



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 10/01/2022

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 11/01/2022 except as noted with*.**

SWHP Policy	Change
013 - Seizure Disorders: Invasive Treatments (Epilepsy Surgery)	Significant revisions
029 - Biochemical Markers of Alzheimer's Disease	No changes
030 - Bone Turnover Markers	No changes
035 - Cold Therapy Devices	No changes
074 - Occipital Nerve Stimulation	No changes
084 - Vertebroplasty Kyphoplasty Sacroplasty	No changes
137 - Psychologic Evaluation for Medical Procedures	No changes
206 - Autism Coverage Policy	No changes
215 - Medications Covered Under Medical	Updated Appendix A to add trastuzumab
219 - Cancer Chemotherapy/Therapy Guidelines	Updated Appendix A to add trastuzumab
234 - Neurophysiological Monitoring During Procedure	Updated criteria
275 - OncoHealth in-Scope ICD-10 Codes	Updated vendor name to OncoHealth
293 - Aducanumab (Aduhelm)	Added CMS NCD pending information
236 - Medications, Services, Supplies NOT Medically Necessary	*Updated with revisions as needed
	* Effective Date is 10/01/2022

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 10/01/2022

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 CARDMYPHTY 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

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 11/01/2022

Code	Category: Description	Action	Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
A2001	InnovaMatrix AC, per sq cm	Add	All but Medicare
A2002	Mirragen Advanced Wound Matrix, per sq cm	Add	All but Medicare
A2004	XCelliStem, per sq cm	Add	All but Medicare
A2005	Microlyte Matrix, per sq cm	Add	All but Medicare
A2006	NovoSorb SynPath dermal matrix, per sq cm	Add	All but Medicare
A2007	Restrata, per sq cm	Add	All but Medicare
A2008	TheraGenesis, per sq cm	Add	All but Medicare
A2009	Symphony, per sq cm	Add	All but Medicare
A2010	Apis, per sq cm	Add	All but Medicare
A2011	Supra SDRM, per sq cm	Add	All but Medicare
A2013	Innovamatrix FS, per sq cm	Add	All but Medicare
C1832	Autograft suspension, including cell processing and application, and all system components	Add	All but Medicare
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	Add	All
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Add	All
J1302	Blood Formation, Coagulation, and Thrombosis: Sutimlimab-jome	Add	All
J1932	Hormones and Synthetic Substitutes: Lanreotide, 1mg (Cipla)	Add	All
J2777	Eye, Ear, Nose, and Throat (EENT) Preparations: Faricimab-svoa	Add	All
J9274	Antineoplastic Agents: Tebentafusp-tebn	Add	All
J9298	Antineoplastic Agents: Nivolumab and relatlimab-rmbw	Add	All
Q2056	Antineoplastic Agents: IV Infusion, ciltacabtagene autoleucel	Add	All
Q5125	Blood Formation, Coagulation, and Thrombosis: Filgrastim-ayow	Add	All

FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 12/01/2022 (60-Day Notice)

Code	Category: Description	Action	Plans
A9607	Antineoplastic Agents: Lutetium Lu 177 vipivotide	Add	All Plans
	NOTE: All of the following additions are potentially "E&I, unproven"		

**Other Prior Authorization List changes (all plans except Medicaid)
effective 11/01/2022**

Code	Category: Description	Action	Plans

Prior Authorization List changes for Medicaid and CHIP

Code	Description	Action	Effective Date

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