Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 03/01/2023

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 04/01/2023 except as noted with* where the effective date will be 03/01/2023**.

SWHP Policy	Change
001 - Acupuncture	No change
045 - Immune Globulin Therapy	No changes
065 - Cardiac Monitoring - Outpatient	Updated criteria for Cardiomems
141 - Infertility/Assisted Reproductive Technology	No change
213 - Medical Necessity Determination	*No change
239 - Infliximab Biosimilar Products	Added unbranded infliximab to policy
243 - Medical Necessity Definition	*No change
289 - Anesthesia Professional Reimbursement	*No change
296 - Clinical Trials	*No change
236 - Medications, Services, Supplies NOT Medically Necessary	**236 - Medications, Services, Supplies NOT Medically Necessary v35*
	*** Effective Date is 03/01/2023**

Notice:

New to market medical specialty drugs may require prior authorization. This includes new medical drugs with a drug specific Healthcare Common Procedure Coding System (HCPCS) code as well as drugs with a miscellaneous HCPCS code. Please note inclusion of a drug in this update document does not guarantee benefit coverage. You should verify benefits prior to requesting authorization. Payment for authorized services is contingent upon verification of eligibility for benefits, the benefits available in the member's plan, the applicable contractual limitations, restrictions and exclusions.

Prior Authorization List changes (all plans except Medicaid) effective 03/01/2023

Code	Category: Description	Action	Plans
0239U	Genetic/genomic testing: Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Remove. No longer E&I	All Plans
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Requires PA but is no longer E&I	All Plans
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Requires PA but is no longer E&I	All Plans
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	Requires PA but is no longer E&I	All Plans
36483	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 subsequent vein(s) treated in a single extremity, each through separate access sites	Requires PA but is no longer E&I	All Plans
83521	Genetic/genomic testing: Immunoglobulin light chains (ie, kappa, lambda).	Remove. No longer E&I	All Plans
J2327	Skin and Mucous Membrane Agents: Rrisankizumab-rzaa, 1mg	Add	All Plans
J0225	Central Nervous System Agents: Vutrisiran, 1mg	Add	All Plans
J0893	Antineoplastic Agents: Decitabine, 1mg	Add	All Plans
J1456	Gastrointestinal Drugs: Fosaprepitant, 1mg	Add	All Plans
J1954	Antineoplastic Agents: Leuprolide acetate for depot susp, 7.5mg	Add	All Plans
J9046	Antineoplastic Agents: Bortezomib, 0.1mg	Add	All Plans
J9048	Antineoplastic Agents: Bortezomib, 0.1mg	Add	All Plans
J9049	Antineoplastic Agents: Bortezomib, 0.1mg	Add	All Plans
J9314	Antineoplastic Agents: Pemetrexed, 10mg	Add	All Plans
J9393	Antineoplastic Agents: Fulvestrant, 25mg	Add	All Plans
J9394	Antineoplastic Agents: Fulvestrant, 25mg	Add	All Plans
Q5126	Antineoplastic Agents: Bevacizumab-maly, 10mg	Add	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid) effective 04/01/2023

Code	Category: Description	Action	Plans
J0587	Miscellaneous Therapeutic Agents: Rimabotulinumtoxinb, 100 units	Add	All Plans
J0588	Miscellaneous Therapeutic Agents: Incobotulinumtoxin a, 1 unit	Add	All Plans
		Add	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
0355U	Services and devices considered experimental/investigational/unproven: APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	Add	All Plans
0356U	Services and devices considered experimental/investigational/unproven: Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	Add	All Plans
0357U	Services and devices considered experimental/investigational/unproven: Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	Add	All Plans
0358U	Services and devices considered experimental/investigational/unproven: Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	Add	All Plans
0359U	Services and devices considered experimental/investigational/unproven: Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	Add	All Plans
0360U	Services and devices considered experimental/investigational/unproven: Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	Add	All Plans
0361U	Services and devices considered experimental/investigational/unproven: Neurofilament light chain, digital immunoassay, plasma, quantitative	Add	All Plans
0362U	Services and devices considered experimental/investigational/unproven: Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	Add	All Plans
0363U	Services and devices considered experimental/investigational/unproven: Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	Add	All Plans
0738T	Services and devices considered experimental/investigational/unproven: Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	Add	All Plans
0739T	Services and devices considered experimental/investigational/unproven: Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	Add	All Plans
0740T	Services and devices considered experimental/investigational/unproven: Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	Add	All Plans
0741T	Services and devices considered experimental/investigational/unproven: Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	Add	All Plans
0742T	Services and devices considered experimental/investigational/unproven: Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed	Add	All Plans
0743T	Services and devices considered experimental/investigational/unproven: Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a	Add	All Plans

	computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report		
0744T	Services and devices considered experimental/investigational/unproven: Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed	Add	All Plans
0745T	Services and devices considered experimental/investigational/unproven: Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	Add	All Plans
0746T	Services and devices considered experimental/investigational/unproven: Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	Add	All Plans
0747T	Services and devices considered experimental/investigational/unproven: Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Add	All Plans
0748T	Services and devices considered experimental/investigational/unproven: Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	Add	All Plans
0749T	Services and devices considered experimental/investigational/unproven: Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report;	Add	All Plans
0750T	Services and devices considered experimental/investigational/unproven: Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD	Add	All Plans
0751T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination	Add	All Plans
0752T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination	Add	All Plans
0753T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination	Add	All Plans
0754T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination	Add	All Plans
0755T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination	Add	All Plans
0756T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver)	Add	All Plans
0757T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry	Add	All Plans
0758T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block	Add	All Plans
0759T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents	Add	All Plans
0760T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure	Add	All Plans
0761T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure	Add	All Plans

0762T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure	Add	All Plans
0763T	Services and devices considered experimental/investigational/unproven: Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual	Add	All Plans
0764T	Services and devices considered experimental/investigational/unproven: Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram	Add	All Plans
0765T	Services and devices considered experimental/investigational/unproven: Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	Add	All Plans
0766T	Services and devices considered experimental/investigational/unproven: Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Add	All Plans
0767T	Services and devices considered experimental/investigational/unproven: Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve	Add	All Plans
0768T	Services and devices considered experimental/investigational/unproven: Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Add	All Plans
0769T	Services and devices considered experimental/investigational/unproven: Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve	Add	All Plans
0770T	Services and devices considered experimental/investigational/unproven: Virtual reality technology to assist therapy	Add	All Plans
0771T	Services and devices considered experimental/investigational/unproven: Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	Add	All Plans
0772T	Services and devices considered experimental/investigational/unproven: Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	Add	All Plans
0773T	Services and devices considered experimental/investigational/unproven: Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	Add	All Plans
0774T	Services and devices considered experimental/investigational/unproven: Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	Add	All Plans
0775T	Services and devices considered experimental/investigational/unproven: Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	Add	All Plans
0776T	Services and devices considered experimental/investigational/unproven: Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including	Add	All Plans

	monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment		
0777T	Services and devices considered experimental/investigational/unproven: Real-time pressure-sensing epidural guidance system	Add	All Plans
0778T	Services and devices considered experimental/investigational/unproven: Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	Add	All Plans
0779T	Services and devices considered experimental/investigational/unproven: Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	Add	All Plans
0780T	Services and devices considered experimental/investigational/unproven: Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	Add	All Plans
0781T	Services and devices considered experimental/investigational/unproven: Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	Add	All Plans
0782T	Services and devices considered experimental/investigational/unproven: Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	Add	All Plans
0783T	Services and devices considered experimental/investigational/unproven: Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	Add	All Plans

<u>FIRST NOTICE</u>: Prior Authorization List changes (all plans except Medicaid) effective 05/01/2023 (60-Day Notice)

Code	Category: Description	Action	Plans
33340	Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	Add	Medicare (Already on PA for other Plans)
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Remain on PA list but no longer E&I	All Plans
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Remain on PA list but no longer E&I	All Plans
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Remain on PA list but no longer E&I	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
22860	Services and devices considered experimental/investigational/unproven: Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar	Add	All Plans
30469	Services and devices considered experimental/investigational/unproven: Repair of nasal valve collapse with low energy, temperaturecontrolled (ie, radiofrequency) subcutaneous/submucosal remodeling	Add	All Plans
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Add	All Plans
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Add	All Plans

43290	Services and devices considered experimental/investigational/unproven: Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Add	All Plans
43291	Services and devices considered experimental/investigational/unproven: Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Add	All Plans
A9291	Services and devices considered experimental/investigational/unproven: Prescription digital cognitive and/or behavioral therapy, FDA-cleared, per course of treatment	Add	All Plans
T1505	Services and devices considered experimental/investigational/unproven: Electronic medication compliance management device, includes all components and accessories, not otherwise classified	Add	All Plans

Other Prior Authorization List changes (all plans except Medicaid) effective 04/01/2023

Code	Category: Description	Action	Plans
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Remain on PA list but no longer E&I	All Plans

Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	Requires PA. (Not a benefit with OB diagnosis)	3/1/23
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	Requires PA. (Not a benefit with OB diagnosis)	3/1/23

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