



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 07/01/2022

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 08/01/2022 except as noted with*.**

SWHP Policy	Change
026 - Dental Services and Anesthesia	*Clarified Medicaid criteria for anesthesia
037 - Genetic Testing	*Minor change to "Medical Necessity" form
042 - Custodial Care	*No changes
044 - Hyperbaric Oxygen Therapy	No changes
049 - Dermatoscopy	No changes
083 - Panniculectomy	No changes
211 - Orthoptic and Vision Therapy	No changes
234 - Neurophysiological Monitoring During Procedure	No changes
246 - Sipuleucel-T (Provenge)	RETIRED – use policy 219
256 - Brexanolone (Zulresso)	Minor updates
272 - Therapy Services	*Clarified ST for "picky eaters"
278 - Axicabtagene (Yescarta)	Significant updates including new indication
279 - Tisagenlecleucel (Kymriah)	Added NCD information
281 - Brexucabtagene autoleucel (Tecartus)	Added NCD information
290 - Idacabtagene vicleucel (Abecma)	Added NCD information
291 - Lisocabtagene Maraleucel (Breyanzi)	Added NCD information
236 - Medications, Services, Supplies NOT Medically Necessary	*Updated with revisions as needed
	* Effective Date is 07/01/2022

Prior Authorization List changes (all plans except Medicaid) effective 07/01/2022

Code	Category: Description	Action	Plans
91113	GI imaging with capsule endoscopy: Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Add	All Plans
C9090	Blood Formation, Coagulation, and Thrombosis: Injection, plasminogen, human-tvmh	Add	All Plans
C9091	Antineoplastic Agents: Injection, sirolimus protein-bound particles (albumin-bound) suspension	Add	All Plans
C9093	Anti-infective Agents: Injection, ranibizumab	Add	All Plans
J0219	Enzymes: Injection, avalglucosidase alfa-ngpt, 100mg	Add	All Plans
J0491	Anti-infective Agents: Injection, anifrolumab-fnia, 300mg	Add	All Plans
Q5124	Anti-infective Agents: Injection, ranibizumab-nuna, biosimilar, 0.1mg	Add	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
Q4211	Services and devices considered experimental/investigational/unproven: Amnion Bio or AxoBioMembrane, per sq cm	Add	Commercial
93590	Services and devices considered experimental/investigational/unproven: Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Add	Commercial
93591	Services and devices considered experimental/investigational/unproven: Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Add	Commercial
93592	Services and devices considered experimental/investigational/unproven: Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Add	Commercial
77089	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Add	Commercial
77090	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Add	Commercial
77091	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Add	Commercial
77092	Services and devices considered experimental/investigational/unproven: Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Add	Commercial
0306U	Services and devices considered experimental/investigational/unproven: Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD	Add	Commercial
0307U	Services and devices considered experimental/investigational/unproven: Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	Add	Commercial
0308U	Services and devices considered experimental/investigational/unproven: Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD	Add	Commercial
0309U	Services and devices considered experimental/investigational/unproven: Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	Add	Commercial
0310U	Services and devices considered experimental/investigational/unproven: Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	Add	Commercial
0311U	Services and devices considered experimental/investigational/unproven: Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organisms identified	Add	Commercial
0312U	Services and devices considered experimental/investigational/unproven: Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect	Add	Commercial

	immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment		
0313U	Services and devices considered experimental/investigational/unproven: Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	Add	Commercial
0314U	Services and devices considered experimental/investigational/unproven: Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	Add	Commercial
0315U	Services and devices considered experimental/investigational/unproven: Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	Add	Commercial
0316U	Services and devices considered experimental/investigational/unproven: Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine	Add	Commercial
0317U	Services and devices considered experimental/investigational/unproven: Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	Add	Commercial
0318U	Services and devices considered experimental/investigational/unproven: Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	Add	Commercial
0319U	Services and devices considered experimental/investigational/unproven: Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	Add	Commercial
0320U	Services and devices considered experimental/investigational/unproven: Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	Add	Commercial
0321U	Services and devices considered experimental/investigational/unproven: Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique	Add	Commercial
0322U	Services and devices considered experimental/investigational/unproven: Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD	Add	Commercial
81560	Services and devices considered experimental/investigational/unproven: Neurology Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Add	Commercial
J3357	Ustekinumab, for subcutaneous injection, 1 mg (Stelara)	Remove	Medicare only
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Remove	Medicare only
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	Remove	Medicare only

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 08/01/2022

Code	Category: Description	Action	Plans
J9331	Injection, sirolimus protein-bound particles (albumin-bound) suspension	Add	All plans
J1306	Injection, inclisiran	Add	All plans

J2779	Injection, ranibizumab	Add	All plans
J2998	Injection, plasminogen, human-tvmh	Add	All plans
J9332	Injection, efgartigimod alfa-fcab	Add	All plans
J1551	Injection, immune globulin subcutaneous (human) - hipp	Add	All plans
J2356	Injection, tezepelumab-ekko	Add	All plans
J0739	Injection, cabotegravir extended-release	Add	All plans
C9094	Injection, sutimlimab-jome	Add	All plans
C9095	Injection, tebentafusp-tebn	Add	All plans
C9096	Injection, filgrastim-ayow	Add	All plans
C9097	Injection, faricimab-svoa	Add	All plans
C9098	IV Infusion, ciltacabtagene autoleucel	Add	All plans
J1558	Immune globulin subcutaneous, human-klhw (Xembify)	Add	Add Medicare
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous	Add	Add Medicare
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site	Add	All plans
	NOTE: All of the following additions are potentially "E&I, unproven"		

**FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 09/01/2022 (60-Day Notice)**

Code	Category: Description	Action	Plans
15788	Cosmetic: procedures which may be considered cosmetic: Chemical peel, facial; epidermal	Add	Adding Cigna-linked plans
15789	Cosmetic: procedures which may be considered cosmetic: Chemical peel, facial; dermal	Add	Adding Cigna-linked plans
19303	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: MASTECTOMY SIMPLE COMPLETE	Add	Adding Cigna-linked plans
21175	Cosmetic: procedures which may be considered cosmetic: Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead,	Add	Adding Cigna-linked plans
27487	advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with	Add	Adding Cigna-linked plans
33340	or without grafts (includes obtaining autografts)"	Add	Adding Cigna-linked plans
53430	Musculo-skeletal, joint, and pain management services: REVJ TOT KNEE ARTHRP FEM\&ENTIRE TIBIAL COMPONE	Add	Adding Cigna-linked plans
54125	Left Atrial Occlusion Procedure (Watchman): PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Add	Adding Cigna-linked plans
54520	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: URETHROPLASTY RCNSTJ FEMALE URETHRA	Add	Adding Cigna-linked plans
54660	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: AMPUTATION PENIS COMPLETE	Add	Adding Cigna-linked plans
54690	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Add	Adding Cigna-linked plans
55175	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	Add	Adding Cigna-linked plans

55180	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPAROSCOPY SURGICAL ORCHIECTOMY	Add	Adding Cigna-linked plans
55970	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: Scrotoplasty simple	Add	Adding Cigna-linked plans
55980	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: Scrotoplasty complicated	Add	Adding Cigna-linked plans
56625	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: Intersex Surgery male female	Add	Adding Cigna-linked plans
56800	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: Intersex Surgery female male	Add	Adding Cigna-linked plans
56805	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VULVECTOMY SIMPLE COMPLETE	Add	Adding Cigna-linked plans
56810	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: PLASTIC REPAIR INTROITUS	Add	Adding Cigna-linked plans
57106	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: CLITOROPLASTY INTERSEX STATE	Add	Adding Cigna-linked plans
57107	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	Add	Adding Cigna-linked plans
57110	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	Add	Adding Cigna-linked plans
57111	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAGINECTOMY PRTL RMVL VAG WALL \& PARAVAGINAL T	Add	Adding Cigna-linked plans
57291	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Add	Adding Cigna-linked plans
57292	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAGINECTOMY COMPL RMVL VAG WALL \& PARAVAG TISS	Add	Adding Cigna-linked plans
57335	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	Add	Adding Cigna-linked plans
58150	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	Add	Adding Cigna-linked plans
58180	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAGINOPLASTY INTERSEX STATE	Add	Adding Cigna-linked plans
58260	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	Add	Adding Cigna-linked plans
58262	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	Add	Adding Cigna-linked plans
58275	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAGINAL HYSTERECTOMY UTERUS 250 GM/<	Add	Adding Cigna-linked plans
58280	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAG HYST 250 GM/< W/RMVL TUBE\&/OVARY	Add	Adding Cigna-linked plans
58285	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	Add	Adding Cigna-linked plans
58290	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	Add	Adding Cigna-linked plans
58291	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	Add	Adding Cigna-linked plans
58541	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAGINAL HYSTERECTOMY UTERUS > 250 GM	Add	Adding Cigna-linked plans
58542	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: VAG HYST > 250 GM RMVL TUBE\&/OVARY	Add	Adding Cigna-linked plans
58543	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	Add	Adding Cigna-linked plans
58544	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	Add	Adding Cigna-linked plans
58550	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPS SUPRACERVICAL HYSTERECTOMY >250	Add	Adding Cigna-linked plans
58552	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	Add	Adding Cigna-linked plans
58553	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	Add	Adding Cigna-linked plans

58554	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPS W/VAG HYSTERECT 250 GM/\&RMLV TUBE\&/OVARIES	Add	Adding Cigna-linked plans
58570	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	Add	Adding Cigna-linked plans
58571	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPS VAGINAL HYSTERECT > 250 GM RMLV TUBE\&/OVAR	Add	Adding Cigna-linked plans
58572	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/>	Add	Adding Cigna-linked plans
58573	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPS TOTAL HYSTERECT 250 GM/< W/RMLV TUBE/OVARY	Add	Adding Cigna-linked plans
58661	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	Add	Adding Cigna-linked plans
58720	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	Add	Adding Cigna-linked plans
63046	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: LAPAROSCOPY W/RMLV ADNEXAL STRUCTURES	Add	Adding Cigna-linked plans
69300	Gender reassignment surgery – PA only for ICD-10: F64.x, Z87.890: SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	Add	Adding Cigna-linked plans
78430	Musculo-skeletal, joint, and pain management services: LAM FACETECTOMY \& FORAMOTOMY 1 SEGMENT THORACIC	Add	Adding Cigna-linked plans
78431	Cosmetic: procedures which may be considered cosmetic: OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	Add	Adding Cigna-linked plans
81170	Cardiology services (check code for PA requirement) reviewed by eviCore: Myocardial imaging, PET, perfusion study, single study, at rest or stress, with concurrently acquired CT transmission scan	Add	Adding Cigna-linked plans
81201	Cardiology services (check code for PA requirement) reviewed by eviCore: Myocardial imaging, PET, perfusion study (including ventricular wall motion and/or ejection fraction), with concurrently acquired CT	Add	Adding Cigna-linked plans
81202	Genetic/genomic testing: ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	Add	Adding Cigna-linked plans
81294	Genetic/genomic testing: APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP],	Add	Adding Cigna-linked plans
81297	attenuated FAP) gene analysis; full gene sequence"	Add	Adding Cigna-linked plans
81336	Genetic/genomic testing: APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP],	Add	Adding Cigna-linked plans
81337	attenuated FAP) gene analysis; known familial variants"	Add	Adding Cigna-linked plans
81413	Genetic/genomic testing: MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Add	Adding Cigna-linked plans
81437	Genetic/genomic testing: MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Add	Adding Cigna-linked plans
81438	Genetic/genomic testing: SMN1 GENE ANALYSIS FULL GENE SEQUENCE	Add	Adding Cigna-linked plans
81540	Genetic/genomic testing: SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Add	Adding Cigna-linked plans
81542	Genetic/genomic testing: CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Add	Adding Cigna-linked plans
88267	Genetic/genomic testing: HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Add	Adding Cigna-linked plans
96130	Genetic/genomic testing: HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	Add	Adding Cigna-linked plans
96131	Genetic/genomic testing: Oncology (tumor of unknown origin), mRNA	Add	Adding Cigna-linked plans
96136	Genetic/genomic testing: Oncology (prostate), mRNA, microarray gene expression profiling	Add	Adding Cigna-linked plans
96137	Genetic/genomic testing: CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	Add	Adding Cigna-linked plans
96138	Neuropsychological and psychological testing : PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	Add	Adding Cigna-linked plans

96139	Neuropsychological and psychological testing : PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	Add	Adding Cigna-linked plans
0006M	Neuropsychological and psychological testing : PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	Add	Adding Cigna-linked plans
G0156	Neuropsychological and psychological testing : PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	Add	Adding Cigna-linked plans
G0339	Neuropsychological and psychological testing : PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	Add	Adding Cigna-linked plans
G0453	Neuropsychological and psychological testing : PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	Add	Adding Cigna-linked plans
G6001	Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies: ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Add	Adding Cigna-linked plans
G6002	Home health services, including all requests for hourly nursing: SRVCHH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	Add	Adding Cigna-linked plans
G6003	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS	Add	Adding Cigna-linked plans
G6004	Intraoperative Neurophysiological Monitoring: CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN	Add	Adding Cigna-linked plans
G6005	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Add	Adding Cigna-linked plans
G6006	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: STEREOSCOPIC X- RAY GUID LOCALIZ TRG VOL DEL RT	Add	Adding Cigna-linked plans
G6007	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RAD TX DEL 2 TX AREA PORT/PL OPP PORTS:TO 5 MEV	Add	Adding Cigna-linked plans
G6008	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 6-10 MEV	Add	Adding Cigna-linked plans
G6009	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 11-19 ME	Add	Adding Cigna-linked plans
G6010	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 20 ME/>	Add	Adding Cigna-linked plans
G6011	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:TO 5 MEV	Add	Adding Cigna-linked plans
G6012	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:6-10 MEV	Add	Adding Cigna-linked plans
G6013	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:11-19 MEV	Add	Adding Cigna-linked plans
G6014	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:20 MEV/>	Add	Adding Cigna-linked plans
G6015	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RAD TX DEL 3/> SEP TX AR CSTM BLOCKING; TO 5 MEV	Add	Adding Cigna-linked plans
G6016	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RAD TX DEL 3/> SEP TX AR CSTM BLOCKING; 6-10 MEV	Add	Adding Cigna-linked plans
G6017	Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.: RAD TX DEL 3/> SEP TX AR CSTM BLOCKING;11-19 MEV	Add	Adding Cigna-linked plans
	NOTE: All of the following additions are potentially "E&I, unproven"		

**Other Prior Authorization List changes (all plans except Medicaid)
effective 08/01/2022**

Code	Category: Description	Action	Plans
S9480 H0015 Rev 0905	Intensive Outpatient Program (Behavior Health)	Remove	All Plans

Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Add	7/1/22
J0219	Inj aval alfa-nqpt 4mg	Add	7/1/22
J0491	Inj anifrolumab-fnia 1mg	Add	7/1/22
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site	Add	8/1/22
J2356	Injection, tezepelumab-ekko	Add	8/1/22

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