



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 07/01/2023

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 08/01/2023 except as noted with* where the effective date will be 07/01/2023.**

SWHP Policy	Change
129 - Transplantation Service v3	Minor clarifications
236 - Medications, Services, Supplies NOT Medically Necessary	*236 - Medications, Services, Supplies NOT Medically Necessary v39
	* Effective Date is 07/01/2023

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 07/01/2023

Code	Category: Description	Action	Plans
C9146	Anti-neoplastic Agents: Mirvetuximab soravtansine-gynx	Add	All Plans
C9147	Anti-neoplastic Agents: Tremelimumab-actl 20mg/ml	Add	All Plans
C9148	Anti-neoplastic Agents: Teclistamab-cqyv	Add	All Plans
C9149	Hormones and Synthetic Substitutes: Teplizumab-mzvw	Add	All Plans
C9151	Eye, Ear, Nose, and Throat (EENT) Preparations: Injection, pegcetacoplan	Add	All Plans
J1411	Blood Formation, Coagulation, and Thrombosis: Etranacogene dezaparovec-drlb susp	Add	All Plans
J1576	Blood Derivatives: Injection, immune globulin, 500mg	Add	All Plans
J1961	Anti-infective Agents: Injection, lenacapavir	Add	All Plans
J2329	Central Nervous System Agents: Injection, ublituximab-xiiy, 1mg	Add	All Plans
J7179	Antihemophilic Agent: Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:Rco	Add	All Plans
J7213	Blood Formation, Coagulation, and Thrombosis: Injection, coagulation factor IX, 1iu	Add	All Plans
J9056	Antineoplastic Agents: Injection, bendamustine hcl, 1mg	Add	All Plans
J9058	Antineoplastic Agents: Injection, bendamustine hcl, 1mg	Add	All Plans
J9059	Antineoplastic Agents: Injection, bendamustine hcl, 1mg	Add	All Plans
J9063	Antineoplastic Agents: Injection, mirvetuximab soravtansine-gynx, 1mg	Add	All Plans
J9259	Antineoplastic Agents: Injection, paclitaxel protein-bound particles, 1mg	Add	All Plans
J9321	Antineoplastic Agents: Injection, pemetrexed, 10mg	Add	All Plans
J9322	Antineoplastic Agents: Injection, pemetrexed, 10mg	Add	All Plans
J9323	Antineoplastic Agents: Injection, pemetrexed, 10mg	Add	All Plans
J9347	Antineoplastic Agents: Injection, tremelimumab-actl 20mg/ml	Add	All Plans
J9350	Antineoplastic Agents: Injection, mosunetuzumab-axgb	Add	All Plans
J9380	Antineoplastic Agents: Injection, teclistamab-cqyv	Add	All Plans
J9381	Hormones and Synthetic Substitutes: Injection, teplizumab-mzvw	Add	All Plans
	NOTE: The following additions are for Pharmaceuticals currently using misc. codes which will be updated as HCPCS code(s) change		
C9399 J3490	Eye, Ear, Nose, and Throat (EENT) Preparations: Pegcetacoplan	Add	All Plans
C9399 J3490	Central Nervous System Agents: Phenobarbital sodium	Add	All Plans
C9399 J3490	Anti-infective Agents: Lenacapavir	Add	All Plans
C9399 J3590	Blood Formation, Coagulation, and Thrombosis: Antihemophilic factor (recombinant), FC-VWF-XTEN fusion protein-eh1	Add	All Plans
C9399 J3590	Anti-infective Agents: Adalimumab-atto	Add	All Plans
C9399 J3590	Enzymes: Velmanase alfa-tycv	Add	All Plans
C9399 J3590	Hormones and Synthetic Substitutes: Insulin glargine-aglr	Add	All Plans
C9399 J3590	Central Nervous System Agents: Ublituximab-xiiy	Add	All Plans
C9399 J3590	Central Nervous System Agents: Lecanemab-irmb	Add	All Plans
C9399 J8999	Anti-neoplastic Agents: Oral, Elacestrant tablets	Add	All Plans
C9399 J9999	Anti-neoplastic Agents: Mosunetuzumab-axgb	Add	All Plans
J8499	Central Nervous System Agents: Oral, Trofinetide	Add	All Plans
J8499	Central Nervous System Agents: Oral, Omaveloxolone	Add	All Plans
J8499	Anti-infective Agents: Oral, Lenacapavir	Add	All Plans

C9399 J9999	Antineoplastic Agents: Retifanlimab-dlwr	Add	All Plans
	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

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 08/01/2023

Code	Category: Description	Action	Plans
J1440	Gastrointestinal Drugs: Rectal, fecal microbiota, live-islsm suspension	Add	All Plans
J9029	Cardiovascular Drugs: Injection, nadofaragene firadenovec-vncg	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"		

**FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 09/01/2023 (60-Day Notice)**

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

**Other 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
	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-ONLY	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

Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date
J9381	Hormones and Synthetic Substitutes: Injection, teplizumab-mzww	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