

Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 08/01/2023

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 09/01/2023 except as noted with* where the effective date will be 08/01/2023.**

SWHP Policy	Change
037 - Genetic Testing	Revised – pointing to IQ as primary review agent
042 - Custodial Care	No changes
044 - Hyperbaric Oxygen Therapy	No changes
049 - Dermatoscopy	No changes
064 - Gender Affirming Care	Updated to meet new WPATH recommendations
083 – Panniculectomy	Updated Overview and codes
129 - Transplantation Service v3	*Minor clarifications
211 - Orthoptic and Vision Therapy	No changes
215 - Medications Covered Under Medical	*Updated appendices
219 - Cancer Chemotherapy/Therapy Guidelines	*Updated appendices
234 - Neurophysiological Monitoring During Procedure	No changes
235 - Palivizumab (Synagis)	No changes
254 - Emapalumab (Gamifant)	Updated Medicare criteria
263 - Cosmetic Procedures and Treatment	Minor clarifications
272 - Therapy Services	Added bilingual testing requirement for development delay
301 - Lecanemab-irmb (Leqembi) v3	Updated policy coverage criteria, HCPCS code, and NCD section.
303 - Teplizumab-mzwv (Tziel™)	*New policy
304 - Valoctocogene roxaparvovec-rvox (Roctavian)	New policy
236 - Medications, Services, Supplies NOT Medically Necessary	*236 - Medications, Services, Supplies NOT Medically Necessary v40
	* Effective Date is 08/01/2023

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 08/01/2023

Code	Category: Description	Action	Plans
J9211	Antineoplastic Agent: Idarubicin HCl inj, 5 mg	Add routing to OncoHealth	All Plans
19318	Cosmetic: procedures which may be considered cosmetic: REDUCTION MAMMAPLASTY	Add Qualifier	All Plans
	NOTE: The following additions are for Pharmaceuticals currently using misc. codes which will be updated as HCPCS code(s) change		
C9399 J3490	Injection, aripiprazole extended-release	Add	All Plans
C9399 J3490	Injection, tofersen	Add	All Plans
C9399 J3490	Injection, risperidone extended-release	Add	All Plans
C9399 J3490	Oral Inhalation, xenon Xe 129 hyperpolarized	Add	All Plans
C9399 J3590	Injection, pegunigalsidase alfa-iwxj	Add	All Plans
C9399 J3590	Injection, omidubicel-onlv	Add	All Plans
C9399 J3590	Injection, somapacitan-beco	Add	All Plans
C9399 J3590	Injection, beremagene geperpavec-svdt topical gel	Add	All Plans
C9399 J3590	Injection, efgartigimod alfa and hyaluronidase-qvfc	Add	All Plans
C9399 J9999	Injection, epcoritamab-bysp	Add	All Plans
J3490	Intranasal, zavegepant nasal spray	Add	All Plans
J8499	Oral, sodium oxybate extended-release suspension	Add	All Plans
J8499	Oral, brincidofovir, tablets/suspension	Add	All Plans
J8499	Oral, fecal microbiota spores, live-brpk capsules	Add	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound	Add	Medicare Plans
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound	Add	Medicare Plans
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	Add	Medicare Plans
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	Add	Medicare Plans
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	Add	Medicare Plans
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	Add	Medicare Plans
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	Add	Medicare Plans

0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	Add	Medicare Plans
0648T	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	Add	Medicare Plans
0649T	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) (List separately in addition to code for primary procedure)	Add	Medicare Plans
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	Add	Medicare Plans
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	Add	Medicare Plans
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Add	Medicare Plans
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Add	Medicare Plans
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Add	Medicare Plans
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	Add	Medicare Plans
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Add	Medicare Plans
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Add	Medicare Plans
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Add	Medicare Plans
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Add	Medicare Plans
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Add	Medicare Plans
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Add	Medicare Plans
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	Add	Medicare Plans
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	Add	Medicare Plans
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Add	Medicare Plans
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Add	Medicare Plans
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Add	Medicare Plans
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Add	Medicare Plans
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Add	Medicare Plans
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Add	Medicare Plans
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis	Add	Medicare Plans

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 09/01/2023

Code	Category: Description	Action	Plans
	NOTE: The following additions are for Pharmaceuticals currently using misc. codes which will be updated as HCPCS code(s) change		
	NOTE: All of the following additions are potentially “E&I, unproven”		
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Add	All Plans
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Add	All Plans
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Add	All Plans
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Add	All Plans
0364U	Services and devices considered experimental/investigational/unproven: Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	Add	All Plans
0365U	Services and devices considered experimental/investigational/unproven: Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer	Add	All Plans
0366U	Services and devices considered experimental/investigational/unproven: Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	Add	All Plans
0367U	Services and devices considered experimental/investigational/unproven: Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	Add	All Plans
0368U	Services and devices considered experimental/investigational/unproven: Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	Add	All Plans
0375U	Services and devices considered experimental/investigational/unproven: Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	Add	All Plans
0376U	Services and devices considered experimental/investigational/unproven: Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate	Add	All Plans

0377U	Services and devices considered experimental/investigational/unproven: Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	Add	All Plans
0378U	Services and devices considered experimental/investigational/unproven: RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	Add	All Plans
0379U	Services and devices considered experimental/investigational/unproven: Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	Add	All Plans
0380U	Services and devices considered experimental/investigational/unproven: Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	Add	All Plans
0381U	Services and devices considered experimental/investigational/unproven: Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Add	All Plans
0382U	Services and devices considered experimental/investigational/unproven: Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Add	All Plans
0383U	Services and devices considered experimental/investigational/unproven: Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Add	All Plans
0384U	Services and devices considered experimental/investigational/unproven: Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	Add	All Plans
0385U	Services and devices considered experimental/investigational/unproven: Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease	Add	All Plans
0386U	Services and devices considered experimental/investigational/unproven: Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	Add	All Plans

FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 10/01/2023 (60-Day Notice)

Code	Category: Description	Action	Plans
14041	Gender affirming care surgery: Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Add	All Plans
14301	Gender affirming care surgery: Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	Add	All Plans
14302	Gender affirming care surgery: Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add	All Plans
14302	Gender affirming care surgery: Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add	All Plans
15100	Gender affirming care surgery: Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Add	All Plans

15101	Gender affirming care surgery: Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Add	All Plans
15200	Gender affirming care surgery: Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	Add	All Plans
15201	Gender affirming care surgery: Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add	All Plans
15240	Gender affirming care surgery: Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	Add	All Plans
15241	Gender affirming care surgery: Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add	All Plans
15738	Gender affirming care surgery: Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	Add	All Plans
15750	Gender affirming care surgery: Flap; neurovascular pedicle	Add	All Plans
15757	Gender affirming care surgery: Free skin flap with microvascular anastomosis	Add	All Plans
15771	Gender affirming care surgery: Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Add	All Plans
15772	Gender affirming care surgery: Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Add	All Plans
15773	Gender affirming care surgery: Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less	Add	All Plans
15792	Gender affirming care surgery: Chemical peel, nonfacial; epidermal	Add	All Plans
15793	Gender affirming care surgery: Chemical peel, nonfacial; dermal	Add	All Plans
15824	Gender affirming care surgery: Rhytidectomy, forehead	Add	All Plans
15826	Gender affirming care surgery: Rhytidectomy; glabellar frown lines	Add	All Plans
15828	Gender affirming care surgery: Rhytidectomy; cheek, chin, and neck	Add	All Plans
15829	Gender affirming care surgery: Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Add	All Plans
15832	Gender affirming care surgery: Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Add	All Plans
15833	Gender affirming care surgery: Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Add	All Plans
15834	Gender affirming care surgery: Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Add	All Plans
15835	Gender affirming care surgery: Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Add	All Plans
15836	Gender affirming care surgery: Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Add	All Plans
15837	Gender affirming care surgery: Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Add	All Plans
15838	Gender affirming care surgery: Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Add	All Plans
15839	Gender affirming care surgery: Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Add	All Plans
15876	Gender affirming care surgery: Suction assisted lipectomy; head and neck	Add	All Plans
17380	Gender affirming care surgery: Electrolysis epilation, each 30 minutes	Add	All Plans
21137	Gender affirming care surgery: Reduction forehead; contouring only	Add	All Plans
21138	Gender affirming care surgery: Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Add	All Plans
21139	Gender affirming care surgery: Reduction forehead; contouring and setback of anterior frontal sinus wall	Add	All Plans
21172	Gender affirming care surgery: Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Add	All Plans
21179	Gender affirming care surgery: Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Add	All Plans

21180	Gender affirming care surgery: Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Add	All Plans
21270	Gender affirming care surgery: Malar augmentation, prosthetic material	Add	All Plans
31750	Gender affirming care surgery: Tracheoplasty; cervical	Add	All Plans
40799	Gender affirming care surgery: Unlisted procedure, lips	Add	All Plans
53410	Gender affirming care surgery: Urethroplasty, 1-stage reconstruction of male anterior urethra	Add	All Plans
53430	Gender affirming care surgery: Urethroplasty, reconstruction of female urethra	Add	All Plans
53450	Gender affirming care surgery: Urethromeatoplasty, with mucosal advancement	Add	All Plans
92507	Gender affirming care surgery: Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Add	All Plans
	NOTE: The following additions are for Pharmaceuticals currently using misc. codes which will be updated as HCPCS code(s) change		
	NOTE: All of the following additions are potentially “E&I, unproven”		
0387U	Services and devices considered experimental/investigational/unproven: Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	Add	All Plans
0388U	Services and devices considered experimental/investigational/unproven: Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD	Add	All Plans
0389U	Services and devices considered experimental/investigational/unproven: Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	Add	All Plans
0390U	Services and devices considered experimental/investigational/unproven: Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	Add	All Plans
0391U	Services and devices considered experimental/investigational/unproven: Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	Add	All Plans
0392U	Services and devices considered experimental/investigational/unproven: Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded a-synuclein protein by seed amplification assay, qualitative	Add	All Plans
0393U	Services and devices considered experimental/investigational/unproven: Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	Add	All Plans
0394U	Services and devices considered experimental/investigational/unproven: Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease	Add	All Plans
0395U	Services and devices considered experimental/investigational/unproven: Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions	Add	All Plans
0396U	Services and devices considered experimental/investigational/unproven: Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	Add	All Plans
0397U	Services and devices considered experimental/investigational/unproven: Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	Add	All Plans

0398U	Services and devices considered experimental/investigational/unproven: Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected	Add	All Plans
0399U	Services and devices considered experimental/investigational/unproven: Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrier positive or negative	Add	All Plans
0400U	Services and devices considered experimental/investigational/unproven: Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	Add	All Plans
0401U	Services and devices considered experimental/investigational/unproven: Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	Add	All Plans
0791T	Services and devices considered experimental/investigational/unproven: Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	Add	All Plans
0792T	Services and devices considered experimental/investigational/unproven: Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	Add	All Plans
0793T	Services and devices considered experimental/investigational/unproven: Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	Add	All Plans
0794T	Services and devices considered experimental/investigational/unproven: Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Add	All Plans
0795T	Services and devices considered experimental/investigational/unproven: Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	Add	All Plans
0796T	Services and devices considered experimental/investigational/unproven: Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Add	All Plans
0797T	Services and devices considered experimental/investigational/unproven: Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Add	All Plans
0798T	Services and devices considered experimental/investigational/unproven: Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	Add	All Plans
0799T	Services and devices considered experimental/investigational/unproven: Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Add	All Plans
0800T	Services and devices considered experimental/investigational/unproven: Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	Add	All Plans
0801T	Services and devices considered experimental/investigational/unproven: Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	Add	All Plans

0802T	Services and devices considered experimental/investigational/unproven: Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Add	All Plans
0803T	Services and devices considered experimental/investigational/unproven: Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	Add	All Plans
0804T	Services and devices considered experimental/investigational/unproven: Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	Add	All Plans
0805T	Services and devices considered experimental/investigational/unproven: Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	Add	All Plans
0806T	Services and devices considered experimental/investigational/unproven: Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	Add	All Plans
0807T	Services and devices considered experimental/investigational/unproven: Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	Add	All Plans
0808T	Services and devices considered experimental/investigational/unproven: Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)	Add	All Plans
0809T	Services and devices considered experimental/investigational/unproven: Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Add	All Plans
0810T	Services and devices considered experimental/investigational/unproven: Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	Add	All Plans

**Other Prior Authorization List changes (all plans except Medicaid)
effective 09/01/2023**

Code	Category: Description	Action	Plans
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups,	Remove	Medicare Plans only
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	Remove	Medicare Plans only
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	Remove	Medicare Plans only
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Remove	Medicare Plans only
0237U	Genetic/genomic testing: CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis,	Change from E&I to standard PA	Medicare Plans only
0245U	Genetic/genomic testing: Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	Change from E&I to standard PA	Medicare Plans only
0286U	Genetic/genomic testing: CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis,	Change from E&I to standard PA	Medicare Plans only

0287U	Genetic/genomic testing: 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	Change from E&I to standard PA	Medicare Plans only
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants	Remove	Medicare Plans only
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s)	Remove	Medicare Plans only
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Change from E&I to standard PA	Medicare Plans only
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Remove	All Plans
15878	Suction assisted lipectomy; upper extremity	Remove	All Plans
15879	Suction assisted lipectomy; lower extremity	Remove	All Plans
A4239	Continuous Glucose Monitoring: Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply	Add	Medicare Plans only
	NOTE: The following additions are for Pharmaceuticals currently using misc. codes which will be updated as HCPCS code(s) change		
	NOTE: All of the following additions are potentially "E&I, unproven"		

Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date
J9381	Hormones and Synthetic Substitutes: Injection, teplizumab-mzwv	Add	8/1/23

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