

## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 04/01/2022

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 05/01/2022 except as noted with\*.**

SWHP Policy	Change
025 - Deep Brain Stimulation v3	Reviewed. Added acupuncturist coverage of dry needling for Medicare member.
026 - Dental Services and Anesthesia v4	No changes
028 - Durable Medical Equipment v2	*No changes
032 - Shockwave Treatment - Plantar Fasciitis	Added specific information regarding E1399
141 - Infertility/Assisted Reproductive Technology	*Defined IVF coverage and updated exclusions
236 - Medications, Services, Supplies NOT Medically Necessary	*Updated with revisions as needed
	* Effective Date is 04/01/2022

## Prior Authorization List changes (all plans except Medicaid) effective 04/01/2022

Code	Category: Description	Action	Plans
J0485	Immunosuppressive Agents: Belatacept 1 mg	Add	Medicare
	<b>NOTE: All of the following additions are potentially “E&amp;I, unproven”</b>		
0285U	Services and devices considered experimental/investigational/unproven: Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	Add	All plans
0286U	Services and devices considered experimental/investigational/unproven: CEP72 (centrosomal protein, 72-kDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Add	All plans
0287U	Services and devices considered experimental/investigational/unproven: Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	Add	All plans
0288U	Services and devices considered experimental/investigational/unproven: Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	Add	All plans
0289U	Services and devices considered experimental/investigational/unproven: Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	Add	All plans
0290U	Services and devices considered experimental/investigational/unproven: Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	Add	All plans
0291U	Services and devices considered experimental/investigational/unproven: Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	Add	All plans
0292U	Services and devices considered experimental/investigational/unproven: Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	Add	All plans
0293U	Services and devices considered experimental/investigational/unproven: Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	Add	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
0300U	Services and devices considered experimental/investigational/unproven: Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant	Add	All plans

	and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification		
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
0671T	Services and devices considered experimental/investigational/unproven: Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Add	All plans
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	All plans
0673T	Services and devices considered experimental/investigational/unproven: Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Add	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans

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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
0692T	Services and devices considered experimental/investigational/unproven: Therapeutic ultrafiltration	Add	All plans
0693T	Services and devices considered experimental/investigational/unproven: Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	Add	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
0699T	Services and devices considered experimental/investigational/unproven: Injection, posterior chamber of eye, medication	Add	All plans
0700T	Services and devices considered experimental/investigational/unproven: Molecular fluorescent imaging of suspicious nevus; first lesion	Add	All plans

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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
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	All plans
0708T	Services and devices considered experimental/investigational/unproven: Intradermal cancer immunotherapy; preparation and initial injection	Add	All plans
0709T	Services and devices considered experimental/investigational/unproven: Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	Add	All plans
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	All plans
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	All plans
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	All plans
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	All plans

**SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid)**  
**effective 05/01/2022**

Code	Category: Description	Action	Plans
	<b>NOTE: All of the following additions are potentially “E&amp;I, unproven”</b>		
K1026	Services and devices considered experimental/investigational/unproven: Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	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	All plans
33268	Services and devices considered experimental/investigational/unproven: Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)	Add	All plans
33269	Services and devices considered experimental/investigational/unproven: Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	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	All plans
53452	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	Add	All plans
53453	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; removal, each balloon	Add	All plans
53454	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Add	All plans
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	All plans
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	All plans
64582	Services and devices considered experimental/investigational/unproven: Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Add	All plans
64583	Services and devices considered experimental/investigational/unproven: Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	Add	All plans
83521	Services and devices considered experimental/investigational/unproven: Immunoglobulin light chains (ie, kappa, lambda), free, each	Add	All plans
86015	Services and devices considered experimental/investigational/unproven: Actin (smooth muscle) antibody (ASMA), each	Add	All plans

**FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid)**  
**effective 06/01/2022 (60-Day Notice)**

Code	Category: Description	Action	Plans
69716	Bone-anchored hearing aids (BAHA): Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Add	All Plans
J9071	Cyclophosphamide, (auromedics), 5 mg	Add	All Plans

J9273	Tisotumab vedotin-tftv, 1 mg (Tivdak)	Add	All Plans
J9359	Ioncastuximab tesirine-lpyl, 0.075 mg (Zynlonta)	Add	All Plans
	<b>NOTE: All of the following additions are potentially “E&amp;I, unproven”</b>		
64628	Services and devices considered E&I/unproven: Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Add	All Plans
64629	Services and devices considered E&I/unproven: Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Add	All Plans

### Other Prior Authorization List changes (all plans except Medicaid) effective 05/01/2022

Code	Category: Description	Action	Plans

### Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Add	6/1/22
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Add	6/1/22
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Add	6/1/22

### 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](mailto:HPMedicalDirectors@BSWHealth.org)  
BSWHP Medical Directors