



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 11/01/2021

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 12/01/2021 except as noted with*.**

SWHP Policy	Change
048 - Incontinence Alarms	Retired
051 - Bone Graft Allografts as Stand-alone Stabilization Devices TruFUSE	No changes
060 - Nerve Graft with Radical Prostatectomy	No changes
214 - Chiropractic Services	No changes
215 - Medications Covered Under Medical v7	Language clarification
224 - Psychologic Testing	Policy updated to reflect coverage of testing by technician
233 - Magnetic Sphincter Augmentation (Linx) for GERD	No changes
244 - Peer-to-Peer Opportunity	Retired
248 - Assistant Surgeon Policy	Retired
250 - NICU Levels of Care	No changes
262 - COVID-19 Telehealth and Telemedicine	*Updated
275 - Oncology Analytics Inscope ICD-10 Codes	No changes
280 - Medications for Duchenne Muscular Dystrophy	Revised to include criteria for coverage
293 - Aducanumab (Aduhelm) v3	Denial language updated
236 - Medications, Services, Supplies NOT Medically Necessary	*Updated with revisions as needed
	* Effective Date is 11/1/2021
FirstCare policies being retired	

Prior Authorization List changes (all plans except Medicaid) effective 11/01/2021

Code	Category: Description	Action	Plans
J1628	Tremfya	Remove	MAPD
J1675	Supprelin LA	Remove	MAPD
J9213	Pegasys, Pegasys Proclick	Remove	MAPD
J9216	Actimmune	Remove	MAPD
	NOTE: All of the following additions are potentially "E&I, unproven"		

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

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
	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
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 copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	Add	All plans
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
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

Q284U	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

SECOND NOTICE: Prior Authorization List changes (all plans except Medicaid)
effective 12/01/2021

Code	Category: Description	Action	Plans
C9081	Antineoplastic Agents: Idecabtagene vicleucel	Add	All plans
C9082	Antineoplastic Agents: Dostarlimab-gxly, 100mg	Add	All plans
C9083	Antineoplastic Agents: Amivantamab-vmjw, 10mg	Add	All plans
C9084	Antineoplastic Agents: loncastuximab tesirine-lpyl, 0.1mg	Add	All plans
C9257	Antineoplastic Agents: Avastin	Add	All plans
J0185	Gastrointestinal drugs: Cinvanti	Add	All plans
J0223	Other Miscellaneous Therapeutic Agents: Givlaari	Add	Cigna-linked plans
J0699	Anti-infective Agents: Cefiderocol, 10mg	Add	All plans
J0741	Anti-infective Agents: Cabotegravir and rilpivirin, 2mg/3mg	Add	All plans
J0791	Blood Formation, Coagulation, Thrombosis agents, Misc.: Adakveo	Add	Cigna-linked plans
J0896	Hematopoietic Agents: Reblozyl	Add	Cigna-linked plans
J0897	Bone Resorption Inhibitors: Prolia/Xgeva	Add	All plans
J1305	Cardiovascular Drugs: Evinacumab-dgnb, 5mg	Add	All plans
J1426	Autonomic Drugs: Casimersen, 10mg	Add	All plans
J1448	Blood Formation, Coagulation, and Thrombosis: Trilacidib, 1mg	Add	All plans
J2406	Anti-infective Agents: Oritavancin, 10mg	Add	All plans
J2469	Gastrointestinal drugs: Palonosetron	Add	All plans
J2506	Blood Formation, Coagulation, and Thrombosis: Pegfilgrastim, 0.5mg	Add	All plans
J8655	Gastrointestinal drugs: Akynzeo oral	Add	All plans

J9035	Antineoplastic Agents: Avastin	Add	All plans
J9198	Antineoplastic Agents: Infugem	Add	All plans
J9247	Antineoplastic Agents: Melphalan flufenamide, 1mg	Add	All plans
J9318	Antineoplastic Agents: Romidepsin, non-lyophilized, 0.1mg	Add	All plans
J9319	Antineoplastic Agents: Romidepsin, lyophilized, 0.1mg	Add	All plans
Q2054	Antineoplastic Agents: Lisocabtagene maraleucel	Add	All plans
Q5107	Antineoplastic Agents: Mvasi	Add	All plans
Q5118	Antineoplastic Agents: Zirabev	Add	All plans
	NOTE: All of the following additions are potentially "E&I, unproven"		
49906	Free omental flap with microvascular anastomosis	Add	All plans
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, ... lumbar/sacrum	Add	All plans

**Other Prior Authorization List changes (all plans except Medicaid)
effective 12/01/2021**

Code	Category: Description	Action	Plans

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: SWHPMedicalDirectors@BSWHealth.org
SWHP/FirstCare Medical Directors