



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 7/1/2024

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
083 – Panniculectomy – Removal of Redundant Tissue	Retired , use Medical Policy 263 Cosmetic Procedures and Treatment	7/1/2024
050 – Cancer Vaccines	Formatting changes, added hyperlinks to TMPPM and Texas Mandate HB1584, beginning and ending note sections updated to align with CMS requirements and business entity changes. Added guidance on FDA approved melanoma vaccine therapies, T-VEC (Imlygic) and Amtagvi (Lifileucel), in “BACKGROUND” section.	7/1/2024
064 – Gender Affirming Care	Formatting changes, added hyperlinks to Mandates, CMS, and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes. Included SB14 language which prohibits certain procedures and treatment for gender dysphoria.	7/1/2024
201 – Ventricular Assist Devices (VAD) and Artificial Heart	Formatting changes, added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	7/1/2024
204 – Transcatheter Valve Replacement or Repair	Formatting changes, added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	7/1/2024
216 – Preterm and Early-Term Deliveries	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	7/1/2024

263 – Cosmetic Procedures and Treatment	Formatting changes, added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	7/1/2024
282 – Air Ambulance	No changes	7/1/2024
206 – Autism Spectrum Disorder	Updated references	8/1/2024
234 – Neurophysiological Monitoring During Procedures	Formatting changes, added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes, and added additional examples of procedures that may require IONM.	8/1/2024
242 – Vitamin Assays	No changes	8/1/2024
244 – Peer-to-Peer (P2P) Opportunity	No changes	8/1/2024
261 – Out of Network Requests	No changes	8/1/2024
272 – Therapy Services	Formatting changes, added hyperlinks to Mandates and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	8/1/2024
275 – OncoHealth InScope ICD-10 Codes	No changes	8/1/2024
236 – Medications, Services & Supplies NOT Medically Necessary	Added 0266T to require PA as of 9/1/2024.	(OPEN)
290 – Idacabtagene vicleucel (Abecma)	Updated criteria for 3 rd line therapy, max dose, and background information.	9/1/2024
298 – Ciltacabtagene autoleucel (Carvykti)	Updated criteria for 2 nd line therapy and background information.	9/1/2024
309 - Atidarsagene autotemcel (Lenmeldy)	New Policy	9/1/2024
310 - Exagamglogene autotemcel (Casgevvy)	New Policy	9/1/2024
311 - Lovotibeglogene autotemcel (Lyfgenia)	New Policy	9/1/2024

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 7/1/2024**

Service Code	Description	PA Change	Line of Business
	NOTE: The following additions are for pharmaceuticals that previously required PA but were using miscellaneous codes but now have been assigned specific codes		
J2267	Injection, mirikizumab-mrkz, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J3247	Injection, secukinumab, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J3394	Injection, lovetibeglogene autotemcel, per treatment	Add	All Plans, EXCEPT Medicaid / CHIP
J7171	Injection, apadamtase, 10 units	Add	All Plans, EXCEPT Medicaid / CHIP
J7355	Injection, travoprost, intracameral implant, 1mcg	Add	All Plans, EXCEPT Medicaid / CHIP
0184T	RED CELL ANTIGEN DI GENOTYPING, GENE ANALYSIS, SLC4A1 EXON 19	Add	Commercial and Self-funded
J0490	Injection, belimumab, 10 mg	Remove	Commercial and Self-funded
J0717	Injection, certolizumab pegol, 1 mg (Code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Remove	Commercial and Self-funded
J1602	Injection, golimumab, 1 mg, for intravenous use	Remove	Commercial and Self-funded
J2323	Injection, natalizumab, 1 mg	Remove	Commercial and Self-funded
J3262	Injection, tocilizumab, 1 mg	Remove	Commercial and Self-funded
J3380	Injection, vedolizumab, intravenous, 1 mg	Remove	Commercial and Self-funded

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 8/1/2024**

Service Code	Description	PA Change	Line of Business
A2001	InnovaMatrix AC, per sq cm	Add	All Plans, EXCEPT Medicaid / CHIP
21082	Impression and custom preparation; palatal augmentation prosthesis	Add	All Plans, INCLUDING Medicaid / CHIP
21083	Impression and custom preparation; palatal lift prosthesis	Add	All Plans, INCLUDING Medicaid / CHIP
21084	Impression and custom preparation; speech aid prosthesis	Add	All Plans, EXCEPT Medicaid / CHIP
21085	Impression and custom preparation; oral surgical splint	Add	All Plans, INCLUDING Medicaid / CHIP
21086	Impression and custom preparation; auricular prosthesis	Add	All Plans, EXCEPT Medicaid / CHIP

21087	Impression and custom preparation; nasal prosthesis	Add	All Plans, including Medicaid / CHIP
21088	Impression and custom preparation; facial prosthesis	Add	All Plans, including Medicaid / CHIP
21089	Unlisted maxillofacial prosthetic procedure	Add	All Plans, including Medicaid / CHIP
J3393	Injection, betibeglogene autotemcel, per treatment	Add	All Plans, including Medicaid / CHIP
Q0224	Injection, pemivibart	Add	All Plans, EXCEPT Medicaid / CHIP
Q5138	Injection, ustekinumab-auub, biosimilar, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J3263	Injection, toripalimab-tpzi, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5mg	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 9/1/2024**

Service Code	Description	PA Change	Line of Business
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement,	Add	All Plans, except Medicaid / CHIP
S0201	Partial hospitalization services, less than 24 hours, per diem	Add	All Plans, except Medicare
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes		
C9399 J3590	Injection, fidanacogene elaparvovec-dzkt	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, nogapendekin alfa inbakicept-pmln	Add	All Plans, INCLUDING Medicaid / CHIP
C9399 J9999	Injection, tarlatamab-dlle	Add	All Plans, EXCEPT Medicaid / CHIP
J3590	Injection, denosumab	Add	All Plans, INCLUDING Medicaid / CHIP
J9999	Injection, tislelizumab-jsgr	Add	All Plans, INCLUDING Medicaid / CHIP
J9999	Injection, trastuzumab-strf	Add	All Plans, INCLUDING 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