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December 1, 2022

RE: Provider Notification: Medical Policy and Medical Benefit Drug Policy Updates

Dear WellFirst Health™ Provider:

WellFirst Health's Medical Policy Committee has approved the [medical policies](#) and [medical benefit drug policies](#) outlined in this notification. These updates, and others not included in this notification, will also be communicated as part of the quarterly provider newsletters and available online. Please share this information with others in your organization who may be affected by these updates.

Information in this notification is applicable to all WellFirst Health products, unless specified.

**Also in this month's notice-** information regarding the Health Plan's rare diseases and system specialty specific new genetic testing medical policies, detailed in the section below.

### **Medical Policy Updates**

This section includes links to the online medical policy documents when they are available. The online [Document Library](#) contains current medical policies and, at times, may also include those with future effective dates. To verify when a policy is or will be in effect, please refer to the effective date listed at the end of policy documents.

### **Rare Diseases and System Specialty Specific New Genetic Testing Medical Policies**

Effective March 1, 2023, WellFirst Health is introducing new genetic testing medical policies for rare diseases and system specialty specific conditions, expanding the Health Plan's coverage of testing for these diseases and conditions. The new medical policies were developed by our contracted vendor Concert Genetics, an industry-leader in genetic testing technology assessment and policy development. As genetic testing has increasingly become the standard of care, the Health Plan is committed to the access and quality of these services for our members. The implementation of these policies is a continuation of the Health Plan's partnership with Concert Genetics.

Providers are strongly encouraged to review applicable policies before ordering a test to understand if prior authorization is required and, even if not, to review criteria that may affect decisions at the time testing is ordered.

The new policies include a list of applicable codes that are available to us through our partnership with Concert Genetics. The submission of accurate and specific codes on claims is critical for services to be payable. Claims will be denied in the absence of an applicable diagnosis and procedure code(s).

### ***Medical Policies for Rare Diseases Genetic Testing***

Effective March 1, 2023, the following are new genetic testing medical policies for rare diseases:

- [Genetic Testing Rare Disease: Exome and Genome Sequencing for the Diagnosis of Genetic Disorders MP9586](#) — Prior authorization is required, as described in the medical policy.

- [Genetic Testing Rare Disease: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay MP9587](#) — Prior authorization is not required.

**Medical Policies for System Specialty Specific Genetic Testing**

Effective March 1, 2023, the following are new genetic testing medical polices for system specialty specific conditions:

- [Genetic Testing: Aortopathies and Connective Tissue Disorders MP9588](#)
- [Genetic Testing: Cardiac Disorders MP9589](#)
- [Genetic Testing: Dermatologic Conditions MP9590](#)
- [Genetic Testing: Epilepsy, Neurodegenerative and Neuromuscular Disorders MP9591](#)
- [Genetic Testing: Eye Disorders MP9592](#)
- [Genetic Testing: Gastroenterologic Disorders \(Non-Cancerous\) MP9593](#)
- [Genetic Testing: Hearing Loss MP9594](#)
- [Genetic Testing: Hematologic Conditions \(Non-Cancerous\) MP9595](#)
- [Genetic Testing: Hereditary Cancer Susceptibility MP9596](#)
- [Genetic Testing: Immune, Autoimmune, and Rheumatoid Disorders MP9597](#)
- [Genetic Testing: Kidney Disorders MP9598](#)
- [Genetic Testing: Lung Disorders MP9599](#)
- [Genetic Testing: Metabolic, Endocrine and Mitochondrial Disorders MP9600](#)
- [Genetic Testing: Pharmacogenetics MP9602](#)
- [Genetic Testing: Skeletal Dysplasia and Rare Bone Disorders MP9603](#)

Supplemental to the new genetic testing policies, the document [Genetic Testing – Payment Policy MP9584](#) has information regarding codes and billing for genetic and molecular testing services. Please note that references to the Concert Genetics Portal, in point 3.0 of the document, pertain to laboratories only.

**Prior Authorization and Claim Submission**

For services requiring authorization, providers are to continue submitting prior authorization requests through the WellFirst Health Provider Portal. Providers without portal access may fax the Genetic Testing prior authorization form to the number indicated on the form. Additionally, providers are to continue submitting claims to the Health Plan in the same way they do currently.

**Medical Policies Retired**

Effective March 1, 2023, the following policies will be replaced by the new genetic testing medical polices developed by our contracted vendor Concert Genetics listed in the section above:

- Genetic Testing for Hereditary Cardiac Disease and Arrhythmias MP9472
- Genetic Testing for Thrombophilia MP9473
- Genetic Testing for High-Penetrance Breast and/or Epithelial Ovarian Cancer Susceptibility MP9478
- Genetic Testing for Pharmacogenetics MP9479
- Genetic Testing for Polyposis MP9482
- Genetic Testing for Multiple Endocrine Neoplasia Syndrome, Type 1 and Type 2 MP9483
- Genetic Testing for Diffuse Gastric Cancer, Hereditary MP9484

- Genetic Testing for Lynch Syndrome MP9487
- Genetic Testing for Cowden Syndrome MP9488
- Genetic Testing for Chromosomal Microarray Analysis (CMA) MP9491
- Genetic Testing for Neurologic Disorders MP9497
- Genetic Testing for Stickler Syndrome MP9504
- Genetic Testing for Ehlers-Danlos Syndrome (EDS) and Ankylosing Spondylitis MP9505
- Genetic Testing for Marfan Syndrome MP9506
- Maturity Onset Diabetes of the Young (MODY) Sequencing Panel MP9507
- Genetic Testing for Hereditary Cancer Susceptibility MP9521
- Genetic Testing for Hereditary Hemorrhagic Telangiectasia (HHT) MP9524
- Genetic Testing for Familial Hypercholesterolemia MP9525
- Genetic Testing for Birt-Hogg-Dube Syndrome MP9527
- Genetic Testing for Focal Segmental Glomerular Sclerosis MP9543
- Whole Exome and Whole Genome Sequencing MP9548

### **New Medical Policy**

Services listed for new policies in this section may be covered (considered medically necessary) or non-covered (considered experimental and investigational).

Effective March 1, 2023:

- [Treatment of Obstructive Sleep Apnea \(OSA\) and Related Conditions with Invasive Treatments and Surgery MP9585](#) — Prior authorization is required for uvulopalatopharyngoplasty and implanted hypoglossal nerve stimulation for the treatment of OSA. The following procedures are considered experimental and investigational, and therefore not medically necessary (not an all-inclusive list): uvulopalatoplasty for sleep disorders, including radio-frequency uvulopalatoplasty and laser assisted uvulopalatoplasty; nasal expiratory positive airway pressure (e.g., Provent®), radiofrequency volumetric tissue reduction and tongue-based suspension surgery.

### **Medical Policy Revisions**

Services listed for new policies in this section may be covered (considered medically necessary) or non-covered (considered experimental and investigational).

Effective March 1, 2023:

- [Sleep Studies: Unattended \(Home\) Sleep Studies and Attended Nocturnal Polysomnography \(NPSG\), Multiple Sleep Latency Testing and Maintenance of Wakefulness Testing MP9132](#) — Unattended sleep studies are limited to one night or day (if shift worker) sleep cycle. The initial supervised (attended) full-channel NPSG for pediatric members (under age 18) performed in a healthcare facility using a Type 1 device, including split-night studies, require prior authorization. One supervised NPSG per lifetime is allowed for adult or pediatric members to evaluate the presence of obstructive sleep apnea (OSA) for members with a diagnosis of any of the following: neuromuscular disorder which significantly increases risk (e.g., Down's Syndrome, Prader Willi, myelomeningocele); cranial facial anomalies which impair the upper airway, such as those which cause midface hypoplasia, retrognathia or micrognathia.
- [Treatment of Obstructive Sleep Apnea and Related Conditions – CPAP, APAP, BiPAP and Oral Devices MP9239](#) — Home use of Bilevel Positive Airway Pressure (BiPAP) for conditions other than OSA, with or without a backup rate, requires prior authorization

and are covered for confirmed sleep-associated hypoventilation. Home use of BiPAP with average volume assured pressure support (AVAPS) requires prior authorization and is considered medically necessary with confirmed severe, chronic hypoventilation due to inadequate breath-to-breath tidal volume maintenance with standard BiPAP.

- [Clinical Trials \(Clinical Trial Participation\) MP9447](#) — Coverage of routine patient care costs for a qualified member participating in an approved clinical trial requires prior authorization. In connection with an approved clinical trial, routine or standard patient care is covered which may include: all health care services, items and drugs for the treatment of the life-threatening disease that are consistent with the usual and customary standard of care (e.g., professional services, hospital services, laboratory tests, x-rays and other imaging). Services not covered include: the investigational item, device, service or drugs that are the subject of the clinical trial; items and services that are provided solely to satisfy data collection and/or analysis needs that are not use in the direct clinical management of the member, including but not limited to, the cost of data collection and record keeping, research physician and/or clinician time, and result analysis costs.
- [Liver and Other Neoplasm – Chemoembolization and Radioembolization for Hepatic Tumors \(TheraSphere or SIR-Spheres\) MP9462](#) — Radioembolization for hepatic tumors with intra-hepatic microspheres is considered medically necessary for unresectable metastatic liver tumors from uveal melanoma. Prior authorization is not required.
- [Gender Reassignment \(Gender Affirmation\) Procedures MP9465](#) — The policy was retitled. See the Member Certificate or Summary Plan Description for additional information regarding services available for coverage. All gender reassignment surgeries require prior authorization.
  - [Gender Reassignment \(Gender Affirmation\) Procedures MP9465](#) — this policy is specific to Medicare Advantage.
- [Neuropsychological Testing MP9493](#) — Testing requires prior authorization and is considered medically necessary for any of the following indications, where initial assessment or assessment over time is needed (not an all-inclusive list):
  - Measurement of cognitive or behavioral deficits related to known or suspected CNS impairment, trauma, or neuropsychiatric disorders
  - Establish a treatment plan by measuring functional abilities/impairments in individuals which known or suspected CNS and neuropsychiatric disorders
  - Determine the potential impact of substances that may cause cognitive impairment or result in measurable improvement in cognitive function
  - Conduct pre-surgical or treatment-related measurement of cognitive function to determine whether one might safely proceed with a medical or surgical procedure that may affect brain function
  - Determine through measurement of cognitive abilities when a member's condition impairs their ability to comprehend and participate effectively in treatment regimens
  - Design, administer and/or monitor outcomes of cognitive rehabilitation procedures
  - Measure cognitive or functional deficits in children and adolescents based on inability to develop expected knowledge, skills or abilities as required to adapt to cognitive, social, emotional, or physical demands

- Evaluate primary symptoms of impaired attention and concentration that may occur in neurological and psychiatric conditions

### **Medical Benefit Drug Policy Updates**

WellFirst Health requires providers to obtain prior authorization approval on all drugs with documented policies. Authorization requests should be submitted to either the Health Plan or Navitus as noted in the policy. Please note that most drugs require specialists to prescribe and request authorization.

Please email questions about drug policy updates to [DHPPharmacyServices@deancare.com](mailto:DHPPharmacyServices@deancare.com).

### ***Pharmacy Drug Formulary Maintenance***

Effective for dates of service on and after January 1, 2023:

- **Soliqua (insulin glargine and lixisenatide) 100 units and 33 mcg per mL injection** — Removal of prior authorization requirement.
- **Xultophy (insulin degludec and liraglutide) 100 units and 3.6 mg per mL injection** — Removal of prior authorization requirement.
- **Koselugo (selumetinib) 10 mg capsules** — Quantity limit change to 8 capsules per day.
- **Ocaliva (obeticholic acid) 5 & 10 mg tablets** — Addition of RxCents edits for savings.

### ***Pharmacy Drug Prior Authorization Form Updates***

Effective for dates of service on and after January 1, 2023:

- **Descovy (emtricitabine/tenofovir alafenamide)** — Criteria addition for severe adverse events (AE) other than bone or renal AE.
- **Ofev (nintedanib)** — Addition of a step through pirfenidone for idiopathic pulmonary fibrosis (IPF) indication. Also alignment of progressive pulmonary fibrosis criteria with guidelines.

### ***New Medical Benefit Drug Policies***

The new policies listed below have been developed by WellFirst Health's vendor Magellan Rx (MRx), a division of Magellan Health, Inc. As such, these policies are co-branded with both MRx and WellFirst Health logos, do not have medical benefit (MB) policy numbers, and are available via links in the Health Plan's Medical Injectables list, not the Document Library.

Effective for dates of service on and after March 1, 2023:

- **FIRAZYR (icatibant)** — New medical policy and prior authorization is required.
- **GAMIFANT (emapalumab-lzsg)** — New medical policy and prior authorization is required.
- **REVCovi (elapegedemase-lvlr)** — New medical policy and prior authorization is required.
- **UPLIZNA (inebilizumab-cdon)** — New medical policy and prior authorization is required.

### ***Retired Medical Benefit Drug Policies***

Effective for dates of service on and after December 1, 2022:

- **KORSUVA (difelikefalin) MB2213**
- **NULOJIX (belatacept) MB1937**
- **SINUVA (mometasone furoate) MB1833**

- **VISUDYNE (verteporfin) MB2114**
- **ZINPLAVA (bezlotoxumab) MB1815**
- **ZULRESSO (brexanolone) MB1939**

### **Medical Policies & Medical Benefit Drug Policies in the Document Library**

The WellFirst Health Document Library is an online repository of medical policies, medical benefit drug policies, forms, manuals, and other documents.

Providers are encouraged to track updates and review policies in their entirety. The WellFirst Health Document Library is directly accessible at [wellfirstbenefits.com/document-library](http://wellfirstbenefits.com/document-library) or by visiting [wellfirstbenefits.com](http://wellfirstbenefits.com) and following the step-by-step instructions below:

- Select **Providers**, and then **Medical Management**.
- Under WellFirst Health Policies, click the **Medical Policies** or **Drug Policies** link.
- From the Document Library page, for best results, in the **By Audience** dropdown, select **Provider** and in the **By Category** dropdown, select either **Medical Policies** or **Drug Policies**, as applicable.
- In the **Search for** field, enter the policy name or numerical digits of the assigned policy number (e.g., entering 1234 of the medical benefit policy number MB1234) and click **Go** to access the policy.

### **Pharmacy Benefit Drug Policies**

Pharmacy benefit drug policies are not in the Document Library. Criteria for pharmacy benefit medications may be found on the associated prior authorization form located in the Navitus Prescriber Portal at [prescribers.navitus.com](http://prescribers.navitus.com).

Sincerely,

WellFirst Health