



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 11/1/2024

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
045 – Immune Globulin Therapy	Applied new format and layout, updated codes, added CMS hyperlinks.	11/1/2024
063 – Preventive Care – Affordable Care Act	Updated preventive coverage for Medicare regarding Preexposure Prophylaxis (PrEP) Using Antiretroviral Therapy to Prevent Human Immunodeficiency Virus (HIV) Infection, screening tests, and counseling visits based on National Coverage Analysis Decision Memo (CAG-00464N).	11/1/2024
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
236 – Medications, Services & Supplies NOT Medically Necessary	Added 0054T, updated references for existing code 0055T. Removed 33267 – 33269, are considered medically necessary under certain circumstances.	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 Abeparvovec (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)	Added three new indications, updated treatment center to REMS, updated layout (dividing criteria into “universal criteria” and “indication specific criteria”), added additional exclusion criteria (13d-i), modified universal criteria (8), updated background to include CLL/MCL/FL, updated ICD10 codes (C82.00 – C82.69, C82.80 – C82.99, C83.00 – C83.09, C83.10 – C83.19, C91.10, C91.12).	11/1/2024
293 – Aducanumab-avwa (Aduhelm)	Applied new format and layout.	11/1/2024
301 – Lecanemab (Leqembi)	Applied new format and layout. Add CMS NCD hyperlink. Reworded lumbar puncture criteria for clarity.	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
215 - Medications Covered Under Medical	Minor formatting changes, added hyperlinks.	1/1/2025
219 - Cancer Chemotherapy / Therapy Guidelines	Updated format. Added dosing and sequential therapy criteria. Add appendix for auth duration. Added hyperlinks.	1/1/2025

235 – Palivizumab (Synagis)	Rename policy for consistency. Updated to reflect most recent AAP/ACIP recommendations used.	1/1/2025
238 – Cerliponase alfa (Brineura)	Renamed policy. Applied new format and layout. Updated criteria to align with FDA expanded indication for age, stage of disease, contraindications, and background.	1/1/2025
278 – Axicabtagene ciloleucel (Yescarta)	Reformatted with Universal and Specific criteria, updated universal criteria to align exclusion criteria when applicable across CAR-T therapies.	1/1/2025
279 – Tisagenlecleucel (Kymriah)	Reformatted with Universal and Specific criteria, updated universal criteria to align exclusion criteria when applicable across CAR-T therapies.	1/1/2025
280 – Medications for Duchenne Muscular Dystrophy	Updated format and layout to separate out universal criteria, added criteria and background information for delandistrogene, updated authorization duration, added requirement of both RPh and medical director review.	1/1/2025
281 – Brexucabtagene autoleucel (Tecartus)	Reformatted with Universal and Specific criteria, Updated universal criteria to align exclusion criteria when applicable across CAR-T therapies.	1/1/2025
305 – Nirsevimab (Beyfortus)	Updated to reflect most recent AAP/ACIP recommendations used.	1/1/2025
306 - Step Therapy Policy – Commercial plans	Added bendamustine, bone antisorptive therapy, and taxane classes. Added hyperlinks.	1/1/2025
307 - Step Therapy Policy – Medicare Part B	Added bendamustine, bone antisorptive therapy, and taxane classes. Added hyperlinks.	1/1/2025
314 – Nodapendekin alfa inbakicept (Anktiva)	New policy	1/1/2025

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 11/1/2024**

Service Code	Description	PA Change	Line of Business
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
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
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 performed	Add	All Plans, EXCEPT Medicaid / CHIP
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Add	All Plans, EXCEPT Medicaid / CHIP
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Add	All Plans, EXCEPT Medicaid / CHIP
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass	Add	All Plans, EXCEPT Medicaid / CHIP
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Add	All Plans, EXCEPT Medicaid / CHIP

93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass	Add	All Plans, EXCEPT Medicaid / CHIP
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including	Add	All Plans, EXCEPT Medicaid / CHIP
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including	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 including intraprocedural injection(s) for left ventriculography, when performed	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 including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in	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
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
J0175	Injection, donanemab-azbt, 2mg	Add	All Plans, EXCEPT Medicaid / CHIP
J7517	Mycophenolate mofetil, oral, 250 mg	Add	Medicare Plans
J7518	Mycophenolic acid, oral, 180 mg	Add	Medicare Plans
J8522	Oral, capecitabine, 150mg	Add	Medicare Plans
J9262	Inj, omacetaxine mep, 0.01mg	Remove	All Plans

	NOTE: The following additions are for pharmaceuticals that previously required PA using miscellaneous codes and now are being updated to require PA with newly assigned HCPCS code(s)		
J9172	Injection, docetaxel	Add	All Plans, EXCEPT Medicaid / CHIP
	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 J3590	Injection, crovalimab-akkz	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, imetelstat	Add	All Plans, EXCEPT Medicaid / CHIP

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

Service Code	Description	PA Change	Line of Business
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Remove	All Plans, EXCEPT Medicaid / CHIP
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Remove	All Plans, EXCEPT Medicaid / CHIP
	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 J3590	Injection, nemolizumab-ilto	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, afamitresgene autoleucel	Add	All Plans, EXCEPT Medicaid / CHIP

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

Service Code	Description	PA Change	Line of Business
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	Add	All Plans, EXCEPT Medicaid / CHIP
	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		
J9999	Injection, denileukin diftiox-cxdi 300mcg	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