



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 6/1/2024

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 | Updated references for existing codes on E&I list (C1825, 0200T, 0232T, 0571T, 0577T) | (OPEN) |
| 081 – Trigger Point Injection | No changes | 6/1/2024 |
| 137 – Psychologic Evaluation for Medical Procedures | Added reference for psychological assessment for bariatric surgery. | 6/1/2024 |
| 209 – Breast Reduction Surgery | 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. | 6/1/2024 |
| 211 – Orthoptic and Vision Therapy | Formatting changes and added hyperlink to TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes. | 6/1/2024 |
| 214 – Chiropractic Services | No changes | 6/1/2024 |
| 224 – Psychological Testing | No changes | 6/1/2024 |
| 229 – Keratoconus and Medical Contact Lens | Formatting changes, added hyperlinks to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes. | 6/1/2024 |
| 258 – Fetal Surgery | Formatting changes, added hyperlinks to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes. | 6/1/2024 |
| 308 – Elivaldogene autotemcel | New Policy | 6/1/2024 |
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| 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. | 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. Added “BACKGROUND / DEFINITIONS” section. Added language and references for Panniculectomy from retired Medical Policy 083 – Panniculectomy. | 7/1/2024 |
| 282 – Air Ambulance | No changes | 7/1/2024 |

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 6/1/2024**

| Service Code | Description | PA Change | Line of Business |
|----------------|---|-----------|-----------------------------------|
| Q5133 | Injection, tocilizumab-bavi, biosimilar, 1mg | Add | All Plans, except Medicaid / CHIP |
| Q5134 | Injection, natalizumab-sztn, biosimilar, 1mg | Add | All Plans, except Medicaid / CHIP |
| J1950 | Injection, leuprolide acetate (for depot suspension), per 3.75 mg | Add | All Plans, except Medicaid / CHIP |
| J9071 | Injection, cyclophosphamide, (auromedics), 5 mg | Add | All Plans, except Medicaid / CHIP |
| Q2049 | Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg | Add | All Plans, except Medicaid / CHIP |
| Q2050 | Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg | Add | All Plans, except Medicaid / CHIP |
| | NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) in the future | | |
| J9999 | Injection, bevacizumab-tnjn | Add | All Plans, except Medicaid / CHIP |
| 90283 J1599 | Injection, immune globulin, human-stwk, 10% | Add | All Plans, except Medicaid / CHIP |

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 7/1/2024**

| Service Code | Description | PA Change | Line of Business |
|--------------|--|-----------|--------------------|
| 0184T | RED CELL ANTIGEN DI GENOTYPING, GENE ANALYSIS, SLC4A1 EXON 19 | Add | Commercial and ASO |
| J0490 | Injection, belimumab, 10 mg | Remove | ASO |
| 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 | ASO |
| J1602 | Injection, golimumab, 1 mg, for intravenous use | Remove | ASO |
| J2323 | Injection, natalizumab, 1 mg | Remove | ASO |
| J3262 | Injection, tocilizumab, 1 mg | Remove | ASO |
| J3380 | Injection, vedolizumab, intravenous, 1 mg | Remove | ASO |

**Prior Authorization List Changes
(60-Day Notice / FIRST 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 |

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| 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 |

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