



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 4/1/2024

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
350 – Medicaid Over the Limit Supplies	Retired. Content added to Policy 028 Durable Medical Equipment which will be renamed to Durable Medical Equipment and Over the Limit Supplies.	4/1/2024
236 – Medications, Services & Supplies NOT Medically Necessary	Updated references for existing codes on E&I list (28890, 30469, 36836, 36837, 64625, 64628, 64629, E0764, Q4116, Q4182, 0101T, 0102T)	(OPEN)
001 - Acupuncture	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	4/1/2024
013 – Seizure Disorders: Invasive Treatments (Epilepsy Surgery)	Corrected the Last Review dates and Next Review Dates and corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	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. Added details regarding exercise equipment that is considered non-DME. Added Home Health DME and Supplies Exceptional Circumstances provision to the “Background” section. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	4/1/2024

030 – Bone Turnover Markers	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
035 – Cold Therapy Devices	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
060 – Nerve Graft with Radical Prostatectomy	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
065 – Cardiac Monitoring	Removed retired CPT codes (33284, 93299), added CPT code (93297). 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. Removed retired LCDs.	4/1/2024
074 – Occipital Nerve Stimulation	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
084 – Vertebroplasty Kyphoplasty Sacroplasty	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
110 – Obstructive Sleep Apnea Diagnosis and Treatment	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
141- Infertility, Fertility Preservation, Assisted Reproductive Technology	Clarified infertility definition to be more inclusive, included language and appendices for HB1649 fertility preservation, including applicable codes, and adjusted title of policy to include fertility preservation. Formatting changes and added hyperlinks to TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	4/1/2024
210 – Biologicals for Wound Care and Procedures	Updated codes that are covered and not covered due to evolving evidence. Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity change.	4/1/2024
213 – Medical Necessity Determination	Updated language to describe use of alternate InterQual Products when InterQual criteria do not exist for a specific line of business (i.e., use of InterQual Medicare Product for Commercial lines of business, if an InterQual Commercial Product does not exist, included use of non-Texas LCDs as resources when appropriate.	4/1/2024
244 – Peer-to-Peer (P2P) Opportunity	Clarified “Medicaid plans” section	4/1/2024

261 – Out of Network Requests	Corrected the Last Review dates and Next Review Dates.	4/1/2024
282 – Air Ambulance	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance, added reference to Medicare Benefit Policy Manual hyperlink to Medicare Plans section.	4/1/2024
289 – Anesthesia Professional Reimbursement	Formatting changes and added hyperlink to TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	4/1/2024
296 – Clinical Trials	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.	4/1/2024
251 – Neuromuscular Stimulation	Retired , use InterQual criteria	5/1/2024
025 – Deep Brain Stimulation	Removed codes that have been deleted (95974, 95975, 95978, 95979). Formatting changes, removed criteria that can be found in NCD / TMPPM and added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity change.	5/1/2024
026 – Dental Services and Anesthesia for Dental Services	Added “Background” section, formatting changes, added hyperlinks to Medicare / NCD documents and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	5/1/2024
044 – Hyperbaric Oxygen Therapy	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.	5/1/2024
052 – Incontinence Treatments	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.	5/1/2024
129 – Transplantation 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.	5/1/2024
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	5/1/2024
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.	5/1/2024

233 – Magnetic Sphincter Augmentation (Linx) for GERD	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not	5/1/2024
250 – NICU Level of Care	No changes	5/1/2024
252 – Urine Drug Monitoring	No changes	5/1/2024
306 – Step Therapy Policy – Commercial Plans	Updated nonpreferred bevacizumab, botulinum toxins, and VEGF inhibitors for new agents	5/1/2024
307 – Step Therapy Policy – Medicare Part B	Updated nonpreferred bevacizumab and VEGF inhibitors for new agents	5/1/2024
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	6/1/2024
308 – Elivaldogene autotemcel	New Policy	6/1/2024

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 4/1/2024**

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	Medicare (This is a Medicare specific code)
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes		
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, lovetibeglogene autotemcel	Add	All Plans, except Medicaid / CHIP
J9999	Injection, efbemalenograstim alfa-vuxw	Add	All Plans, except Medicaid / CHIP
C9399 J3490	Injection, nedosiran	Add	All Plans, except Medicaid / CHIP
C9399 J9999	Injection, lifileucel	Add	All Plans, except Medicaid / CHIP

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 5/1/2024**

	NOTE: The following changes are for codes that will change PA requirement from "ALL DIANGOSES" to PA for "ONCOLOGY DX ONLY"		
J0185	Injection, aprepitant, 1 mg	Change	All Plans, except Medicaid / CHIP
J0208	Injection, sodium thiosulfate, 100 mg	Change	All Plans, except Medicaid / CHIP
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Change	All Plans, except Medicaid / CHIP
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	Change	All Plans, except Medicaid / CHIP
J0893	Injection, decitabine (sun pharma) not therapeutically equivalent to J0894, 1 mg	Change	All Plans, except Medicaid / CHIP
J0894	Injection, decitabine, 1 mg	Change	All Plans, except Medicaid / CHIP
J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to J1453, 1 mg	Change	All Plans, except Medicaid / CHIP
J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral	Change	All Plans, except Medicaid / CHIP
J9015	Injection, aldesleukin, per single use vial	Change	All Plans, except Medicaid / CHIP
J9023	Injection, avelumab, 10 mg	Change	All Plans, except Medicaid / CHIP
J9033	Injection, bendamustine hcl (treanda), 1 mg	Change	All Plans, except Medicaid / CHIP
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Change	All Plans, except Medicaid / CHIP
J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg	Change	All Plans, except Medicaid / CHIP
J9041	Injection, bortezomib, 0.1 mg	Change	All Plans, except Medicaid / CHIP
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to J9041, 0.1 mg	Change	All Plans, except Medicaid / CHIP
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg	Change	All Plans, except Medicaid / CHIP
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg	Change	All Plans, except Medicaid / CHIP
J9051	Injection, bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg	Change	All Plans, except Medicaid / CHIP
J9055	Injection, cetuximab, 10 mg	Change	All Plans, except Medicaid / CHIP
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Change	All Plans, except Medicaid / CHIP
J9057	Injection, copanlisib, 1 mg	Change	All Plans, except Medicaid / CHIP
J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	Change	All Plans, except Medicaid / CHIP
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	Change	All Plans, except Medicaid / CHIP
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Change	All Plans, except Medicaid / CHIP
J9207	Injection, ixabepilone, 1 mg	Change	All Plans, except Medicaid / CHIP
J9225	Histrelin implant (vantas), 50 mg	Change	All Plans, except Medicaid / CHIP

J9305	Injection, pemetrexed, not otherwise specified, 10 mg	Change	All Plans, except Medicaid / CHIP
J9328	Injection, temozolomide, 1 mg	Change	All Plans, except Medicaid / CHIP
J9600	Injection, porfimer sodium, 75 mg	Change	All Plans, except Medicaid / CHIP
Q2017	Injection, teniposide, 50 mg	Change	All Plans, except Medicaid / CHIP
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Change	All Plans, except Medicaid / CHIP
Q5126	Injection, bevacizumab-maly, biosimilar, (alymysys), 10 mg	Change	All Plans, except Medicaid / CHIP
	NOTE: The following changes are for codes that will change PA requirement from PA for "ONCOLOGY DX ONLY" to PA for "NON-ONCOLOGY DX ONLY"		
J1930	Injection, lanreotide, 1 mg	Change	All Plans, except Medicaid / CHIP
J1932	Injection, lanreotide, (cipla), 1 mg	Change	All Plans, except Medicaid / CHIP
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Change	All Plans, except Medicaid / CHIP
	NOTE: The following codes no longer require PA for the plans listed		
J3315	Injection, triptorelin pamoate, 3.75 mg	Remove	All Plans, except Medicaid / CHIP
J3316	Injection, triptorelin, extended-release, 3.75 mg	Remove	All Plans, except Medicaid / CHIP
J9027	Injection, clofarabine, 1 mg	Remove	All Plans, except Medicaid / CHIP
J9155	Injection, degarelix, 1 mg	Remove	All Plans, except Medicaid / CHIP
J9218	Leuprolide acetate, per 1 mg	Remove	All Plans, except Medicaid / CHIP
J3315	Injection, triptorelin pamoate, 3.75 mg	Remove	All Plans, except Medicaid / CHIP
J3316	Injection, triptorelin, extended-release, 3.75 mg	Remove	All Plans, except Medicaid / CHIP
J9027	Injection, clofarabine, 1 mg	Remove	All Plans, except Medicaid / CHIP
J9155	Injection, degarelix, 1 mg	Remove	All Plans, except Medicaid / CHIP
J9218	Leuprolide acetate, per 1 mg	Remove	All Plans, except Medicaid / CHIP
A9590	Iodine i-131, iobenguane, 1 millicurie	Remove	All Plans, except Medicaid / CHIP
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Remove	All Plans, except Medicaid / CHIP
J2820	Injection, sargramostim (gm-csf), 50 mcg	Remove	All Plans, except Medicaid / CHIP
J9017	Injection, arsenic trioxide, 1 mg	Remove	All Plans, except Medicaid / CHIP
J9030	Bcg live intravesical instillation, 1 mg	Remove	All Plans, except Medicaid / CHIP
J9050	Injection, carmustine, 100 mg	Remove	All Plans, except Medicaid / CHIP
J9120	Injection, dactinomycin, 0.5 mg	Remove	All Plans, except Medicaid / CHIP

J9178	Injection, epirubicin hcl, 2 mg	Remove	All Plans, except Medicaid / CHIP
J9200	Injection, floxuridine, 500 mg	Remove	All Plans, except Medicaid / CHIP
J9211	Injection, idarubicin hydrochloride, 5 mg	Remove	All Plans, except Medicaid / CHIP
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Remove	All Plans, except Medicaid / CHIP
J9216	Injection, interferon, gamma 1-b, 3 million units	Remove	All Plans, except Medicaid / CHIP
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	Remove	All Plans, except Medicaid / CHIP
J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	Remove	All Plans, except Medicaid / CHIP
J9246	Injection, melphalan (evomela), 1 mg	Remove	All Plans, except Medicaid / CHIP
J9268	Injection, pentostatin, 10 mg	Remove	All Plans, except Medicaid / CHIP
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	Remove	All Plans, except Medicaid / CHIP
J9330	Injection, temsirolimus, 1 mg	Remove	All Plans, except Medicaid / CHIP
J9357	Injection, valrubicin, intravesical, 200 mg	Remove	All Plans, except Medicaid / CHIP
J9393	Injection, fulvestrant (teva) not therapeutically equivalent to J9395, 25 mg	Remove	All Plans, except Medicaid / CHIP
A9543	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Remove	All Plans, except Medicaid / CHIP
A9600	Strontium sr-89 chloride, therapeutic, per millicurie	Remove	All Plans, except Medicaid / CHIP
J0207	Injection, amifostine, 500 mg	Remove	All Plans, except Medicaid / CHIP
J0594	injection, busulfan, 1 mg	Remove	All Plans, except Medicaid / CHIP
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Remove	All Plans, except Medicaid / CHIP
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	Remove	All Plans, except Medicaid / CHIP
J2425	Injection, palifermin, 50 micrograms	Remove	All Plans, except Medicaid / CHIP
J2469	Injection, palonosetron hcl, 25 mcg	Remove	All Plans, except Medicaid / CHIP
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Remove	All Plans, except Medicaid / CHIP
J8565	Gefitinib, oral, 250 mg	Remove	All Plans, except Medicaid / CHIP
J9065	Injection, cladribine, per 1 mg	Remove	All Plans, except Medicaid / CHIP
J9320	Injection, streptozocin, 1 gram	Remove	All Plans, except Medicaid / CHIP
J9340	Injection, thiotepa, 15 mg	Remove	All Plans, except Medicaid / CHIP
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg	Remove	All Plans, except Medicaid / CHIP
J9395	Injection, fulvestrant, 25 mg	Remove	All Plans, except Medicaid / CHIP
J9052	Injection, carmustine, 100mg	Remove	All Plans, except Medicaid / CHIP
A9543	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Remove	All Plans, except Medicaid / CHIP

A9600	Strontium sr-89 chloride, therapeutic, per millicurie	Remove	All Plans, except Medicaid / CHIP
J0207	Injection, amifostine, 500 mg	Remove	All Plans, except Medicaid / CHIP
J0594	injection, busulfan, 1 mg	Remove	All Plans, except Medicaid / CHIP
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Remove	All Plans, except Medicaid / CHIP
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	Remove	All Plans, except Medicaid / CHIP
J2425	Injection, palifermin, 50 micrograms	Remove	All Plans, except Medicaid / CHIP
J2469	Injection, palonosetron hcl, 25 mcg	Remove	All Plans, except Medicaid / CHIP
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Remove	All Plans, except Medicaid / CHIP
J8565	Gefitinib, oral, 250 mg	Remove	All Plans, except Medicaid / CHIP
J9065	Injection, cladribine, per 1 mg	Remove	All Plans, except Medicaid / CHIP
J9320	Injection, streptozocin, 1 gram	Remove	All Plans, except Medicaid / CHIP
J9340	Injection, thiotepa, 15 mg	Remove	All Plans, except Medicaid / CHIP
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg	Remove	All Plans, except Medicaid / CHIP
J9395	Injection, fulvestrant, 25 mg	Remove	All Plans, except Medicaid / CHIP
J9052	Injection, carmustine, 100mg	Remove	All Plans, except Medicaid / CHIP
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	Remove	All Plans, except Medicaid / CHIP
S0122	Injection, menopins, 75 IU	Remove	All Plans, except Medicaid / CHIP
S0126	Injection, follitropin alfa, 75 IU	Remove	All Plans, except Medicaid / CHIP
S0128	Injection, follitropin beta, 75 IU	Remove	All Plans, except Medicaid / CHIP
S0132	Injection, ganirelix acetate, 250 mcg	Remove	All Plans, except Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 6/1/2024**

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

Prior Authorization List Changes for Medicaid

	NOTE: The following additions are for Medicaid / CHIP where HHSC guidance requires PA effective on dates listed.		
S0013	Esketamine, nasal spray, 1 mg	Add	Medicaid / CHIP Effective 1/1/2021
J0217	Injection, velmanase alfa-tycv, 1mg	Add	Medicaid / CHIP Effective 2/1/2024
J2508	Injection, pegunigalsidase alfa-iwxj, 1mg	Add	Medicaid / CHIP Effective 2/1/2024

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