



## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 8/1/2024

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	Added 0266T to require PA as of 9/1/2024.	(OPEN)
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
037 – Genetic Testing	Formatting changes, added hyperlink to TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	9/1/2024
042 – Custodial Care	Formatting changes, added hyperlink to TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	9/1/2024

049 – Dermatoscopy	Formatting changes, added hyperlink to TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	9/1/2024
074 – Occipital Nerve Stimulation	Minor formatting changes.	9/1/2024
210 – Biologicals for Wound Care and Procedures	No changes	9/1/2024
217 – Nitric Oxide Inh in Premature	No changes	9/1/2024
248 – Assistant Surgeon Policy	No changes	9/1/2024
289 – Anesthesia Professional Reimbursement	No changes	9/1/2024
290 – Idacabtagene vicleucel (Abecma)	Updated criteria for 3 <sup>rd</sup> line therapy, max dose, and background information.	9/1/2024
298 – Ciltacabtagene autoleucel (Carvykti)	Updated criteria for 2 <sup>nd</sup> line therapy and background information.	9/1/2024
309 - Atidarsagene autotemcel (Lenmeldy)	New Policy	9/1/2024
310 - Exagamglogene autotemcel (Casgevy)	New Policy	9/1/2024
311 - Lovotibeglogene autotemcel (Lyfgenia)	New Policy	9/1/2024
254 – Emapalumab (Gamifant)	Applied new format and layout, updated background information.	10/1/2024
303 – Teplizumab-mzwv (Tzielid)	Applied new format and layout.	10/1/2024
304 – Valoctocogene roxaparvovec-rvox (Roctavian)	Updated HCPCS code, applied new format and layout.	10/1/2024

**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 8/1/2024**

Service Code	Description	PA Change	Line of Business
A2001	InnovaMatrix AC, per sq cm	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
21082	Impression and custom preparation; palatal augmentation prosthesis	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
21083	Impression and custom preparation; palatal lift prosthesis	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
21084	Impression and custom preparation; speech aid prosthesis	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
21085	Impression and custom preparation; oral surgical splint	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
21086	Impression and custom preparation; auricular prosthesis	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
21087	Impression and custom preparation; nasal prosthesis	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
21088	Impression and custom preparation; facial prosthesis	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
21089	Unlisted maxillofacial prosthetic procedure	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
J3393	Injection, betibeglogene autotemcel, per treatment	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
Q0224	Injection, pemivibart	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5138	Injection, ustekinumab-auub, biosimilar, 1mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3263	Injection, toripalimab-tpzi, 1mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9166	Injection, secukinumab, 1mg	Remove Code Termed	All Plans
C9167	Injection, apadantase, 10 units	Remove Code Termed	All Plans
C9168	Injection, mirikizumab-mrkz, 1mg	Remove Code Termed	All Plans
J9371	Injection, vincristine sulfate liposome, 1mg	Remove Code Termed	All Plans

**Prior Authorization List Changes  
(30-Day Notice / SECOND 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	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
S0201	Partial hospitalization services, less than 24 hours, per diem	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
A9542	Indium IN-111 Ibritumomab tiuxetan DX to 5 mci, diagnostic	Remove	All Plans, <b>EXCEPT</b> Medicaid / CHIP
S0148	Injection, pegylated interferon alfa-2b, 10mcg	Remove Drug	All Plans, <b>INCLUDING</b> Medicaid / CHIP

	<b>NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes</b>		
C9399 J3590	Injection, fidanacogene elaparvovec-dzkt	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J9999	Injection, nogapendekin alfa inbakicept-pmln	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
C9399 J9999	Injection, tarlatamab-dlle	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3590	Injection, denosumab	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
J9999	Injection, tislelizumab-jsgr	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP
J9999	Injection, trastuzumab-strf	Add	All Plans, <b>INCLUDING</b> Medicaid / CHIP

**Prior Authorization List Changes  
(60-Day Notice / FIRST NOTICE)  
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, <b>EXCEPT</b> Medicaid / CHIP
54401	Insertion of penile prosthesis; inflatable (self-contained)	Add PA for all dx	All Plans, <b>EXCEPT</b> Medicaid / CHIP
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Add PA for all dx	All Plans, <b>EXCEPT</b> 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, <b>EXCEPT</b> Medicaid / CHIP
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	Add PA for all dx	All Plans, <b>EXCEPT</b> 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, <b>EXCEPT</b> 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, <b>EXCEPT</b> 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, <b>EXCEPT</b> 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, <b>EXCEPT</b> 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, <b>EXCEPT</b> Medicaid / CHIP
55970	Intersex Surgery male female	Add PA for all dx	All Plans, <b>EXCEPT</b> Medicaid / CHIP
55980	Intersex Surgery female male	Add PA for all dx	All Plans, <b>EXCEPT</b> 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
	<b>NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes</b>		
C9399 J9999	Injection, docetaxel	Add	All Plans, <b>INCLUDING</b> 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](mailto:HPMedicalDirectors@BSWHealth.org)  
*BSWHP Medical Directors*