



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 2/1/2025

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
001 – Acupuncture	Added descriptions for codes in codes section. Updated references. Ending note section updated to align with business entity changes.	2/1/2025
282 – Air Ambulance	Minor formatting changes, ending note section updated to align with business entity changes.	2/1/2025
289 – Anesthesia Professional Reimbursement	Ending note section updated to align with business entity changes.	2/1/2025
248 – Assistant Surgeon Policy	Ending note section updated to align with business entity changes.	2/1/2025
297 – Authorization Qualifying Diagnoses	Replaced “Not applicable” with “Varies by plan” in the “Prior Authorization” section. Ending note section updated to align with business entity changes.	2/1/2025
247 – Claim Review Process	Ending note section updated to align with business entity changes.	2/1/2025
035 – Cold Therapy Devices	Added table of FDA cleared devices. Updated and revised language and references. Ending note section updated to align with business entity changes.	2/1/2025
299 – Compression Garments	Added language, HCPCS and ICD-10 codes related to lymphedema and compression garments. Ending note section updated to align with business entity changes.	2/1/2025

029 – Biochemical Markers of Alzheimer’s Disease	Ending note section updated to align with business entity changes.	2/1/2025
030 – Bone Turnover Markers	Added hyperlink to LCD. Ending note section updated to align with business entity changes.	2/1/2025
213 – Medical Necessity Determination	Minor formatting changes. Moved appendix section to the last pages of the policy. Ending note section updated to align with business entity changes.	2/1/2025
236 – Medications, Services & Supplies NOT Medically Necessary	Removed codes that are termed or have criteria for medical necessity (22860, 22867, 22868, 64625, 0164T, 0165T, 0274T, 0424T – 0436T, 0465T, 0508T, 0533T – 0536T, 0627T – 0630T, 0641T, 0642T, 0715T, 0768T, 0769T, 0775T, 0809T, C9757, 81449, 81451, 81456, 81529, 81535, 81536, 81539, 0002U, 0003U, 0005U, 0009U, 0016U, 0017U, 0019U, 0021U – 0023U, 0027U, 0036U, 0040U, 0046U, 0048U-0050U, 0080U, 0083U, 0089U – 0092U, 0101U – 103U, 0110U, 0111U, 0113U, 0120U, 0129U – 0138U, 0153U – 0155U, 0157U – 0162U, 0167U, 0171U, 0172U, 0174U, 0177U, 0179U, 0204U, 0228U, 0229U, 0235U, 0238U, 0242U, 0244U, 0245U, 0248U, 0249U, 0261U, 0262U, 0285U, 0287U, 0288U, 0295U – 0300U, 0306U, 0307U, 0313U – 0315U, 0317U, 0326U, 0329U, 0332U – 0334U, 0337U – 0340U, 0342U, 0343U, 0356U, 0357U, 0359U, 0360U, 0362U – 0368U, 0375U, 0376U, 0379U, 0386U, 0387U, 0388U, 0391U, 0395U, 0397U).	2/1/2025
275 – OncoHealth InScope ICD-10 Codes	Minor formatting changes, ending note section updated to align with business entity changes.	2/1/2025
025 – Deep Brain Stimulation	Minor formatting / edits, removed codes not related to deep brain stimulation.	3/1/2025
026 – Dental Services and Anesthesia	Added hyperlinks for additional details for Medicare plans including exclusions and exceptions per Social Security Act, added DMO clarification for Medicaid plans.	3/1/2025
028 – Durable Medical Equipment and Over the Limit Supplies	Clarified language for use of code E1399 miscellaneous DME and for use of code K0108 for miscellaneous options, accessories, or replacement parts for wheelchairs, added references.	3/1/2025
029 – Biologicals for Wound Care and Procedures	Updated background information and treatable conditions for some covered products. Ending note section updated to align with business entity changes.	3/1/2025
049 – Dermatoscopy	Ending note section updated to align with business entity changes.	3/1/2025
065 – Cardiac Monitoring - Outpatient	Removed duplicate CPT codes, formatting changes, updated ending note sections to align with CMS requirements and business entity changes.	3/1/2025

072 – Discography	Clarified coverage for lumbar discography and use of InterQual criteria and no coverage for cervical and thoracic discography.	3/1/2025
209 – Breast Reduction Surgery	Updated criteria for Breast Reduction Surgery Medical Necessity criteria. Ending note section updated to align with business entity changes.	3/1/2025
214 – Chiropractic Services	Ending note section updated to align with business entity changes.	3/1/2025
244 – Peer-to-Peer (P2P) Opportunity	Clarified and moved Medicaid information under Medicaid section, clarified P2P Timeline chart for plans governed by TDI, added Code of Federal Regulations reference, and moved appendix section to end of document.	3/1/2025
261 – Out of Network Requests	Added hyperlinks to references for appointment wait time standards for Medicare, federally facilitated exchange plans, and for all other plans. Clarified language in several sections. Added definitions for emergency care and urgent care services.	3/1/2025
296 – Clinical Trials	Ending note section updated to align with business entity changes.	3/1/2025
300 – Balloon Dilation of the Eustachian Tube	Added contraindications to balloon dilation, updated background section, updated ICD-10 code table with descriptions of codes. Ending note section updated to align with business entity changes.	3/1/2025
219 – Cancer Chemotherapy and Therapy Guidelines	Added Tecentriq Hybreza to Appendix A.	3/1/2025

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 1/1/2025**

Service Code	Description	PA Change	Line of Business
J3392	Injection, exagamglogene autotemcel, per treatment	Add	All Plans, INCLUDING Medicaid / CHIP
J3394	Injection, lovitibeglogene autotemcel, per treatment	Add	Medicaid / CHIP

**Prior Authorization List Changes
Effective 2/1/2025**

Service Code	Description	PA Change	Line of Business
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	Add	All Plans, EXCEPT Medicaid / CHIP
Q5139	Injection, eculizumab-aeeb, biosimilar, 10mg	Add	All Plans, EXCEPT Medicaid / CHIP
J7514	Oral, mycophenolate mofetil suspension 200mg/ml	Add	Medicare
Q9997	Injection, ustekinumab-ttwe, biosimilar, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J1628	Injection, guselkumab, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J9020	Injection, asparaginase, 10,000 units	Add	All Plans, EXCEPT Medicaid / CHIP
J0175	Injection, donanemab-azbt, 2mg	Add	Medicaid / CHIP
J0870	Injection, imetelstat	Add	Medicaid / CHIP
J9071	Injection, cyclophosphamide, (auromedics), 5 mg	Remove	All Plans, EXCEPT Medicaid / CHIP

61790	CREATE LES STRTCTC PRQ NEUROLYTIC GASSERIAN	Remove	All Plans, INCLUDING Medicaid / CHIP
61791	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	Remove	All Plans, INCLUDING Medicaid / CHIP
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	Remove	All Plans, INCLUDING Medicaid / CHIP
61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	Remove	All Plans, INCLUDING Medicaid / CHIP
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	Remove	All Plans, INCLUDING Medicaid / CHIP
61799	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	Remove	All Plans, INCLUDING Medicaid / CHIP
61800	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	Remove	All Plans, INCLUDING Medicaid / CHIP
A9513	Lutetium Lu 177, dotatate	Remove	All Plans, INCLUDING Medicaid / CHIP
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Remove	All Plans, INCLUDING Medicaid / CHIP
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI	Remove	All Plans, INCLUDING 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, aflibercept-ayyh, intravitreal injection (biosimilar to Eylea)	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3490	Injection, foscarbidopa and foslevodopa, subcutaneous infusion	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, zolbetuximab-clzb	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Injection, ocrelizumab and hyaluronidase-ocsq	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, atezolizumab and hyaluronidase-tqjs	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 3/1/2025**

Service Code	Description	PA Change	Line of Business
C9173	Injection, filgrastim-txid, biosimilar, 1mcg	Add	All Plans, EXCEPT Medicaid / CHIP
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	Remove	Medicaid / CHIP
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Remove	Medicaid / CHIP
H0031	Mental health assessment, by nonphysician	Remove	Medicaid / CHIP
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Remove	All Plans, INCLUDING Medicaid / CHIP
J8610	Oral, Methotrexate, 2.5mg	Remove	MediCARE
J8611	Oral, Methotrexate, 2.5mg	Remove	MediCARE
J8612	Oral, Methotrexate, 2.5mg	Remove	MediCARE
J7517	Oral, Mycophenolate mofetil, 250mg	Remove	MediCARE
J7518	Oral, Mycophenolate mofetil, 180mg	Remove	MediCARE
J8522	Oral, Capecitabine, 50mg	Remove	MediCARE
J9071	Injection, cyclophosphamide, (auromedics), 5 mg	Remove	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 4/1/2025**

Service Code	Description	PA Change	Line of Business
	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 J9999	Injection, obecabtagene autoleucl	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Injection, marstacimab-hncq	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, zanidatamab-hrii	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