

## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 06/01/2023

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 07/01/2023 except as noted with\* where the effective date will be 06/01/2023.**

SWHP Policy	Change
081 - Trigger Point Injection	Annual review. No changes
201 - VAD and Artificial Heart v3	Annual review. Removed confusing information in non-criteria section
204 - Transcatheter Valve Replacement-Repair v5	Annual review. No changes
209 - Breast Reduction Surgery v2	Annual review. No changes
215 - Medications Covered Under Medical v13	Annual review. No changes
219 - Cancer Chemotherapy Guidelines v9	Annual review. No changes
229 - Keratoconus and Medical Contact Lens v3	Updates from reviewer
258 - Fetal Surgery	Annual review. No changes
262 - COVID-19 and Telemedicine_v11	Retired
301 - Lecanemab-irmb (Leqembi)	New Policy
236 - Medications, Services, Supplies NOT Medically Necessary	*236 - Medications, Services, Supplies NOT Medically Necessary v37
	* Effective Date is 06/01/2023

### 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 06/01/2023

Code	Category: Description	Action	Plans
69729	Bone-anchored hearing aids (BAHA): Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Add	All Plans
69730	Bone-anchored hearing aids (BAHA): Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Add	All Plans
90586	Vaccine: Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use (Tice)	Remove	All Plans
A4238	Continuous Glucose Monitoring: Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm)	Add	Medicare Plans
E2102	Continuous Glucose Monitoring: Adjunctive, non-implanted continuous glucose monitor or receiver	Add	Medicare Plans
	<b>NOTE: All of the following additions are potentially "E&amp;I, unproven"</b>		
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)	Add	All Plans

## **SECOND NOTICE:** Prior Authorization List changes (all plans except Medicaid) effective 07/01/2023

Code	Category: Description	Action	Plans
C9146	Anti-neoplastic Agents: Mirvetuximab soravtansine-gynx	Add	All Plans
C9147	Anti-neoplastic Agents: Tremelimumab-actl 20mg/ml	Add	All Plans
C9148	Anti-neoplastic Agents: Teclistamab-cqyv	Add	All Plans
C9149	Hormones and Synthetic Substitutes: Teplizumab-mzwv	Add	All Plans
J1411	Blood Formation, Coagulation, and Thrombosis: Etranacogene dezaparvovec-drlb susp	Add	All Plans
J7179	Antihemophilic Agent: Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:Rco	Add	All Plans
	<b>NOTE: The following additions are for Pharmaceuticals currently using misc. codes which will be updated as HCPCS code(s) change</b>		
C9399 J3490	Eye, Ear, Nose, and Throat (EENT) Preparations: Pegcetacoplan	Add	All Plans
C9399 J3490	Central Nervous System Agents: Phenobarbital sodium	Add	All Plans
C9399 J3490	Anti-infective Agents: Lenacapavir	Add	All Plans
C9399 J3590	Blood Formation, Coagulation, and Thrombosis: Antihemophilic factor (recombinant), FC-VWF-XTEN fusion protein-eh1	Add	All Plans
C9399 J3590	Anti-infective Agents: Adalimumab-atto	Add	All Plans
C9399 J3590	Enzymes: Velmanase alfa-tycv	Add	All Plans
C9399 J3590	Hormones and Synthetic Substitutes: Insulin glargine-aglr	Add	All Plans
C9399 J3590	Central Nervous System Agents: Ublituximab-xiiy	Add	All Plans
C9399 J3590	Central Nervous System Agents: Lecanemab-irmb	Add	All Plans
C9399 J8999	Anti-neoplastic Agents: Oral, Elacestrant tablets	Add	All Plans

C9399 J9999	Anti-neoplastic Agents: Mosunetuzumab-axgb	Add	All Plans
J8499	Central Nervous System Agents: Oral, Trofinetide	Add	All Plans
J8499	Central Nervous System Agents: Oral, Omaveloxolone	Add	All Plans
J8499	Anti-infective Agents: Oral, Lenacapavir	Add	All Plans
C9399 J9999	Antineoplastic Agents: Retifanlimab-dlwr	Add	All Plans
	<b>NOTE: All of the following additions are potentially “E&amp;I, unproven”</b>		
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Add	All Plans
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Add	All Plans
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Add	All Plans
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Add	All Plans
0364U	Services and devices considered experimental/investigational/unproven: Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	Add	All Plans
0365U	Services and devices considered experimental/investigational/unproven: Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer	Add	All Plans
0366U	Services and devices considered experimental/investigational/unproven: Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	Add	All Plans
0367U	Services and devices considered experimental/investigational/unproven: Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	Add	All Plans
0368U	Services and devices considered experimental/investigational/unproven: Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	Add	All Plans
0375U	Services and devices considered experimental/investigational/unproven: Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	Add	All Plans
0376U	Services and devices considered experimental/investigational/unproven: Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate	Add	All Plans
0377U	Services and devices considered experimental/investigational/unproven: Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	Add	All Plans

0378U	Services and devices considered experimental/investigational/unproven: RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	Add	All Plans
0379U	Services and devices considered experimental/investigational/unproven: Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	Add	All Plans
0380U	Services and devices considered experimental/investigational/unproven: Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	Add	All Plans
0381U	Services and devices considered experimental/investigational/unproven: Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Add	All Plans
0382U	Services and devices considered experimental/investigational/unproven: Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Add	All Plans
0383U	Services and devices considered experimental/investigational/unproven: Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)	Add	All Plans
0384U	Services and devices considered experimental/investigational/unproven: Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	Add	All Plans
0385U	Services and devices considered experimental/investigational/unproven: Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease	Add	All Plans
0386U	Services and devices considered experimental/investigational/unproven: Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	Add	All Plans

**FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid)**  
**effective 08/01/2023 (60-Day Notice)**

Code	Category: Description	Action	Plans
J1440	Gastrointestinal Drugs: Rectal, fecal microbiota, live-jslm suspension	Add	All Plans
J9029	Cardiovascular Drugs: Injection, nadofaragene firadenovec-vncg	Add	All Plans
	<b>NOTE: The following additions are for Pharmaceuticals currently using misc. codes which will be updated as HCPCS code(s) change</b>		
	<b>NOTE: All of the following additions are potentially "E&amp;I, unproven"</b>		

**Other Prior Authorization List changes (all plans except Medicaid)  
effective 07/01/2023**

Code	Category: Description	Action	Plans
C9151	Eye, Ear, Nose, and Throat (EENT) Preparations: Injection, pegcetacoplan	Add	All Plans
J1576	Blood Derivatives: Injection, immune globulin, 500mg	Add	All Plans
J1961	Anti-infective Agents: Injection, lenacapavir	Add	All Plans
J2329	Central Nervous System Agents: Injection, ublituximab-xiyy, 1mg	Add	All Plans
J7213	Blood Formation, Coagulation, and Thrombosis: Injection, coagulation factor IX, 1iu	Add	All Plans
J9056	Antineoplastic Agents: Injection, bendamustine hcl, 1mg	Add	All Plans
J9058	Antineoplastic Agents: Injection, bendamustine hcl, 1mg	Add	All Plans
J9059	Antineoplastic Agents: Injection, bendamustine hcl, 1mg	Add	All Plans
J9063	Antineoplastic Agents: Injection, mirvetuximab soravtansine-gynx, 1mg	Add	All Plans
J9259	Antineoplastic Agents: Injection, paclitaxel protein-bound particles, 1mg	Add	All Plans
J9321	Antineoplastic Agents: Injection, pemetrexed, 10mg	Add	All Plans
J9322	Antineoplastic Agents: Injection, pemetrexed, 10mg	Add	All Plans
J9323	Antineoplastic Agents: Injection, pemetrexed, 10mg	Add	All Plans
J9347	Antineoplastic Agents: Injection, tremelimumab-actl 20mg/ml	Add	All Plans
J9350	Antineoplastic Agents: Injection, mosunetuzumab-axgb	Add	All Plans
J9380	Antineoplastic Agents: Injection, teclistamab-cqyv	Add	All Plans
J9381	Hormones and Synthetic Substitutes: Injection, teplizumab-mzvv	Add	All 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](mailto:HPMedicalDirectors@BSWHealth.org)  
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