



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 4/1/2025

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
037 - Genetic Testing	81443-Updated Description of Code, ending note section updated to align with business entity changes.	4/1/2025
042 - Custodial Care	Updated link for Medicare definition, ending note section updated to align with business entity changes.	4/1/2025
044 - Hyperbaric Oxygen Therapy	Ending note section updated to align with business entity changes.	4/1/2025
052-Incontinence Treatments	Ending note section updated to align with business entity changes.	4/1/2025
258 – Fetal Surgery	Updated background information, ending note section updated to align with business entity changes.	4/1/2025
263 - Cosmetic Procedures and Treatment	Removed reference to a retired policy; Added 15792, 15793 to Chemical Peels; ending note section updated to align with business entity changes.	4/1/2025
308 – Elivaldogene autotemcel (Skysona)	Minor formatting updates.	4/1/2025

64 - Gender Affirming Care	No Changes	5/1/2025
141 – Infertility/Fertility Preservation	Included notation of a specific section of TMPPM; minor formatting changes	5/1/2025
229 – Keratoconus and Medical Contact Lens	No Changes	5/1/2025
99 – Laser Treatment of Skin Lesions	Changed to Port Wine Birthmark in accordance with AAP; added additional covered criteria under IH in accordance with AAP recommendations; added description of Reconstructive Surgery for Craniofacial abnormalities	5/1/2025
234 – Neurophysiological Monitoring During Procedures	Updated Medical Criteria C to include real-time remote monitoring; Removed the note requiring monitoring only while physically present in the room; added two indications for which IONM is not considered medically necessary; Covered cpt code 95941-removed “Medicaid Only”; Non-covered code cpt code 95941-updated to Medicare only; additional reference added; ending note sections updated to align with CMS requirements and business entity changes	5/1/2025
110 – Obstructive Sleep Apnea: Diagnosis and Treatment	Added additional OSA symptoms in line with current guidelines; clarification to exclusion section for oral device neuromuscular electrical stimulation of the tongue as E&I; additional reference added; ending note sections updated to align with CMS requirements and business entity changes	5/1/2025
204 - Transcatheter Valve Replacement – Repair	No Changes	5/1/2025
218 – ADHD Testing	No Changes	5/1/2025
302 – Digital Cognitive or Behavioral Therapy	No Changes	5/1/2025
306 – Step Therapy Policy – Commercial Plan	Removed Cimerli from preferred due to paused commercialization	5/1/2025
307 – Step Therapy Policy – Medicare Plan	Removed Cimerli from preferred due to paused commercialization	5/1/2025
310 – Exagamglogene autotemcel (Casgevy™)	Added Transfusion-dependent Beta-thalassemia (TDT) indication. Updated treatment center criteria to attestation only. Reformatted to include universal and indication specific criteria. Updated Medicaid language and ending note section to align with business entity changes. Updated background to include TDT.	6/1/2025

316 - Alglucosidase alfa (Lumizyme)	New policy for Pompe Disease (alpha-glucosidase enzyme deficiency)	6/1/2025
317 - Patisiran (Onpattro)	New policy for polyneuropathy of hereditary transthyretin-mediated amyloidosis	6/1/2025

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 4/1/2025**

Service Code	Description	PA Change	Line of Business
	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 J9999	Injection, obecabtagene autoleucel	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Injection, marstacimab-hncq	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, zanidatamab-hrii	Add	All Plans, EXCEPT Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals that were using miscellaneous codes and now have been assigned HCPCS code(s). Courtesy notice of updated code for pharmaceuticals which already required PA under a miscellaneous code.		
Q5147	Injection, aflibercept-ayyh, intravitreal injection (biosimilar to Eylea)	Add	All Plans, EXCEPT Medicaid / CHIP
Q2057	Injection, afamitresgene autoleucel	Add	All Plans, EXCEPT Medicaid / CHIP
J9054	Injection, bortezomib	Add	All Plans, EXCEPT Medicaid / CHIP
J9161	Injection, denileukin diftiox-cxdi 300mcg	Add	All Plans, EXCEPT Medicaid / CHIP
J9024	Injection, atezolizumab and hyaluronidase-tqjs	Add	All Plans, EXCEPT Medicaid / CHIP
J2351	Injection, ocrelizumab and hyaluronidase-ocsq	Add	All Plans, EXCEPT Medicaid / CHIP
J1299	Injection, eculizumab, 2mg	Add	All Plans, EXCEPT Medicaid / CHIP
Q5148	Injection, filgrastim-txid, biosimilar, 1mcg	Add	All Plans, EXCEPT Medicaid / CHIP
Q5152	Injection, eculizumab-aeeb, biosimilar, 2mg	Add	All Plans, EXCEPT Medicaid / CHIP
C9769	CYSTOURETHROSCOPY W/INSERTION OF TEMPORARY PROSTATIC IMPLANT/STENT	Remove Termed	All Plans

C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	Remove Termed	All Plans
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Remove Termed	All Plans
K1002	Cranial electrotherapy stimulation (ces) system, any type	Remove Termed	All Plans
K1009	Speech volume modulation system, any type, including all components and accessories	Remove Termed	All Plans
K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Remove Termed	All Plans
K1017	Monthly supplies for use of device coded at k1016	Remove Termed	All Plans
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	Remove Termed	All Plans
K1019	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	Remove Termed	All Plans
K1020	Non-invasive vagus nerve stimulator	Remove Termed	All Plans
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Remove Termed	All Plans
K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	Remove Termed	All Plans
K1026	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Remove Termed	All Plans
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Remove Termed	All Plans
K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Remove Termed	All Plans

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 5/1/2025**

Service Code	Description	PA Change	Line of Business
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Add Non-emergent transport	All Plans, EXCEPT Medicaid / CHIP
Q5149	Injection, aflibercept-abzv, biosimilar, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
Q5150	Injection, aflibercept-mrbb, biosimilar, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
Q5151	Injection, eculizumab-aagh, biosimilar, 2mg	Add	All Plans, EXCEPT Medicaid / CHIP
J9038	Injection, axatilimab-csfr, 0.1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J3060	Injection, taliglucerate alfa, 10 units	Add	All Plans, INCLUDING MedicAID / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 6/1/2025**

Service Code	Description	PA Change	Line of Business
	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 J9999	Injection, zenocutuzumab-zbco	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, datopotamab deruxtecan-dlnk	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Intraputaminal, eladocagene exuparvovec-tneq infusion	Add	All Plans, EXCEPT Medicaid / CHIP

C9399 J9999	Injection, nivolumab and hyaluronidase-nvhy	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Injection, ustekinumab-stba	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Injection, ustekinumab-kfce	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, treosulfan	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