



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

MARYLAND MEDICAL ASSISTANCE PROGRAM
MCO Transmittal No. 202
February 12, 2024

TO: Managed Care Organizations

FROM: Sandra Kick, Director *Sandra E. Kick*
Medical Benefits Management

RE: Maryland Medicaid Clinical Coverage Updates for the Third Quarter 2023 (July - September 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.ly/3q11vDC>.

Requestors must complete the form in its entirety as several 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
Third Quarter 2023 (July – September)

Medications					
Approved Service/ Benefit	Indication	HCPCS Code	Pre Auth Required	Effective Date	FFS Fee/Rate
Beyfortus	Beyfortus is a respiratory syncytial virus (RSV) F protein-directed fusion inhibitor indicated for the prevention of RSV lower respiratory tract disease in: <ul style="list-style-type: none"> • Neonates and infants born during or entering their first RSV season. • Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season. 	90380/ 90381	No	10/1/23	\$495.00
Arexvy	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use.	90679	No	10/1/23	\$280
Abrysvo	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use.	90678	No	10/1/23	\$295
Illuccix	Illuccix - Radio Tracer. (kit for the preparation of gallium Ga 68 gozetotide injection).	A9596	Yes	11/1/23	\$1,015

EPKINLY	EPKINLY is a bispecific CD20-directed CD3 T-cell engager indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, including DLBCL arising from indolent lymphoma, and high-grade B-cell lymphoma after two or more lines of systemic therapy.	J9999	Yes	1/1/24	By Report
Vaccine Rate Updates	Hepatitis A (18 and Older)	90632	No	1/1/24	\$71.85
	Hepatitis A and Hepatitis B (18 and Older)	90636	No	1/1/24	\$94.34
	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9v HPV), 2 or 3 dose schedule	90651	No	1/1/24	\$241.85
	Measles, mumps, and rubella virus vaccine (MMR), live	90707	No	1/1/24	\$81.87
	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older	90715	No	1/1/24	\$38.75
	Varicella virus vaccine (VAR), live	90716	No	1/1/24	145.41
	Zoster (50 and Older)	90750	No	1/1/24	\$165.16

Laboratory Tests

Approved Service/ Benefit	Indication	HCPCS Code	Pre Auth	Effective Date	FFS Fee/Rate
Molecular Pathology Procedure Level 2	(When used to identify any of the following specific analyte/gene) <ul style="list-style-type: none"> ● CFBF-MYH11, ● E2A/PBX1, ● EML4-ALK, ● ETV6-RUNX1, ● EWSR1/ERG, ● EWSR1/FLI1, ● EWSR1/WT1, ● F11Coagulation factor XI, ● FIP1L1-PDGFR, ● FOXO1/PAX3, ● FOXO1/PAX7, ● MUTYH (mutY homolog [E.coli]), ● NPM/ALK, ● PAX8/PPARG, ● RUNX1/RUNX1T1 	81401	Yes	9/1/23	\$109.00

Procedures					
Approved Service/ Benefit	Indication	HCPCS Code	Pre Auth	Effective Date	FFS Fee/Rate NON FACILITY
Hysteroscopy Rate Increases	Hysteroscopy, diagnostic	58555	N	1/1/24	\$319.41
	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy	58558	N	1/1/24	\$1,183.10
	Hysteroscopy, Foreign body removal	58562	N	1/1/24	\$380.23
	Hysteroscopy, Ablation	58563	N	1/1/24	\$1,884.24