



## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 2/1/2024

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
051 – Bone Graft Allografts as Standalone Spinal Stabilization Devices	<b>Retired.</b> Codes / information moved to and included in Policy 236 Medications, Services, Supplies NOT Medically Necessary	2/1/2024
243 – Medical Necessity Definition	<b>Retired.</b> Content moved / added to Policy 213 Medical Necessity Determination	2/1/2024
292 – Medicare Non-Texas LCD Coverage	<b>Retired.</b> Policy language incorporated into Policy 213, Medical Necessity Determination	2/1/2024
297 – Authorization Qualifying Diagnoses	<b>Unretired.</b> Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes.	2/1/2024
236 – Medications, Services & Supplies NOT Medically Necessary	Added service codes considered unproven, experimental, or investigation. Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes	(OPEN)
035 – Cold Therapy Devices	Updated Overview section, formatting changes, added hyperlinks to LCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	2/1/2024
213 – Medical Necessity Determination	Updated / included language for compliance with the CMS Final Rule. Language for all other plans clarified. Medical Necessity Definition section added as an appendix	2/1/2024
224 – Psychological Testing	Corrected incorrect policy number / title on header	2/1/2024

244 – Peer-to-Peer Opportunity	Added references to TAC / TMPPM and appendix with TAC language. Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes	2/1/2024
250 – NICU Level of Care	Added language in Policy section referencing AAP, added references, added column in table to include general description of care delivered. Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	2/1/2024
252 – Urine Drug Monitoring in Pain Management and Substance Abuse	Incorrect header policy number corrected to correct policy number	2/1/2024
261 – Out of Network Requests	Added more detailed definitions and language to further clarify different sections. Added references to specific subchapters in Code of Federal Regulations. Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes.	2/1/2024
282 – Air Ambulance	Clarified Medicare and Medicaid guidance. Clarified language and added language for Emergency Air Ambulance use examples. Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	2/1/2024
023 – Varicose Veins	<b>Retired.</b> Criteria present in InterQual. Use InterQual Medicare and Commercial Product criteria	3/1/2024
031 – Epidural Adhesiolysis or RACZ	<b>Retired.</b> Codes / content already included in Policy 236 Medications, Services, Supplies NOT Medically Necessary. Use eviCore for review criteria.	3/1/2024
032 – Extracorporeal Shock Wave Treatment (ESWT) for Plantar Fasciitis and Muscular Skeletal Conditions	<b>Retired.</b> Codes / content included in Policy 236 Medications, Services, Supplies NOT Medically Necessary.	3/1/2024
056 – Interspinous Process Decompression System	<b>Retired.</b> Codes / content already included in Policy 236 Medications, Services, Supplies NOT Medically Necessary. Use eviCore for review criteria.	3/1/2024

075 – Prolotherapy	<b>Retired.</b> Codes / content included in Policy 236 Medications, Services, Supplies NOT Medically Necessary.	3/1/2024
295 – Respiratory Assist Device	<b>Retired.</b> Criteria present in InterQual. Use InterQual Medicare and Commercial Product criteria	3/1/2024
029 – Biochemical Markers of Alzheimer’s Disease	Updated Overview section with updated investigational biomarkers not yet recommended for clinical use. Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
067 – Neutralizing Antibody Testing in Multiple Sclerosis Patients	Formatting changes, added hyperlink TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
072 – Discography	Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
081 – Trigger Point Injection	Formatting changes, added hyperlinks to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
099 – Laser Treatment of Skin Lesions	Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
141- Infertility, Fertility Preservation, Assisted Reproductive Technology	Clarified infertility definition to be more inclusive, included language and codes for HB1649 fertility preservation and adjusted title of policy to include fertility preservation. Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
210 – Biologicals for Wound Care and Procedures	Added and updated NCD / LCD information for specific products. Updated criteria to include new products. Added definitions for standard treatments and wound requirements. Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024

214 – Chiropractic Services	Formatting changes and added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
216 – Preterm and Early Term Deliveries	Added details from referenced tables. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
217 – Inhaled Nitric Oxide in Preterm Infants	No policy changes. Added CPT Code 94799 and reformatted existing criteria. Other formatting changes and added hyperlinks to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
227 – Transoral Fundoplication	Formatting changes, added hyperlinks to LCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
228 – Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia	No change criteria. Clarified to use this policy for all LOBs, except Medicaid if TMPPM has guidance. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
242 – Vitamin Assays	Formatting changes, added hyperlinks to LCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
247 – Claim Review Process	Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
248 – Assistant Surgeon Policy	Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
251 – Neuromuscular Stimulation	No criteria change. Removed language already included in NCDs, LCDs, and TMPPM, added hyperlinks to NCD, LCD, and TMPPM, codes updated. Formatting changes, updated beginning and ending note sections to align with CMS requirements and business entity changes	3/1/2024
294 – Endoscopic Surgery for Craniosynostosis	Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024

299 – Compression Garments	Clarified where quantity limits apply and added missing HCPCS codes. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
300 – Balloon Dilation of the Eustachian Tube	Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	3/1/2024
350 – Medicaid Over the Limit Supplies	<b>Retired.</b> Content added to Policy 028 Durable Medical Equipment which will be renamed to Durable Medical Equipment and Over the Limit Supplies.	4/1/2024
028 – Durable Medical Equipment and Over the Limit Supplies	Changed Policy name from “Durable Medical Equipment” to “Durable Medical Equipment and Over the Limit Supplies”. Incorporated over the limit supplies details from the retired “Medicaid Over the Limit Supplies” Policy. Removed list of codes from the policy and advised to check TMPPM for recommended supply limits for DME. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes	4/1/2024

**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 2/1/2024**

J0217	Injection, velmanase alfa-tycv, 1mg	Add	All Plans, except Medicaid / CHIP
J1246	Injection, dinutuximab, 0.1mg	<b>Remove, CMS no longer creating this code</b>	All Plans
J1413	Injection, delandistrogene moxeparvovec-rokl	Add	PA notice previously provided effective 1/1/2024 for All Plans except Medicaid  Per HHSC, Medicaid PA effective 2/1/2024
J9029	Injection, nadofaragene firadenovec-vncg	Add	Medicaid / CHIP

**Prior Authorization List Changes  
(30-Day Notice / SECOND NOTICE)  
Effective 3/1/2024**

	<b>NOTE: Some of the following additions may be potentially “Experimental, Investigational, or Unproven”</b>		
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Add	All Plans, except Medicaid / CHIP
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Add	All Plans, except 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, secukinumab (IV)	Add	All Plans, except Medicaid / CHIP
C9399 J3590	Injection, cipaglucoisidase alfa-atga	Add	All Plans, except Medicaid / CHIP
C9399 J3590	Injection, mirikizumab-mrkz	Add	All Plans, except Medicaid / CHIP
	<b>NOTE: Per HHSC guidance, the following additions require PA for Medicaid Plans as of 3/1/2024. Some codes may have already required PA for other plans as noted.</b>		
J1000	Injection, depo-estradiol cypionate, up to 5 mg	Add	Medicaid
J1071	Injection, testosterone cypionate, 1 mg	Add	Medicaid
J1380	Injection, estradiol valerate, up to 10 mg	Add	Medicaid
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Add	Medicaid

J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Add	Medicaid, All other plans already require PA
J3121	Injection, testosterone enanthate, 1 mg	Add	Medicaid
J3145	Injection, testosterone undecanoate, 1 mg	Add	Medicaid
J3315	Injection, triptorelin pamoate, 3.75 mg	Add	Medicaid, All other plans already require PA
J3316	Injection, triptorelin, extended-release, 3.75 mg	Add	Medicaid, All other plans already require PA
J9155	Injection, degarelix, 1 mg	Add	Medicaid, All other plans already require PA
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Add	Medicaid, All other plans already require PA
J9218	Leuprolide acetate, per 1 mg	Add	Medicaid, All other plans already require PA
J9226	Histrelin implant (supprelin la), 50 mg	Add	Medicaid, All other plans already require PA
S0189	Testosterone pellet, 75 mg	Add	Medicaid

**Prior Authorization List Changes  
(60-Day Notice / FIRST NOTICE)  
Effective 4/1/2024**

	<b>NOTE: Some of the following additions may be potentially "Experimental, Investigational, or Unproven"</b>		
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	Add This is a Medicare specific code	Medicare
	<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, ADAMTS13, recombinant-krhn	Add	All Plans, except Medicaid / CHIP
C9399 J3590	Injection, exagamglogene autotemcel	Add	All Plans, except Medicaid / CHIP
C9399 J3490	Intracameral Implant, travoprost 75mcg	Add	All Plans, except Medicaid / CHIP
C9399 J9999	Injection, toripalimab-tpzi	Add	All Plans, except Medicaid / CHIP
C9399 J3590	Injection, lovotibeglogene autotemcel	Add	All Plans, except Medicaid / CHIP
J9999	Injection, efbemalenograstim alfa-vuxw	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](mailto:HPMedicalDirectors@BSWHealth.org)  
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