for Medicaid plans
0466T	Sleep Apnea: Insertion of chest wall respiratory sensor electrode	Added for Commercial, ASO <sup>1</sup>
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Removed for ALL plans
74263	System set not to pay for Medicare. This is eviCore reviewed	Removed for Medicare plans
77387	Guidance for localization of target volume for delivery of radiation treatment	Removed for Medicare plans
77402	Radiation treatment delivery, => 1 MeV	Removed for Medicare plans
C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Removed for Medicaid plans
C9047	Caplacizumab-yhdp	Removed for Medicaid plans
C9293	Glucarpidase 10 Units	Removed for Medicaid plans
E0766	ELEC STIM CANCER TREATMENT	Removed for Medicaid plans
E1391	O2 CONC 2 DEL PORT 85%/>O2 CONC PRSC FLW RATE EA	Removed for Medicaid plans
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	Removed for Medicaid plans
G0160	SERVICES OT HOME HEALTH EST/DEL OT MP EA 15 MINS	Removed for Medicaid plans
G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	Removed for Medicaid plans
G0219	PET imaging whole body; melanoma for noncovered indications	Removed for Medicare plans
G0235	PET imaging, any site, NOS	Removed for Medicare plans
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer	Removed for Medicare plans
G0260	INJ PROC SI JNT; ANES STEROID&/TX AGT&ARTHROGRPH	Removed for Medicaid plans
H0011	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP	Removed for Medicaid plans
H0015	ALCOHL&/RX SRVC; INTENSV OP; CRISIS INTRVN&ACTV TX	Removed for Medicaid plans
H0035	MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS	Removed for Medicaid plans
J0291	Plazomicin, 5 mg	Removed for Medicaid plans
J0597	C-1 Esterase Inhib Humn Berinert 10 Units	Removed for Medicaid plans
J1290	Ecallantide 1 mg	Removed for Medicaid plans
J1558	Immune Globulin (Xembify), 100 mg	Removed for Medicaid plans
J1562	Immune Globulin Vivaglbins 100 mg	Removed for Medicaid plans
J1744	Icatibant 1 mg	Removed for Medicaid plans
J2407	Oritavancin	Removed for Medicaid plans
J2783	Rasburicase 0.5 mg	Removed for Medicaid plans
J2941	Somatropin 1 mg	Removed for Medicaid plans
J7191	Factor Viii Antihemophilic Factor Procine Per IU	Removed for Medicaid plans
J7196	Antithrombin Recombinant 50 I.U.	Removed for Medicaid plans
J8499	Prescription drug, oral, nonchemotherapeutic, NOS	Removed for Medicare plans
J9246	Melphalan (Evomela), 1 mg	Removed for Medicaid plans
Q5121	Infliximab-Axxq, Biosimilar, (Avsola...	Removed for Medicaid plans
S0148	PEGylated interferon alfa-2B, 10 mcg	Removed for Medicare plans
S0215	NON-EMERGENCY TRANSPORTATION; PER MILE	Removed for Medicaid plans
S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Removed for Medicaid plans
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Removed for Medicaid plans
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Removed for Medicaid plans

S9128	SPEECH THERAPY IN THE HOME PER DIEM	Removed for Medicaid plans
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Removed for Medicaid plans
S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN	Removed for Medicaid plans
S9558	Hit Growth Hormone W/Care Coordination per Diem	Removed for Medicaid plans
S9960	AIR AMBULANC NONEMERG FIXED	Removed for Medicaid plans
S9961	AIR AMBULAN NONEMERG ROTARY	Removed for Medicaid plans

Endnotes:

<sup>1</sup>60-day notice not required – change is member favorable.

## **SECOND NOTICE: Prior Authorization List changes effective 01/01/2021**

Code/Category	Category: Description	Action
	<b>Blood Derivatives</b>	Add new category
J0597	Blood Formation, Coagulation, Thrombosis agents, Misc: Berinert	Add new drug
J0598	Blood Formation, Coagulation, Thrombosis agents, Misc: Cinryze	Add new drug
J1442	Blood Formation, Coagulation, Thrombosis agents, Misc: Neupogen	Add new drug
J1447	Blood Formation, Coagulation, Thrombosis agents, Misc: Granix	Add new drug
J1454	GI Drugs, Misc: Akynzeo	Add new drug
J1459	Blood Derivatives: Privigen	Add new drug
J1556	Blood Derivatives: Bivigam	Add new drug
J1557	Blood Derivatives: Gammaplex	Add new drug
J1560	Blood Derivatives: Gamastan	Add new drug
J1561	Blood Derivatives: Gamunex-c	Add new drug
J1562	Blood Derivatives: Vivaglobin	Add new drug
J1566	Blood Derivatives: Gammagard S-d	Add new drug
J1568	Blood Derivatives: Octagam	Add new drug
J1569	Blood Derivatives: Gammagard	Add new drug
J1572	Blood Derivatives: Flebogamma Dif	Add new drug
J1599	Blood Derivatives: Panzyga	Add new drug
J2407	Orbactiv	Remove from list
J7178	Blood Formation, Coagulation, Thrombosis agents, Misc: Riastap	Add new drug
J7180	Blood Formation, Coagulation, Thrombosis agents, Misc: Corifact	Add new drug
J7183	Blood Formation, Coagulation, Thrombosis agents, Misc: Wilate	Add new drug
J7185	Blood Formation, Coagulation, Thrombosis agents, Misc: Xyntha	Add new drug
J7186	Blood Formation, Coagulation, Thrombosis agents, Misc: Alphanate/vwf Complex/human	Add new drug
J7187	Blood Formation, Coagulation, Thrombosis agents, Misc: Humate-p	Add new drug
J7188	Blood Formation, Coagulation, Thrombosis agents, Misc: Obizur	Add new drug
J7189	Blood Formation, Coagulation, Thrombosis agents, Misc: Novoseven Rt	Add new drug
J7190	Blood Formation, Coagulation, Thrombosis agents, Misc: Hemofil M	Add new drug
J7191	Blood Formation, Coagulation, Thrombosis agents, Misc: Factor viii (antihemophilic factor (porcine)), per i.u.	Add new drug
J7192	Blood Formation, Coagulation, Thrombosis agents, Misc: Esperoct	Add new drug
J7193	Blood Formation, Coagulation, Thrombosis agents, Misc: Alphanine Sd	Add new drug
J7194	Blood Formation, Coagulation, Thrombosis agents, Misc: Profilnine	Add new drug
J7195	Blood Formation, Coagulation, Thrombosis agents, Misc: Benefix	Add new drug
J7196	Blood Formation, Coagulation, Thrombosis agents, Misc: Atryn	Add new drug
J7197	Blood Formation, Coagulation, Thrombosis agents, Misc: Thrombate lii	Add new drug
J7198	Blood Formation, Coagulation, Thrombosis agents, Misc: Feiba Nf	Add new drug
J7203	Blood Formation, Coagulation, Thrombosis agents, Misc: Rebinyn	Add new drug
J7204	Blood Formation, Coagulation, Thrombosis agents, Misc: Esperoct	Add new drug
J7205	Blood Formation, Coagulation, Thrombosis agents, Misc: Elocate	Add new drug
J7210	Blood Formation, Coagulation, Thrombosis agents, Misc: Afstyla	Add new drug
J7211	Blood Formation, Coagulation, Thrombosis agents, Misc: Kovaltry	Add new drug

J9312	Antineoplastic Agents: Rituxan	Add new drug
Q5101	Blood Formation, Coagulation, Thrombosis agents, Misc: Zarxio	Add new drug
Q5110	Blood Formation, Coagulation, Thrombosis agents, Misc: Nivestym	Add new drug
Q5119	Antineoplastic Agents: Ruxience	Add new drug

## Prior Authorization List changes effective 02/01/2021

Code	Category: Description	Action
J9204	Antineoplastic Agents: Imfinzi	Added for Medicaid plans
J9210	Antineoplastic Agents: Arranon	Added for Medicaid plans
Q5117	Antineoplastic Agents: Polivy	Added for Medicaid plans
J9145	Antineoplastic Agents: Cyramza	Added for Medicaid plans
J9047	Antineoplastic Agents: Onivyde	Added for Medicaid plans
J9176	Antineoplastic Agents: Gazyva	Added for Medicaid plans
J9034	Antineoplastic Agents: Yondelis	Added for Medicaid plans
Q5106	Antineoplastic Agents: Oncaspar	Added for Medicaid plans
J1930	Antineoplastic Agents: Treanda	Added for Medicaid plans
J9173	Antineoplastic Agents: Lutathera	Added for Medicaid plans
J9261	Antineoplastic Agents: Bicnu	Added for Medicaid plans
J9309	Antineoplastic Agents: Zevalin Y-90	Added for Medicaid plans
J9308	Hormones and Synthetic Substitutes: Trelstar Mixject	Added for Medicaid plans
J9205	Antineoplastic Agents: Azedra Therapeutic	Added for Medicaid plans
J9301	Antineoplastic Agents: Elzonris	Added for Medicaid plans
J9352	Antineoplastic Agents: Lumoxiti	Added for Medicaid plans
J9266	Antineoplastic Agents: Belrapzo	Added for Medicaid plans
J9033	Antineoplastic Agents: Herceptin Hylecta	Added for Medicaid plans
A9513	Antineoplastic Agents: Ogivri	Added for Medicaid plans
J9050	Antineoplastic Agents: Clofarabine	Added for Medicaid plans
A9543	Antineoplastic Agents: Aliqopa	Added for Medicaid plans
J3315	Antineoplastic Agents: Ixempra Kit	Added for Medicaid plans
A9590	Antineoplastic Agents: Thiotepa	Added for Medicaid plans
J9269	Antineoplastic Agents: Teniposide	Added for Medicaid plans
J9313	Other Miscellaneous Therapeutic Agents: Indium in-111 ibritumomab tiuxetan, diagnostic, per study, up to 5 mCi	Added for Medicaid plans
J9036	Antineoplastic Agents: Sylvant	Added for Medicaid plans
J9356	Antineoplastic Agents: Beleodaq	Added for Medicaid plans
Q5114	Antineoplastic Agents: Folutyn	Added for Medicaid plans
J9027	Antineoplastic Agents: Romidepsin	Added for Medicaid plans
J9057	Antineoplastic Agents: Marqibo	Added for Medicaid plans
J9207	Antineoplastic Agents: Zaltrap	Added for Medicaid plans
J9340	Hormones and Synthetic Substitutes: Vantas	Added for Medicaid plans
Q2017	Other Miscellaneous Therapeutic Agents: Ethyol	Added for Medicaid plans
A9542	Antineoplastic Agents: Imfinzi	Added for Medicaid plans
J2860	Antineoplastic Agents: Arranon	Added for Medicaid plans
J9032	Antineoplastic Agents: Polivy	Added for Medicaid plans
J9307	Antineoplastic Agents: Cyramza	Added for Medicaid plans
J9315	Antineoplastic Agents: Onivyde	Added for Medicaid plans
J9371	Antineoplastic Agents: Gazyva	Added for Medicaid plans
J9400	Antineoplastic Agents: Yondelis	Added for Medicaid plans
J9225	Antineoplastic Agents: Oncaspar	Added for Medicaid plans

J0207	Antineoplastic Agents: Treanda	Added for Medicaid plans

### **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](mailto:SWHPMedicalDirectors@BSWHealth.org)

*SWHP/FirstCare Medical Directors*

## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 11/01/2020

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 these policies will be 12/01/2020.**

048 - Incontinence Alarms	Minor update of criteria.
051 - Bone Graft Allografts as Stand-alone Stabilization Devices TruFUSE	Review. No changes.
058 - Regional Cerebral Blood Flow via Implanted Cerebral Thermal Perfusion Probe	RETIRED
060 - Radical Prostatectomy c Nerve Graft	Review. No changes.
067 - Neutralizing Antibody Testing in Multiple Sclerosis Patients	Review. No changes.
070 - Pulmonary Rehabilitation Outpatient	Review. No changes.
072 – Discography	Review. No changes.
210 - Biologics-Procedural and Wound Care	Major re-write of policy with clear delineation of covered materials.
215 - Medications Covered Under Medical	Minor revision
226 - Electrical Tumor Treatment Fields	Clarified two criteria
237 - Eteplirsen (Exondys51)	RETIRED: Replaced with new policy 280
241 - Adoptive Immunotherapy	RETIRED: Split into two policies: 278 and 279
242 - Vitamin Assay	Few trivial changes to keep aligned with LCD
250 - NICU Levels of Care	Clarified couple of criteria
259 - Golodirsen (Vyondys 53)	RETIRED: Replaced with new policy 280
277 - Medicaid Teprotumumab-trbw (Tepezza)	Aligned age criterion with TMPPM
278 - Axicabtagene (Yescarta)	NEW: Split old policy “241 – Adoptive Immunotherapy,” into separate policies.
279 - Tisagenlecleucel (Kymriah)	NEW: Split old policy “241 – Adoptive Immunotherapy,” into separate policies.
280 - Medications for Duchenne Muscular Dystrophy	NEW: Combined two previous policies for Duchenne Muscular Dystrophy. No content change
<b>Below is for information only – (FirstCare Policies):</b>	
<i>MN-093 Ameluz (aminolevulinic acid)</i>	<i>FirstCare policy Retired</i>
<i>MN-198 RimabotulinumtoxinB</i>	<i>FirstCare policy Retired</i>
<i>MN-214 Caspofungin</i>	<i>FirstCare policy Retired</i>
<i>MN-239 Amniotic Injections</i>	<i>FirstCare policy Retired</i>
<i>MN-242 Bisphosphonates, IV</i>	<i>FirstCare policy Retired</i>
<i>MN-245 Zilretta (triamcinolone acetonide extended release)</i>	<i>FirstCare policy Retired</i>
<i>MN-256 Baxdela</i>	<i>FirstCare policy Retired</i>
<i>MN-290 Sinuva</i>	<i>FirstCare policy Retired</i>
<i>MN-234 Kymriah</i>	<i>FirstCare policy Retired (Transitioned to SWHP/FirstCare unified policy.)</i>
<i>MN-255 Yescarta</i>	<i>FirstCare policy Retired (Transitioned to SWHP/FirstCare unified policy.)</i>

<i>MN-302 Zolgensma (onasemnogene abeparvovec)</i>	<i>FirstCare policy Retired (Transitioned to SWHP/FirstCare unified policy.)</i>
<i>MN-304 Zulresso</i>	<i>FirstCare policy Retired (Transitioned to SWHP/FirstCare unified policy.)</i>

### Significant Prior Authorization List changes effective 01/01/2021

Code/Category	Category: Description	Action
	<b>Blood Derivatives</b>	Add new category
J0597	Blood Formation, Coagulation, Thrombosis agents, Misc: Berinert	Add new drug
J0598	Blood Formation, Coagulation, Thrombosis agents, Misc: Cinryze	Add new drug
J1442	Blood Formation, Coagulation, Thrombosis agents, Misc: Neupogen	Add new drug
J1447	Blood Formation, Coagulation, Thrombosis agents, Misc: Granix	Add new drug
J1454	GI Drugs, Misc: Akynzeo	Add new drug
J1459	Blood Derivatives: Privigen	Add new drug
J1556	Blood Derivatives: Bivigam	Add new drug
J1557	Blood Derivatives: Gammaplex	Add new drug
J1560	Blood Derivatives: Gamastan	Add new drug
J1561	Blood Derivatives: Gamunex-c	Add new drug
J1562	Blood Derivatives: Vivaglobin	Add new drug
J1566	Blood Derivatives: Gammagard S-d	Add new drug
J1568	Blood Derivatives: Octagam	Add new drug
J1569	Blood Derivatives: Gammagard	Add new drug
J1572	Blood Derivatives: Flebogamma Dif	Add new drug
J1599	Blood Derivatives: Panzyga	Add new drug
J2407	Orbactiv	Remove from list
J7178	Blood Formation, Coagulation, Thrombosis agents, Misc: Riastap	Add new drug
J7180	Blood Formation, Coagulation, Thrombosis agents, Misc: Corifact	Add new drug
J7183	Blood Formation, Coagulation, Thrombosis agents, Misc: Wilate	Add new drug
J7185	Blood Formation, Coagulation, Thrombosis agents, Misc: Xyntha	Add new drug
J7186	Blood Formation, Coagulation, Thrombosis agents, Misc: Alphanate/vwf Complex/human	Add new drug
J7187	Blood Formation, Coagulation, Thrombosis agents, Misc: Humate-p	Add new drug
J7188	Blood Formation, Coagulation, Thrombosis agents, Misc: Obizur	Add new drug
J7189	Blood Formation, Coagulation, Thrombosis agents, Misc: Novoseven Rt	Add new drug
J7190	Blood Formation, Coagulation, Thrombosis agents, Misc: Hemofil M	Add new drug
J7191	Blood Formation, Coagulation, Thrombosis agents, Misc: Factor viii (antihemophilic factor (porcine)), per i.u.	Add new drug
J7192	Blood Formation, Coagulation, Thrombosis agents, Misc: Esperoct	Add new drug
J7193	Blood Formation, Coagulation, Thrombosis agents, Misc: Alphanine Sd	Add new drug
J7194	Blood Formation, Coagulation, Thrombosis agents, Misc: Profilnine	Add new drug
J7195	Blood Formation, Coagulation, Thrombosis agents, Misc: Benefix	Add new drug
J7196	Blood Formation, Coagulation, Thrombosis agents, Misc: Atryn	Add new drug
J7197	Blood Formation, Coagulation, Thrombosis agents, Misc: Thrombate lii	Add new drug
J7198	Blood Formation, Coagulation, Thrombosis agents, Misc: Feiba Nf	Add new drug

J7203	Blood Formation, Coagulation, Thrombosis agents, Misc: Rebinyn	Add new drug
J7204	Blood Formation, Coagulation, Thrombosis agents, Misc: Esperoct	Add new drug
J7205	Blood Formation, Coagulation, Thrombosis agents, Misc: Eloctate	Add new drug
J7210	Blood Formation, Coagulation, Thrombosis agents, Misc: Afstylyla	Add new drug
J7211	Blood Formation, Coagulation, Thrombosis agents, Misc: Kovaltry	Add new drug
J9312	Antineoplastic Agents: Rituxan	Add new drug
Q5101	Blood Formation, Coagulation, Thrombosis agents, Misc: Zarxio	Add new drug
Q5110	Blood Formation, Coagulation, Thrombosis agents, Misc: Nivestym	Add new drug
Q5119	Antineoplastic Agents: Ruxience	Add new drug

As always, we welcome your comments. You can reach us at: [SWHPMedicalDirectors@BSWHealth.org](mailto:SWHPMedicalDirectors@BSWHealth.org)  
SWHP Medical Directors

## Medical Coverage Policy Update Notice

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 these policies will be 11/01/2020.

003 - Occupational Therapy	Review. No changes except format updated.
013 - Seizure Disorders - Invasive Rx	Clarified language. Added excursions.
028 - Durable Medical Equipment	Review. No changes except format updated.
029 - Alzheimers Disease Biochemical Markers	Review. No changes except format updated.
030 - Osteoporosis Bone Turnover Markers	Review. No changes except format updated.
035 - Cold Therapy Devices	Review. No changes except format updated.
063 - Preventive Care - Affordable Care Act	Added Task Force updates.
074 - Occipital Nerve Stimulation	Review. No changes except format updated.
084 - Vertebroplasty Kyphoplasty Sacroplasty v2	Policy simply directs review process.
112 - Speech Therapy	Made updates to align with FirstCare.
141 - Infertility	Review. No changes except format updated.
214 - Chiropractic Services	Minor language changes.
215 - Medications Covered Under Medical	Clarification for when FDA label indications NOT covered
233 - Magnetic Sphincter Augmentation (Linx) for GERD	Review. No changes except format updated.
248 - Assistant Surgeon Policy	Review. No changes except format updated.
274 - Risdiplam (Evrysdi)	New policy. Drug determined to be experimental/ investigational/unproven.
275 - Oncology Analytics in-Scope ICD-10 Codes	Information only. Effective date 10/1/2020
276 - Medicaid Burosumab-twza (Crysvita)	New policy
<b>Below is for information only – (FirstCare Policies):</b>	
MN-325 Tepezza v1.0	<i>FirstCare policy Retired (Transitioned to SWHP/FirstCare unified policy.)</i>

### Significant PA List changes effective 11/01/2020

Description

As always, we welcome your comments. You can reach us at: [SWHPMedicalDirectors@BSWHealth.org](mailto:SWHPMedicalDirectors@BSWHealth.org)  
 SWHP Medical Directors

## Medical Coverage Policy Update Notice

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 these policies will be 10/01/2020.

004 - Physical Therapy	Removed exclusions for group therapy
011 - Botulinum Toxin Injection for Chemodenervation v2	Updated: removed list of qualifying diagnoses; added reminder that claims are subjected to review.
101 - Regional Sympathetic Blocks	Retired
215 - Medications Covered Under Medical v3	Updated: added requirement to try preferred drug if available, provider must submit supporting literature.
221- EECp	Retired
251 - Neuromuscular Stimulation	Retired
253 - Onasemnogene Apeparvovec (Zolgensma) v3	Updated: codes updated; review process now includes clinical pharmacist as well as medical director
264 - Medicaid Noninvasive Prenatal Testing	Transitioned from FirstCare to SWHP/FirstCare unified policy
265 - Medicaid Bariatric Surgery	Transitioned from FirstCare to SWHP/FirstCare unified policy
266 - Medicaid Power Scooters	Transitioned from FirstCare to SWHP/FirstCare unified policy
267 - Medicaid Anesthesia for Dental Procedures	Transitioned from FirstCare to SWHP/FirstCare unified policy
268 - Medicaid Prescribed Pediatric Extended Care Center	Transitioned from FirstCare to SWHP/FirstCare unified policy
269 - Medicaid Wheelchairs - Manual	Transitioned from FirstCare to SWHP/FirstCare unified policy
270 - Medicaid Bone Growth Stimulators	Transitioned from FirstCare to SWHP/FirstCare unified policy
271 - Medicaid Wheelchairs - Powered	Transitioned from FirstCare to SWHP/FirstCare unified policy
272 - Medicaid Therapy Services	Transitioned from FirstCare to SWHP/FirstCare unified policy
273 - Medicaid Group Therapy Services	Transitioned from FirstCare to SWHP/FirstCare unified policy
350 - Medicaid Over the Limit Supplies	Transitioned from FirstCare to SWHP/FirstCare unified policy
MN-010 - Intraoperative Monitoring	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-036 - Noninvasive Prenatal Testing (Cell-Free Fetal DNA) - Sex Chromosome Disorders	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-047 - Breast Reconstruction	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-048 - Bariatric Surgery	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-053 - Subfascial endoscopic perforator vein surgery	No changes
MN-072 - Dental Services and Oral and Maxillofacial Surgery	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired

MN-076 - PPECC	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-077 Therapy Services v1.8- USE THIS MTAC IN MCG	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-139 - Temporomandibular Disorders (TMD)	No changes
MN-181 - Oxygen Therapy	No changes
MN-200 - Anesthesia for Dental Procedures	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-202 Eteplirsen Criteria v1.5	Updated to align with TMPPM
MN-212 - Investigational Stem Cell Treatment	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-222 - Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-223 - Gastric Restrictive Procedure with Gastric Bypass	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-224 - Gastric Restrictive Procedure with Gastric Bypass by Laparoscopy	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-225 - Gastric Restrictive Procedure, Sleeve Gastrectomy, by Laparoscopy	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-226 - Implanted Electrical Stimulator, Sacral Nerve	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-227 - Dermabrasion and Chemical Peels	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-232 - Orthognathic (jaw) Surgery-	Added criteria for implants
MN-235 - Wheelchairs, Powered	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-236 - Wheelchairs, Manual	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-237 - Scooters	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-288 Group Therapy Services v1.2- USE THIS MTAC IN MCG	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-309 - Medicaid Bone Growth Stimulators	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
MN-350 - Medicaid OTL	Transitioned to SWHP/FirstCare unified policy. FirstCare policy Retired
Reblozyl MTAC with VDP V2	Revisions though-out policy – aligned with VDP
<i>236 - Medications, Services, Supplies NOT Medically Necessary</i>	<i>Added 81490 to list: not covered for commercial lines</i>

Significant PA List changes effective 10/01/2020

Description
EECP removed from PA list.

As always, we welcome your comments. You can reach us at: [SWHPMedicalDirectors@BSWHealth.org](mailto:SWHPMedicalDirectors@BSWHealth.org)  
SWHP Medical Directors