Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 06/01/2022

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 07/01/2022 except as noted with*.**

SWHP Policy	Change
037 - Genetic Testing	Minor change
081 - Trigger Point Injection	Un-retired old policy.
129 - Transplantation Service	Reviewed without change
201 - VAD and Artificial Heart	Clarified Medicare requirements
204 - TAVR	Clarified Medicare requirements
209 - Breast Reduction	Reviewed without change
258 - Fetal Surgery	Updated codes
263 - Cosmetic Procedures	Reviewed without change
298 - Ciltacabtagene Autoleucel (Carvykti)	New Policy
236 - Medications, Services, Supplies NOT Medically Necessary	**Updated with revisions as needed*
	*** Effective Date is 06/01/2022**

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	Ioncastuximab 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

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid) effective 07/01/2022

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
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	Add	Commercial

	of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique		
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

FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid) effective 08/01/2022 (60-Day Notice)

Code	Category: Description	Action	Plans
J9331	Injection, sirolimus protein-bound particles (albumin-bound) suspension	Add	All plans
J1306	Injection, inclisiran	Add	All plans
J2779	Injection, ranibizumab	Add	All plans
J2998	Injection, plasminogen, human-tvmh	Add	All plans
J9332	Injection, efgartigimod alfa-fcab	Add	All plans
J1551	Injection, immune globulin subcutaneous (human) - hipp	Add	All plans
J2356	Injection, tezepelumab-ekko	Add	All plans
J0739	Injection, cabotegravir extended-release	Add	All plans
C9094	Injection, sutimlimab-jome	Add	All plans
C9095	Injection, tebentafusp-tebn	Add	All plans
C9096	Injection, filgrastim-ayow	Add	All plans
C9097	Injection, faricimab-svoa	Add	All plans
C9098	IV Infusion, ciltacabtagene autoleucel	Add	All plans
J1558	Immune globulin subcutaneous, human-klhw (Xembify)	Add	Add Medicare
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous	Add	Add Medicare
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site	Add	All plans
	NOTE: All of the following additions are potentially "E&I, unproven"		

Other Prior Authorization List changes (all plans except Medicaid) effective 07/01/2022

Code	Category: Description	Action	Plans
J3357	Ustekinumab, for subcutaneous injection, 1 mg (Stelara)	Remove	Medicare only
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Remove	Medicare only

69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	Remove	Medicare only

Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date
69716	Bone-anchored hearing aids (BAHA): Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Add	6/1/2022

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