



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 10/1/2024

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
236 – Medications, Services & Supplies NOT Medically Necessary	Removed codes 0751T – 0763T, 22869, 22870, 77089, 93050, no longer require PA. Updated E1399 – Volara and E1399 RomTech Adaptive Rehab device references	OPEN
013 – Seizure Disorders: Invasive Treatments (Epilepsy Surgery)	Removed invalid codes from CPT codes list, added descriptors for codes, and minor formatting changes.	10/1/2024
060 – Nerve Graft with Radical Prostatectomy	Added the following statement: “Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.”	10/1/2024
063 – Preventive Care – Affordable Care Act	Added the following statement: “Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.”	10/1/2024
072 – Discography	No changes	10/1/2024
084 – Vertebroplasty Kyphoplasty Sacroplasty	Added comment under “Policy section”, stating “Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.”	10/1/2024
213 – Medical Necessity Determination	Added language in the “Notes” section to clarify utilization review requirements and TDI definition of appropriate physician. Added TAC references.	10/1/2024
294 – Endoscopic Surgery for Craniosyostosis	No changes	10/1/2024
296 – Clinical Trials	No changes	10/1/2024
254 – Emapalumab (Gamifant)	Applied new format and layout, updated background information.	10/1/2024
303 – Teplizumab-mzwv (Tzield)	Applied new format and layout	10/1/2024

304 – Valoctocogene roxaparvovec-rvox (Roctavian)	Updated HCPCS code, applied new format and layout	10/1/2024
065 – Cardiac Monitoring - Outpatient	Changed “Prior Authorization” section from “Not required” to “Required in some instances” in order to coincide with previously communicated PA requirements. No new criteria or addition of PA codes.	11/1/2024
074 – Occipital Nerve Stimulation	Changed “Prior Authorization” section from “Not applicable” to “Required in some instances” in order to coincide with previously communicated PA requirements. No new criteria or addition of PA codes.	11/1/2024
045 – Immune Globulin Therapy	Applied new format and layout, updated codes	11/1/2024
239 – Infliximab Products	Applied new format and layout	11/1/2024
249 – Voretigene Neparvovec-rzyl (Luxturna)	Applied new format and layout	11/1/2024
253 – Onasemnogene Apeparvovec (Zolgensma)	Applied new format and layout, updated background information	11/1/2024
256 – Brexanolone (Zulresso)	Applied new format and layout	11/1/2024
257 – Esketamine (Spravato)	Applied new format and layout, updated background information	11/1/2024
291 – Lisocabtagene Maraleucel (Breyanzi)	Established universal clinical criteria and indication specific clinical criteria for new FDA approved indications (R/R, CLL/SLL, MCL, and FL)	11/1/2024
293 – Aducanumab-avwa (Aduhelm)	Applied new format and layout	11/1/2024
301 – Lecanemab (Leqembi)	Applied new format and layout	11/1/2024
306 – Step Therapy – Commercial	Added TIC sec. 1369.0546 language	11/1/2024
312 - Etranacogene dezaparvovec (Hemgenix)	New Policy	11/1/2024
313 - Fidanacogene elaparvovec (Beqvez)	New Policy	11/1/2024

230 – Nusinersen (Spinraza)	Updated layout moving criteria under initiation of treatment (1), updated initiation of treatment language (4b), added criteria under initiation of treatment (7), removed RHS as an acceptable motor function test, extended timeline to 6 months for documentation of motor function, added language to define improvement or maintenance in motor function test, added “improvement in more categories of motor milestones than worsening” to each motor function tests, reworded language to clarify criteria for members who have received prior gene therapy, updated background to include recommended age limits for motor function tests, reformatted background, added references (9-15)	12/1/2024
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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 10/1/2024**

Service Code	Description	PA Change	Line of Business
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
54401	Insertion of penile prosthesis; inflatable (self-contained)	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
55970	Intersex Surgery male female	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP
55980	Intersex Surgery female male	Add PA for all dx	All Plans, EXCEPT Medicaid / CHIP

J8610	Oral, methotrexate, 2.5mg tablets	Remove	Commercial and ASO
J8610	Oral, methotrexate, 2.5mg tablets	Add	Medicare
J8611	Oral, methotrexate, 2.5mg solution	Add	Medicare
J8612	Oral, methotrexate, 2.5mg solution	Add	Medicare
Q5136	Injection, denosumab	Add	All Plans, EXCEPT Medicaid / CHIP
J9329	Injection, tislelizumab-jsgr	Add	All Plans, EXCEPT Medicaid / CHIP
J8520	Oral, capecitabine, oral, 150mg	Remove Termed Code	All Plans, INCLUDING Medicaid / CHIP
J8521	Oral, capecitabine, 500mg	Remove Termed Code	All Plans, INCLUDING Medicaid / CHIP
J9258	Injection, paclitaxel protein-bound particles (teva)	Remove Termed Code	All Plans, INCLUDING Medicaid / CHIP
C9169	Injection, nogapendekin alfa inbakicept-pmln	Add	All Plans, EXCEPT Medicaid / CHIP
C9170	Injection, tarlatamab-dlle	Add	All Plans, EXCEPT Medicaid / CHIP
C9172	Injection, fidanacogene elaparvovec-dzkt	Add	All Plans, EXCEPT Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes		
C9399 J9999	Injection, docetaxel	Add	All Plans, INCLUDING Medicaid / CHIP

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 11/1/2024**

Service Code	Description	PA Change	Line of Business
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	Add	All Plans, EXCEPT Medicaid / CHIP
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when	Add	All Plans, EXCEPT Medicaid / CHIP
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and	Add	All Plans, EXCEPT Medicaid / CHIP
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging	Add	All Plans, EXCEPT Medicaid / CHIP
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging	Add	All Plans, EXCEPT Medicaid / CHIP
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging	Add	All Plans, EXCEPT Medicaid / CHIP
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging	Add	All Plans, EXCEPT Medicaid / CHIP
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging	Add	All Plans, EXCEPT Medicaid / CHIP
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging	Add	All Plans, EXCEPT Medicaid / CHIP

93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization	Add	All Plans, EXCEPT Medicaid / CHIP
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization	Add	All Plans, EXCEPT Medicaid / CHIP
93530	Right heart catheterization, for congenital cardiac anomalies	Add	All Plans, EXCEPT Medicaid / CHIP
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	Add	All Plans, EXCEPT Medicaid / CHIP
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	Add	All Plans, EXCEPT Medicaid / CHIP
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	Add	All Plans, EXCEPT Medicaid / CHIP
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Add	All Plans, EXCEPT Medicaid / CHIP
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Add	All Plans, EXCEPT Medicaid / CHIP
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Add	All Plans, EXCEPT Medicaid / CHIP
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Add	All Plans, EXCEPT Medicaid / CHIP
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Add	All Plans, EXCEPT Medicaid / CHIP
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Add	All Plans, EXCEPT Medicaid / CHIP
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Add	All Plans, EXCEPT Medicaid / CHIP
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Add	All Plans, EXCEPT Medicaid / CHIP
J0175	Injection, donanemab-azbt, 2mg	Add	All Plans, EXCEPT Medicaid / CHIP
J8522	Oral, capecitabine, 150mg	Add	Medicare Plans
J7517	Mycophenolate mofetil, oral, 250 mg	Add	Medicare Plans
J7518	Mycophenolic acid, oral, 180 mg	Add	Medicare Plans
J9262	Inj, omacetaxine mep, 0.01mg	Remove	All Plans
0751T	Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Remove	All Plans
0752T	Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Remove	All Plans
0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Remove	All Plans
0754T	Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Remove	All Plans
0755T	Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Remove	All Plans

0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure)	Remove	All Plans
0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure)	Remove	All Plans
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	Remove	All Plans
0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure)	Remove	All Plans
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure)	Remove	All Plans
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure)	Remove	All Plans
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure)	Remove	All Plans
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure)	Remove	All Plans
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Remove	All Plans
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Remove	All Plans
77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Remove	All Plans
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Remove	All Plans
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes		
C9399 J3590	Injection, crovalimab-akkz	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, imetelstat	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 12/1/2024**

92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Remove	Medicare
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Add For gender dysphoria diagnoses (F64.x, Z87.890)	Commercial and ASO
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes		
C9399 J3590	Injection, nemolizumab-ilto	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, afamitresgene autoleucel	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