Medical Coverage Policy and Prior Authorization Update Notice

Publication date 09/01/2023

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 11/01/2023 except as noted with* where the effective date will be 09/01/2023**.

SWHP Policy	Change
207 - Bronchial Thermoplasty	Retired, already included in Policy 236
252 - Onasemnogene Abeparvovec (Zolgensma®)	Combined exclusion criteria to one section, added liver
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
211 - Orthoptic and Vision Therapy	*No changes
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)	*New Policy (notice provided previously on 06/01/2023)
304 - Valoctocogene roxaparvovec-rvox (Roctavian)	*New Policy
	*** Effective Date is 09/01/2023**

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 09/01/2023

Code	Category: Description	Action	Plans
	Unchanged from prior notice. See previous notices.		

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid) effective 10/01/2023

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	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
	None		

Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date
	None		

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