



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 12/01/2021

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

SWHP Policy	Change
031 - Epidural Adhesiolysis	Annual review, no changes
067 - Neutralizing Antibody Testing in Multiple Sclerosis Patients	Annual review, no changes
072 - Discography	Annual review, no changes
242 - Vitamin Assays	Annual review, no changes
283 - Asthma biologics	Remove – no longer needed
284 - Biosimilar medications	Remove – no longer needed
285 - Erythropoiesis-Stimulating Agents	Remove – no longer needed
286 - Immunological Modifier Meds	Remove – no longer needed
287 - Long-Acting Reversible Contraceptives	Remove – no longer needed
288 - Hemophilia A Meds	Remove – no longer needed
236 - Medications, Services, Supplies NOT Medically Necessary	<i>*Updated with revisions as needed</i>
	* Effective Date is 12/1/2021
FirstCare policies being retired	
Medical Service Policies:	
MN-002 Pharmacogenetic and Pharmacodynamic Testing	MN-197 Nutritional Support
MN-006 Ambulance Services Ground	MN-205 Tumor Imaging Positron Emission Tomography (PET) and PET-CT
MN-043 Cosmetic and/or Reconstructive Surgery	MN-232 Orthognathic (jaw) Surgery
MN-053 Subfascial Endoscopic perforator vein surgery	MN-238 Saphenous Vein Stripping
MN-064 Private Duty Nursing	MN-247 Ambulance Services Air
MN-066 Hearing Aids, Bone Anchored (BAHA)	MN-248 Acute Inpatient Rehabilitation
MN-068 Pulsed Radiofrequency	MN-266 Thoracic Fusion
MN-077 Therapy Services	MN-267 Myocardial PET
MN-083 Home Health Aide	MN-268 Cardioverter-Defibrillator, Wearable
MN-124 Neonatal Care, Intermediate Care, Level 3	MN-272 Bone Growth Stimulators, Ultrasonic
MN-131 Skilled Home Health-Home Hospice	MN-284 Pelvic Osteotomy
MN-139 Temporomandibular Disorders (TMD)	MN-285 Post-Acute Skilled Services
MN-157 Minimally Invasive pain management	MN-288 Group Therapy Services
MN-181 Oxygen Therapy	MN-311 Vertebroplasty & Kyphoplasty
MN-183 Automated External Defibrillators	MN-316 Knee Surgery-Arthroscopic and Open Procedures

Pharmaceutical Policies:	
MN-021 Antiemetic Injectables	MN-218 Durvalumab
MN-023 Arzerra	MN-219 Avelumab
MN-024 Erwinaze	MN-221 Edaravone
MN-026 Halaven	MN-244 Poteligeo
MN-027 Kadcyła and Perjeta	MN-253 Rituxan Hycela
MN-028 Jevtana	MN-254 Opdivo
MN-029 Ilaris	MN-259 Mylotarg
MN-031 Mozobil	MN-260 Vyxeos
MN-032 Proleukin	MN-271 Tecentriq
MN-054 R-GENE 10 (arginine)	MN-278 Brentuximab Vedotin
MN-056 Kalbitor	MN-279 Rituximab
MN-058 TYSABRI	MN-282 Onpattro (patisiran)
MN-208 Pembrolizumab	MN-286 Nplate
MN-216 Zinplava	

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: Trilaciclib, 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

FIRST NOTICE: Prior Authorization List changes (all plans except Medicaid) effective 02/01/2022 (60-Day Notice)

Code	Category: Description	Action	Plans
J0172	Central Nervous System Agents: Aducanumab-awwa	Add	All plans
J1952	Gonadotropins: Leuprolide, 1mg	Add	All plans

J9021	Antineoplastic Agents: Asparaginase erwinia chrysanthemi (recombinant)-rywn	Add	All plans
Q2055	Antineoplastic Agents: Idecabtagene vicleucef	Add	All plans
	NOTE: All of the following additions are potentially "E&I, unproven"		

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

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	Add	All plans

	copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping		
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
0284U	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	Add	All plans

	occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance		
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
	NOTE: All of the following additions are potentially "E&I, unproven"		

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

Code	Category: Description	Action	Plans
J9061	Antineoplastic Agents: Amivantamab-vmjw, 10mg	Add	All plans
J9272	Antineoplastic Agents: Dostarlimab-gxly, 100mg	Add	All 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