



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 1/1/2025

The following medical coverage policies are either new policies, policies that have been updated, 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 third column provides the effective date of the policy changes and when the updated / new policy will be posted on the [Provider Medical Resource website](#).

BSWHP Medical Policies	Change	Effective Date
215 - Medications Covered Under Medical	Minor formatting changes, added hyperlinks.	1/1/2025
219 - Cancer Chemotherapy / Therapy Guidelines	Updated format. Removed Oncohealth exclusion language. Added dosing, approval duration, and sequential therapy criteria. Added appendix for auth duration. Added hyperlinks to other BSWHP policies.	1/1/2025
235 – Palivizumab (Synagis)	Rename policy for consistency. Updated to reflect most recent AAP/ACIP recommendations used.	1/1/2025
238 – Cerliponase alfa (Brineura)	Renamed policy. Applied new format and layout. Updated criteria to align with FDA expanded indication for age, stage of disease, contraindications, and background.	1/1/2025
278 – Axicabtagene ciloleucel (Yescarta)	Reformatted with Universal and Specific criteria, updated universal criteria to align exclusion criteria when applicable across CAR-T therapies.	1/1/2025
279 – Tisagenlecleucel (Kymriah)	Reformatted with Universal and Specific criteria, updated universal criteria to align exclusion criteria when applicable across CAR-T therapies.	1/1/2025
280 – Medications for Duchenne Muscular Dystrophy	Updated format and layout to separate out universal criteria, added criteria and background information for delandistrogene, updated authorization duration, added requirement of both RPh and medical director review.	1/1/2025

281 – Brexucabtagene autoleucl (Tecartus)	Reformatted with Universal and Specific criteria, updated universal criteria to align exclusion criteria when applicable across CAR-T therapies.	1/1/2025
305 – Nirsevimab (Beyfortus)	Updated to reflect most recent AAP/ACIP recommendations used.	1/1/2025
306 - Step Therapy Policy – Commercial plans	Added bendamustine, bone antisorptive therapy, and taxane classes. Added hyperlinks.	1/1/2025
307 - Step Therapy Policy – Medicare Part B	Added bendamustine, bone antisorptive therapy, and taxane classes. Added hyperlinks.	1/1/2025
314 – Nodapendekin alfa inbakicept (Anktiva)	New policy	1/1/2025
035 – Cold Therapy Devices	Updated and revised language and references. Ending note section updated to align with business entity changes.	2/1/2025
299 – Compression Garments	Added language, HCPCS and ICD-10 codes related to lymphedema and compression garments. Ending note section updated to align with business entity changes.	2/1/2025
029 – Biochemical Markers of Alzheimer’s Disease	Ending note section updated to align with business entity changes.	2/1/2025
030 – Bone Turnover Markers	Added hyperlink to LCD. Ending note section updated to align with business entity changes.	2/1/2025
213 – Medical Necessity Determination	Minor formatting changes. Moved appendix section to the last pages of the policy. Ending note section updated to align with business entity changes.	2/1/2025
236 – Medications, Services & Supplies NOT Medically Necessary	Removed codes that are termed or have criteria for medical necessity (22860, 22867, 22868, 64625, 0164T, 0165T, 0274T, 0424T – 0436T, 0465T, 0508T, 0533T – 0536T, 0627T – 0630T, 0641T, 0642T, 0715T, 0768T, 0769T, 0775T, 0809T, C9757, 81449, 81451, 81456, 81529, 81535, 81536, 81539, 0002U, 0003U, 0005U, 0009U, 0016U, 0017U, 0019U, 0021U – 0023U, 0027U, 0036U, 0040U, 0046U, 0048U-0050U, 0080U, 0083U, 0089U – 0092U, 0101U – 103U, 0110U, 0111U, 0113U, 0120U, 0129U – 0138U, 0153U – 0155U, 0157U – 0162U, 0167U, 0171U, 0172U, 0174U, 0177U, 0179U, 0204U, 0228U, 0229U, 0235U, 0238U, 0242U, 0244U, 0245U, 0248U, 0249U, 0261U, 0262U, 0285U, 0287U, 0288U, 0295U – 0300U, 0306U, 0307U, 0313U – 0315U, 0317U, 0326U, 0329U, 0332U – 0334U, 0337U – 0340U, 0342U, 0343U, 0356U, 0357U, 0359U, 0360U, 0362U – 0368U, 0375U, 0376U, 0379U, 0386U, 0387U, 0388U, 0391U, 0395U, 0397U).	2/1/2025

247 – Claim Review Process	Ending note section updated to align with business entity changes.	2/1/2025
248 – Assistant Surgeon Policy	Ending note section updated to align with business entity changes.	2/1/2025
275 – OncoHealth InScope ICD-10 Codes	Minor formatting changes, ending note section updated to align with business entity changes.	2/1/2025
282 – Air Ambulance	Minor formatting changes, ending note section updated to align with business entity changes.	2/1/2025
289 – Anesthesia Professional Reimbursement	Ending note section updated to align with business entity changes.	2/1/2025
297 – Authorization Qualifying Diagnoses	Replaced “Not applicable” with “Varies by plan” in the “Prior Authorization” section. Ending note section updated to align with business entity changes.	2/1/2025
001 – Acupuncture	Added descriptions for codes in codes section. Ending note section updated to align with business entity changes.	2/1/2025
219 – Cancer Chemotherapy and Therapy Guidelines	Added Tecentriq Hybreza to Appendix A.	2/1/2025
029 – Biologicals for Wound Care and Procedures	Added specific treatable conditions for some covered products, updated background section. Ending note section updated to align with business entity changes.	3/1/2025
209 – Breast Reduction Surgery	Updated criteria for Breast Reduction Surgery Medical Necessity criteria. Ending note section updated to align with business entity changes.	3/1/2025
300 – Balloon Dilation of the Eustachian Tube	Added contraindications to balloon dilation, updated background section, updated ICD-10 code table with descriptions of codes. Ending note section updated to align with business entity changes.	3/1/2025

Notice:
New to market medical specialty drugs may require prior authorization. This includes new medical drugs with a drug specific Healthcare Common Procedure Coding System (HCPCS) code as well as drugs with a miscellaneous HCPCS code. Please note inclusion of a drug in this update document does not guarantee benefit coverage. You should verify benefits prior to requesting authorization. Payment for authorized services is contingent upon verification of eligibility for benefits, the benefits available in the member’s plan, the applicable contractual limitations, restrictions and exclusions.

**Prior Authorization List Changes
Effective 1/1/2025**

Service Code	Description	PA Change	Line of Business
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	Add	All Plans, EXCEPT Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new HCPCS codes(s) are assigned		
J9999	Injection, denileukin diftitox-cxdi 300mcg	Add	All Plans, INCLUDING Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals that previously required PA using miscellaneous codes OR there has been a code change and now are being updated to require PA with newly assigned HCPCS / CPT code(s)		
J1307	Injection, crovalimab-akkz,10mg	Add	All Plans, EXCEPT Medicaid / CHIP
Q5146	Injection, trastuzumab-strf, 10mg	Add	All Plans, EXCEPT Medicaid / CHIP
J9292	Injection, pemetrexed, 10mg	Add	All Plans, EXCEPT Medicaid / CHIP
J9028	Injection, nogapendekin alfa inbakicept-pmln	Add	All Plans, INCLUDING Medicaid / CHIP
J1414	Injection, fidanacogene elaparovec-dzkt	Add	All Plans, EXCEPT Medicaid / CHIP
J9026	Injection, tarlatamab-dlle	Add	All Plans, INCLUDING Medicaid / CHIP
J1552	Injection, immune globulin, 100mg	Add	All Plans, EXCEPT Medicaid / CHIP
J2802	Injection, romiplostim, 1 mcg	Add	All Plans, EXCEPT Medicaid / CHIP
J3392	Injection, exagamglogene autotemcel	Add	All Plans, INCLUDING Medicaid / CHIP
J3394	Injection, lovitibeglogene autotemcel, per treatment	Add	All Plans, INCLUDING Medicaid / CHIP
J0739	Injection, cabotegravir, 1mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	Remove	All Plans, INCLUDING Medicaid / CHIP
C9172	Injection, fidanacogene elaparovec-dzkt, per therapeutic dose	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0424T	INSJ/RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Termed Remove	All Plans, INCLUDING Medicaid / CHIP

0425T	INSJ/RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0426T	INSJ/RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0427T	INSJ/RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0428T	REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0429T	REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0430T	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0431T	RMVL/RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0432T	REPOS NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0433T	REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0434T	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0435T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0436T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0465T	SUPCHRDL NJX OF RX AGT W/O SUPPLY OF MEDICATION	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0501T	COR FFR DERIVED CTA DATA ASSESS COR ART DISEASE	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0502T	COR FFR DERIVED CTA DATA PREP & TRANSMIS	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0503T	COR FFR CTA DATA ALYS & GNRJ ESTIMATED FFR MODEL	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0504T	COR FFR CTA DATA REVIEW W/INTERPJ & FINAL REPORT	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0508T	PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0533T	CONTINUOUS REC MVMT DO SX 6 D<10 D	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0534T	CONT REC MVMT DO SX 6 D<10 D SETUP & PT TRAINJ	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0535T	CONT REC MVMT DO SX 6 D<10 D 1ST REPRT CNFIG	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0536T	CONT REC MVMT DO SX 6 D<10 D DL REVIEW I&R	Termed Remove	All Plans, INCLUDING Medicaid / CHIP

0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0768T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0769T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0167U	CHORIONIC GONADOTROPIN HCG IMMUNOASSAY W/DIRECT OPTICAL OBS, BLOOD	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0357U	Oncology (melanoma), artificial intelligence (AI)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0386U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	Termed Remove	All Plans, INCLUDING Medicaid / CHIP
0397U	Oncology (non-small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	Termed Remove	All Plans, INCLUDING Medicaid / CHIP

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 2/1/2025**

Service Code	Description	PA Change	Line of Business
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	Add	All Plans, EXCEPT Medicaid / CHIP
Q5139	Injection, eculizumab-aeab, biosimilar, 10mg	Add	All Plans, EXCEPT Medicaid / CHIP
J7514	Oral, mycophenolate mofetil suspension 200mg/ml	Add	Medicare
Q9997	Injection, ustekinumab-ttwe, biosimilar, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J1628	Injection, guselkumab, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J9020	Injection, asparaginase, 10,000 units	Add	All Plans, EXCEPT Medicaid / CHIP
J0175	Injection, donanemab-azbt, 2mg	Add	Medicaid / CHIP
J0870	Injection, imetelstat	Add	Medicaid / CHIP
J9071	Injection, cyclophosphamide, (auromedics), 5 mg	Remove	All Plans, EXCEPT Medicaid / CHIP
61790	CREATE LES STRTCTC PRQ NEUROLYTIC GASSERIAN	Remove	All Plans, INCLUDING Medicaid / CHIP
61791	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	Remove	All Plans, INCLUDING Medicaid / CHIP
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	Remove	All Plans, INCLUDING Medicaid / CHIP
61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	Remove	All Plans, INCLUDING Medicaid / CHIP
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	Remove	All Plans, INCLUDING Medicaid / CHIP
61799	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	Remove	All Plans, INCLUDING Medicaid / CHIP
61800	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	Remove	All Plans, INCLUDING Medicaid / CHIP
A9513	Lutetium Lu 177, dotatate	Remove	All Plans, INCLUDING Medicaid / CHIP

A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Remove	All Plans, INCLUDING Medicaid / CHIP
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI	Remove	All Plans, INCLUDING Medicaid / CHIP
NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new HCPCS codes(s) are assigned			
C9399 J3590	Injection, aflibercept-ayyh, intravitreal injection (biosimilar to Eylea)	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3490	Injection, foscarbidopa and foslevodopa, subcutaneous infusion	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, zolbetuximab-clzb	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Injection, ocrelizumab and hyaluronidase-ocsq	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, atezolizumab and hyaluronidase-tqjs	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 3/1/2025**

Service Code	Description	PA Change	Line of Business
C9173	Injection, filgrastim-txid, biosimilar, 1mcg	Add	All Plans, EXCEPT Medicaid / CHIP

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](#) and scroll down to 12-Month Archive (Medical and Prior Authorization Policies) to access Coverage Policy and Prior Authorization Update Notices from the previous 12 months.

As always, we welcome your comments. You can reach us at: HPMedicalDirectors@BSWHealth.org
BSWHP Medical Directors