

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM MCO Transmittal No. 184 September 14, 2023

TO: Managed Care Organizations

FROM: Sandra Kick, Director Sandra E. Kick

Medical Benefits Management

RE: Maryland Medicaid Clinical Coverage Updates for First Quarter 2023 (January -

March 2023)

NOTE: Please ensure that the appropriate staff members in your organization are

informed of the content of this transmittal.

The purpose of this transmittal is to communicate recent Medicaid clinical coverage decisions to managed care organizations (MCOs). Please see the attached document for a complete list of approved services and benefits with their corresponding HCPCS code, preauthorization requirements, effective date, and fee-for-service (FFS) fees or rates.

The Medicaid FFS clinical criteria for each of these covered services may be found here: https://bit.ly/3DI2RXG. MCOs may develop their own preauthorization requirements that differ from FFS criteria.

Requesting Coverage Determination

All requests for Coverage Consideration require completion and submission of the "Request for New Medicaid Coverage Consideration for Procedures, Devices, and Drugs/Biologics" form. To complete the form, please visit the following link: https://bit.lv/3q11vDC.

Requestors must complete the form in its entirety. Please note that several of the form's fields include instructions for emailing necessary information to the Coverage Determination Committee. Incomplete submissions will not be considered by the Committee. The Committee will contact the requestors of complete submissions with either a decision or a request for

additional information within 60 business days. Requestors should refrain from contacting the Committee or other Department personnel to check on the status of a decision within those 60 business days.

For questions related to this transmittal, please contact the Professional Services Staff at mdh.professionalservicespolicy@maryland.gov.

Attachments (1)

Approved Coverage Determination Requests to Maryland Medicaid <u>Date/Issue/Other Identification</u>

Medications						
Approved Service/ Benefit	Indication	HCPCS Code	Pre Auth Required	Effective Date	FFS Fee/Rate	
Netspot	Netspot (Gallium 68-Dotatate) is a radioactive diagnostic agent indicated for use with positron emission tomography (PET) for localization of somatostatin receptor positive neuroendocrine tumors (NETs) in adult and pediatric patients.	A9587	Required	1/1/2023	\$63.34	
Danyelza	Danyelza is a GD2-binding monoclonal antibody indicated, in combination with granulocyte-macrophage colony-stimulating factor (GMCSF), for the treatment of pediatric patients 1 year of age and older and adult patients with relapsed or refractory high-risk neuroblastoma in the bone or bone marrow who have demonstrated a partial response, minor response, or stable disease to prior therapy.	J9999 ¹	Required	4/25/2023	Priced by Invoice/ Report	
Tzield	Tzield is a CD3-directed antibody indicated to delay the onset of Stage 3 type 1 diabetes (T1D) in adults and pediatric patients aged 8 years and older with Stage 2 T1D.	J3590 ²	Required	4/25/2023	Priced by Invoice/ Report	
Viltepso	Viltepso is an antisense oligonucleotide indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 53 skipping.	J3490 ³	Required	4/25/2023	Priced by Invoice/ Report	
Takhsyro	Takhsyro is a plasma kallikrein inhibitor (monoclonal antibody) indicated for prophylaxis to prevent attacks of hereditary angioedema (HAE) in adult and pediatric patients 2 years and older.	J35902	Required	4/25/2023	Priced by Invoice/ Report	
Pedmark	Pedmark is indicated to reduce the risk of ototoxicity associated with cisplatin in pediatric patients 1 month of age and older with localized, non-metastatic solid tumors.	J34903	Required	1/24/2023	Priced by Invoice/ Report	

Evenity	Evenity is a sclerostin inhibitor indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy	J3111	Required	10/1/2019 (*Pre Auth. Clinical Criteria Created)	\$9.33
Imfinzi	Imfinzi is a programmed death-ligand 1 (PD-L1) blocking antibody indicated for several cancer treatments.	J9173	Required	4/1/2019 (*Pre Auth. Clinical Criteria Created)	\$76.86

- 1 J9999. Not otherwise classified, antineoplastic drugs.
- 2 J3590 Unclassified biologics
- 3 J3490 Unclassified drugs

Laboratory Tests						
Approved Service/ Benefit	Indication	HCPCS Code	Pre Auth Required	Effective Date	FFS Fee/Rate	
FoundationOne CDx	Biomarker testing to determine companion drug therapy.	0037U	Required	8/1/2023	\$2,782.50	

Procedures						
Approved Service/ Benefit	Indication	HCPCS Code	Pre Auth Required	Effective Date	FFS Fee/Rate	
Hyperbaric Oxygen Therapy	HBOT may be used as an adjunctive treatment in wound care. HBOT is considered medically	G0277	Required	11/1/2022	\$157.52	
	necessary only if there are no measurable signs of healing for minimally 30 days of standard conventional treatment and must be used in addition to standard wound care.	99183	Required	11/1/2022	\$107.33	
Lung Cancer Screening Guidelines Updates	Screening Low Dose CT coverage will now include high risk patients starting at age 50 until age 80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.	71271	Not Required	1/1/2023	\$129.66	

Durable Medical Equipment (DME)						
Approved Service/ Benefit	Indication	HCPCS Code	Pre Auth Required	Effective Date	FFS Fee/Rate	
Optune	Optune is a noninvasive, antimitotic cancer treatment for glioblastoma tumors (GBM) that delivers Tumor Treatment Field Therapy (TTFT). TTFields are electric fields that continuously and selectively disrupt cancer cell division in solid tumors. Optune delivers TTFields therapy via (transducer) arrays applied to the shaved scalp.	E0766	Required	1/1/2023	\$12,996 See DME Fee Schedule	