



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 08/01/2022

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 09/01/2022 except as noted with*.**

SWHP Policy	Change
141 - Infertility v5	*Corrected an exclusion
235 - Synagis (Palivizumab)	Reviewed. No changes
244 - Peer-to-Peer Opportunity	*Reviewed. No changes
252 - Urine Drug Monitoring	Reviewed. No changes
254 - Emapalumab (Gamifant)	Reviewed. No changes
261 - Out of Network Requests	*Reviewed. No changes
292 - Medicare Non-Texas LCD Coverage	*Reviewed. No changes
297 - Authorization Qualifying Diagnoses	*New policy
236 - Medications, Services, Supplies NOT Medically Necessary	*Updated with revisions as needed
	* Effective Date is 08/01/2022

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 autoleucl	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
S9480 H0015 Rev 0905	Intensive Outpatient Program (Behavior Health)	Remove	All Plans
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization	Remove	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		

**SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 09/01/2022**

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 RADICALSCHAUTA 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/\&RMVL 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 RMVL 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/RMVL 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/RMVL 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: SRVC HH/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"		

**FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 010/01/2022 (60-Day Notice)**

Code	Category: Description	Action	Plans
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	Change criteria	All Plans
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	Change criteria	All Plans
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	Change criteria	All Plans
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	Change criteria	All Plans
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Change criteria	All Plans
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	Change criteria	All Plans
67909	REDUCTION OVERCORRECTION PTOSIS	Change criteria	All Plans
78432	Myocardial imaging, PET, combined perfusion with metabolic evaluation study (including ventricular wall motion and/or ejection fraction), dual radiotracer	Add	Adding Cigna-linked plans
78804	Radiopharm Localization Of Tumor, Whole Body	Add	Adding Cigna-linked plans
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg,	Add	Adding Cigna-linked plans
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants"	Add	Adding Cigna-linked plans
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Add	Adding Cigna-linked plans
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Add	Adding Cigna-linked plans

81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Add	Adding Cigna-linked plans
81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	Add	Adding Cigna-linked plans
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Add	Adding Cigna-linked plans
81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Add	Adding Cigna-linked plans
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	Add	Adding Cigna-linked plans
81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	Add	Adding Cigna-linked plans
81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	Add	Adding Cigna-linked plans
81414	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	Add	Adding Cigna-linked plans
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Add	Adding Cigna-linked plans
81439	INHERIT CARDMYPHY GENOMIC SEQ PANEL 5 GENES	Add	Adding Cigna-linked plans
2066	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Add	Adding Cigna-linked plans
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Add	Adding Cigna-linked plans
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Add	Adding Cigna-linked plans
81552	DecisionDX-UM. Oncology (uveal melanoma)	Add	Adding Cigna-linked plans
84999	UNLISTED CHEMISTRY PROCEDURE	Add	Adding Cigna-linked plans
88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	Add	Adding Cigna-linked plans
90586	BCG vaccine intravesical, 1 each	Add	Adding Cigna-linked plans
92065	ORTHOPTIC \&/PLEOPTIC TRAINING W/MEDICAL DIRECTJ	Add	Adding Cigna-linked plans
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Add	Adding Cigna-linked plans
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Add	Adding Cigna-linked plans
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences	Add	Adding Cigna-linked plans
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis	Add	Adding Cigna-linked plans
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Add	Adding Cigna-linked plans
B4153	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	Add	Adding Cigna-linked plans
G0162	SKILLED SERVICE RN M &E PLAN OF CARE; EA 15 MINS	Add	Adding Cigna-linked plans
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Add	Adding Cigna-linked plans
G0453	CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN	Add	Adding Cigna-linked plans
G0458	LOW DOSE RATE PROSTATE BRACHYTX SRVC COMPOS RATE	Add	Adding Cigna-linked plans
	NOTE: All of the following additions are potentially "E&I, unproven"		

0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	Add	Commercial
0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug	Add	Commercial
0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug	Add	Commercial
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Add	Commercial
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	Add	Commercial
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service	Add	Commercial
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	Add	Commercial
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	Add	Commercial
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	Add	Commercial
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	Add	Commercial
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	Add	Commercial
0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Add	Commercial
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	Add	Commercial
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs	Add	Commercial
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	Add	Commercial
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	Add	Commercial
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Add	Commercial
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	Add	Commercial
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)	Add	Commercial
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	Add	Commercial
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Add	Commercial
0725T	Vestibular device implantation, unilateral	Add	Commercial
0726T	Removal of implanted vestibular device, unilateral	Add	Commercial
0727T	Removal and replacement of implanted vestibular device, unilateral	Add	Commercial

0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	Add	Commercial
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	Add	Commercial
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	Add	Commercial
0731T	Augmentative AI-based facial phenotype analysis with report	Add	Commercial
0732T	Immunotherapy administration with electroporation, intramuscular	Add	Commercial
0733T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	Add	Commercial
0734T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	Add	Commercial
0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)	Add	Commercial
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	Add	Commercial
0737T	Xenograft implantation into the articular surface	Add	Commercial

**Other Prior Authorization List changes (all plans except Medicaid)
effective 09/01/2022**

Code	Category: Description	Action	Plans
S2053	TRANSPLANTATION SMALL INTESTINE & LIVER ALLOGRAFTS	Remove	Medicare
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Remove	Medicare
S2060	LOBAR LUNG TRANSPLANTATION	Remove	Medicare
S2061	TRANSPLANTATION SMALL INTESTINE & LIVER ALLOGRAFTS	Remove	Medicare
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI	Remove	Medicare
S2118	METL-ON-METL TOT HIP RESRFC ACETAB & FEM CMPNT	Remove	Medicare
S2409	REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC	Remove	Medicare
S3854	GENE EXPRSSGENE EXPRSSION PROFILING PANL MGMT BR	Remove	Medicare
S3861	GENETIC TESTING SCN5A & VARIANTS FOR SUSPECTED BS	Remove	Medicare
S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Remove	Medicare
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINET)	Remove	Medicare

Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date
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
15877	SUCTION ASSISTED LIPECTOMY TRUNK	Remove	9/1/22
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Remove	9/1/22

15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Remove	9/1/22
21248	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	Remove	9/1/22
21249	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	Remove	9/1/22
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Remove	9/1/22
22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	Remove	9/1/22
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Remove	9/1/22
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Remove	9/1/22
38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Remove	9/1/22
38209	TRNSP PREP HEMATOP PROG THAW PREV HRV WSH PER DNR	Remove	9/1/22
38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Remove	9/1/22
38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Remove	9/1/22
38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Remove	9/1/22
38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Remove	9/1/22
38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Remove	9/1/22
38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Remove	9/1/22
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome	Remove	9/1/22
S2066	BREAST RECON W/GLUTEAL ART PERFORATOR FLAP UNI	Remove	9/1/22
S2067	BRST RECON 1 BRST DIEP FLAP(S) &/GAP FLAP(S) UNI	Remove	9/1/22
S3861	GENETIC TESTING SCN5A & VARIANTS FOR SUSPECTED BS	Remove	9/1/22
S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Remove	9/1/22

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
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