



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 01/01/2022

The following medical coverage policies are either new policies, or policies that have completed their annual review. The second column provides significant information regarding content change that might be of importance to you. **The effective date for Policy changes will be 02/01/2022 except as noted with*.**

| SWHP Policy | Change |
|--|---|
| 056 - Interspinous Process Decompression System | No changes |
| 070 - Pulmonary Rehabilitation Outpatient | *Policy retired |
| 072 - Discography | *No changes |
| 110 - Sleep Apnea | No changes |
| 216 - Late-Preterm and Early-Term Deliveries | *Updated to align with ACOG |
| 217 - Nitric Oxide Inh in Premature | No changes |
| 226 - Electrical Tumor Treatment Fields | No changes |
| 247 - Claim Review Process | *No changes |
| 248 - Assistant Surgeon Policy | *No changes |
| 262 - COVID-19 Telehealth and Telemedicine | *Codes updated |
| 281 - Brexucabtagene autoleucel (Tecartus) | Added criteria for ALL, updated exclusion sections |
| 294 - Endoscopic Surgery for Craniosynostosis | New policy |
| 295 - Respiratory Assist Devices | New policy |
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| 236 - Medications, Services, Supplies NOT Medically Necessary | *Updated with revisions as needed |
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| | * Effective Date is 01/01/2022 |
| FirstCare policies being retired | |
| Medical Service Policies: | |
| MN-FirstCare Medical Necessity Decision Policy | MN-204 Continuation Request Noninvasive Positive Pressure Ventilation (CPAP, BiPAP) |
| MN-045 Initial Request Noninvasive Positive Pressure Ventilation (CPAP, BiPAP) | MN-317 Endoscopic Surgery for Craniosynostosis |
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| Pharmaceutical Policies: | |
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Prior Authorization List changes (all plans except Medicaid) effective 01/01/2022

| Code | Category: Description | Action | Plans |
|-------|--|--------|-----------|
| J1426 | Autonomic Drugs: Casimersen (Amondys 45) | Add | All plans |
| J1427 | Autonomic Drugs: Viltolarsen (Viltepso) | Add | All plans |
| J1428 | Autonomic Drugs: Eteplirsen (Exondys 51) | Add | All plans |
| J1429 | Autonomic Drugs: Golodirsen (Vyondys 53) | Add | All plans |
| K1024 | Compression devices (select): Nonpneumatic compression controller with sequential calibrated gradient pressure | Add | All plans |
| J9061 | Antineoplastic Agents: Amivantamab-vmjw, 10mg | Add | All plans |
| J9272 | Antineoplastic Agents: Dostarlimab-gxly, 100mg | Add | All plans |
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| | NOTE: All of the following additions are potentially "E&I, unproven" | | |
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SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid) effective 02/01/2022 (30-Day Notice)

| Code | Category: Description | Action | Plans |
|-------|--|--------|-----------|
| J0172 | Central Nervous System Agents: Aducanumab-avwa | Add | All plans |
| J1952 | Gonadotropins: Leuprolide, 1mg | Add | All plans |
| J9021 | Antineoplastic Agents: Asparaginase erwinia chrysanthemi (recombinant)-rywn | Add | All plans |
| Q2055 | Antineoplastic Agents: Idecabtagene vicleucef | Add | All plans |
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| | NOTE: All of the following additions are potentially "E&I, unproven" | | |
| 0018M | Services and devices deemed experimental/investigational/unproven: Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score | Add | All plans |
| 0255U | Services and devices deemed experimental/investigational/unproven: Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score | Add | All plans |
| 0256U | Services and devices deemed experimental/investigational/unproven: Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report | Add | All plans |

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| 0257U | Services and devices deemed experimental/investigational/unproven: Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood | Add | All plans |
| 0258U | Services and devices deemed experimental/investigational/unproven: Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics | Add | All plans |
| 0259U | Services and devices deemed experimental/investigational/unproven: Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative | Add | All plans |
| 0260U | Services and devices deemed experimental/investigational/unproven: Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping | Add | All plans |
| 0261U | Services and devices deemed experimental/investigational/unproven: Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score | Add | All plans |
| 0262U | Services and devices deemed experimental/investigational/unproven: Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score | Add | All plans |
| 0263U | Services and devices deemed experimental/investigational/unproven: Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD) | Add | All plans |
| 0264U | Services and devices deemed experimental/investigational/unproven: Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping | Add | All plans |
| 0265U | Services and devices deemed experimental/investigational/unproven: Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants | Add | All plans |
| 0266U | Services and devices deemed experimental/investigational/unproven: Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes | Add | All plans |
| 0267U | Services and devices deemed experimental/investigational/unproven: Rare constitutional and other heritable disorders, identification of | Add | All plans |

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| | copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing | | |
| 0268U | Services and devices deemed experimental/investigational/unproven: Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid | Add | All plans |
| 0269U | Services and devices deemed experimental/investigational/unproven: Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid | Add | All plans |
| 0270U | Services and devices deemed experimental/investigational/unproven: Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid | Add | All plans |
| 0271U | Services and devices deemed experimental/investigational/unproven: Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid | Add | All plans |
| 0272U | Services and devices deemed experimental/investigational/unproven: Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive | Add | All plans |
| 0273U | Services and devices deemed experimental/investigational/unproven: Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal swab, or amniotic fluid | Add | All plans |
| 0274U | Services and devices deemed experimental/investigational/unproven: Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid | Add | All plans |
| 0275U | Services and devices deemed experimental/investigational/unproven: Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum | Add | All plans |
| 0276U | Services and devices deemed experimental/investigational/unproven: Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid | Add | All plans |
| 0277U | Services and devices deemed experimental/investigational/unproven: Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid | Add | All plans |
| 0278U | Services and devices deemed experimental/investigational/unproven: Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid | Add | All plans |
| 0279U | Services and devices deemed experimental/investigational/unproven: Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding | Add | All plans |
| 0280U | Services and devices deemed experimental/investigational/unproven: Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding | Add | All plans |
| 0281U | Services and devices deemed experimental/investigational/unproven: Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level | Add | All plans |

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| 0282U | Services and devices deemed experimental/investigational/unproven: Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes | Add | All plans |
| 0283U | Services and devices deemed experimental/investigational/unproven: von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma | Add | All plans |
| 0284U | Services and devices deemed experimental/investigational/unproven: von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma | Add | All plans |
| C9779 | Services and devices deemed experimental/investigational/unproven: Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed | Add | All plans |
| C9780 | Services and devices deemed experimental/investigational/unproven: Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance | Add | All plans |
| K1023 | Services and devices deemed experimental/investigational/unproven: Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm | Add | All plans |
| Q4251 | Services and devices deemed experimental/investigational/unproven: Vim, per sq cm | Add | All plans |
| Q4252 | Services and devices deemed experimental/investigational/unproven: Vendaje, per sq cm | Add | All plans |
| Q4253 | Services and devices deemed experimental/investigational/unproven: Zenith Amniotic Membrane, per sq cm | Add | All plans |
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FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid) effective 03/01/2022 (60-Day Notice)

| Code | Category: Description | Action | Plans |
|-------|--|--------|-----------|
| 54405 | Gender reassignment surgery: Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir | Add | All plans |
| C9085 | Enzymes: Avalglucosidase alfa-ngpt, 100mg | Add | All plans |
| C9086 | Anti-infective Agents: Anifrolumab-fnia, 300mg | Add | All plans |
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| | NOTE: All of the following additions are potentially "E&I, unproven" | | |
| C9352 | Services and devices deemed experimental/investigational/unproven: Microporous collagen implantable tube (NeuraGen Nerve Guide), | Add | All plans |
| C9353 | Services and devices deemed experimental/investigational/unproven: Microporous collagen implantable slit tube (NeuraWrap Nerve Protector) | Add | All plans |
| C9355 | Services and devices deemed experimental/investigational/unproven: Collagen nerve cuff (NeuroMatrix) | Add | All plans |
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**Other Prior Authorization List changes (all plans except Medicaid)
effective 02/01/2022**

| Code | Category: Description | Action | Plans |
|-------|---|------------------------------|---------------|
| 33274 | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance ... | Change from E&I to coverable | Medicare Only |
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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 a 12-month archive of the medical Coverage Policy and Prior Authorization Update Notices.

As always, we welcome your comments. You can reach us at: HPMedicalDirectors@BSWHealth.org
BSWHP Medical Directors