



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 05/01/2022

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 06/01/2022 except as noted with*.**

SWHP Policy	Change
050 - Cancer Treatment Vaccines	Reviewed without change
052 - Urinary and Fecal Incontinence	Reviewed without change
064 - Gender Affirming Care	Reviewed without change
218 - ADHD Testing	Reviewed without change
229 - Keratoconus and Medical Contact Lens	Reviewed without change
230 - Spinraza (Nusinersen)	Reviewed without change
238 - Cerliponase alfa (Brineura) for Batten Disease	Reviewed without change
249 - Voretigene Neparvovec-rzyl (Luxturna)	Reviewed without change
257 - Esketamine (Spravato)	Reviewed without change
262 - COVID-19 and Telemedicine	*Updated codes and various coverages
236 - Medications, Services, Supplies NOT Medically Necessary	*Updated with revisions as needed
	* Effective Date is 05/01/2022

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

Code	Category: Description	Action	Plans
	NOTE: All of the following additions are potentially “E&I, unproven”		
K1026	Services and devices considered experimental/investigational/unproven: Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Add	Commercial
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	Commercial
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	Commercial
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	Commercial
53451	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	Add	Commercial
53452	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	Add	Commercial
53453	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; removal, each balloon	Add	Commercial
53454	Services and devices considered experimental/investigational/unproven: Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Add	Commercial
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	Commercial
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	Commercial
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	Commercial
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	Commercial
83521	Services and devices considered experimental/investigational/unproven: Immunoglobulin light chains (ie, kappa, lambda), free, each	Add	Commercial
86015	Services and devices considered experimental/investigational/unproven: Actin (smooth muscle) antibody (ASMA), each	Add	Commercial

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 06/01/2022

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	loncastuximab tesirine-lpyl, 0.075 mg (Zynlonta)	Add	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
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	Commercial
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	Commercial

FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 07/01/2022 (60-Day Notice)

Code	Category: Description	Action	Plans
91113	GI imaging with capsule endoscopy: Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Add	All Plans
C9090	Blood Formation, Coagulation, and Thrombosis: Injection, plasminogen, human-tvmh	Add	All Plans
C9091	Antineoplastic Agents: Injection, sirolimus protein-bound particles (albumin-bound) suspension	Add	All Plans
C9093	Anti-infective Agents: Injection, ranibizumab	Add	All Plans
J0219	Enzymes: Injection, avalglucosidase alfa-ngpt, 100mg	Add	All Plans
J0491	Anti-infective Agents: Injection, anifrolumab-fnia, 300mg	Add	All Plans
J9273	Antineoplastic Agents: Injection, tisotumab vedotin-tftv	Add	All Plans
J9359	Antineoplastic Agents: Injection, loncastuximab tesirine-lpyl	Add	All Plans
Q5124	Anti-infective Agents: Injection, ranibizumab-nuna, biosimilar, 0.1mg	Add	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
Q4211	Services and devices considered experimental/investigational/unproven: Amnion Bio or AxoBioMembrane, per sq cm	Add	Commercial
93590	Services and devices considered experimental/investigational/unproven: Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Add	Commercial
93591	Services and devices considered experimental/investigational/unproven: Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Add	Commercial
93592	Services and devices considered experimental/investigational/unproven: Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Add	Commercial

77089	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Add	Commercial
77090	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Add	Commercial
77091	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Add	Commercial
77092	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Add	Commercial
0306U	Services and devices considered experimental/investigational/unproven: Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD	Add	Commercial
0307U	Services and devices considered experimental/investigational/unproven: Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	Add	Commercial
0308U	Services and devices considered experimental/investigational/unproven: Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD	Add	Commercial
0309U	Services and devices considered experimental/investigational/unproven: Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	Add	Commercial
0310U	Services and devices considered experimental/investigational/unproven: Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	Add	Commercial
0311U	Services and devices considered experimental/investigational/unproven: Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organisms identified	Add	Commercial
0312U	Services and devices considered experimental/investigational/unproven: Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment	Add	Commercial
0313U	Services and devices considered experimental/investigational/unproven: Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	Add	Commercial
0314U	Services and devices considered experimental/investigational/unproven: Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	Add	Commercial
0315U	Services and devices considered experimental/investigational/unproven: Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	Add	Commercial
0316U	Services and devices considered experimental/investigational/unproven: Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	Add	Commercial
0317U	Services and devices considered experimental/investigational/unproven: Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	Add	Commercial
0318U	Services and devices considered experimental/investigational/unproven: Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	Add	Commercial
0319U	Services and devices considered experimental/investigational/unproven: Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	Add	Commercial

0320U	Services and devices considered experimental/investigational/unproven: Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	Add	Commercial
0321U	Services and devices considered experimental/investigational/unproven: Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	Add	Commercial
0322U	Services and devices considered experimental/investigational/unproven: Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD	Add	Commercial
81560	Services and devices considered experimental/investigational/unproven: Neurology Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Add	Commercial

Other Prior Authorization List changes (all plans except Medicaid) effective 06/01/2022

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	6/1/2022
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	6/1/2022
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Add	6/1/2022
91113	GI imaging with capsule endoscopy: Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Add	7/1/2022
J0219	Enzymes: Injection, avalglucosidase alfa-ngpt, 100mg	Replace Temp	4/1/2022
J0491	Anti-infective Agents: Injection, anifrolumab-fnia, 300mg	Replace Temp	4/1/2022

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
BSWHP Medical Directors