# Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 8/1/2025

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 |
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| 201 - Ventricular Assist Devices (VAD) and Artificial Heart | No Changes | 8/1/2025 |
| 211 – Orthoptic and Vision Therapy | Updated hyperlink for TMPPM, Updated Background section, updated description of cpt code 92065 and added cpt code 92066 as covered; added additional references | 8/1/2025 |
| 216 – Preterm and Early Term Deliveries | Added “HSD reviews each hospitalization from the time of patient admission or observation through discharge and follow-up care. Each hospitalization day must meet InterQual® and/or BSWHP internally developed medical necessity criteria, as determined by Plan Medical Director(s)”; Updated “Medicaid Plans and Timing of Deliveries” Table | 8/1/2025 |
| 228 - Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia | Updated criteria to include achalasia types I and II as well as Eckardt; include contraindications; update background section; added additional references #34, 35, and 36 | 8/1/2025 |
| 236 – Medications, Services & Supplies NOT Medically Necessary | Removed codes that are termed. Some codes removed as they are no longer considered E&I and/or have InterQual medical necessity criteria (20560, 20561, 28890, 43210, 55880, 62280, 62281, 62282, 64628, 64629, 62290, 64628, 64629, 72295, 77090, 77091, 77092, 78434, 81418, C9769, C9771, K1001, K1002, K1009, K1016 – K1020, K1023, K1026, K1028, K1029). Added 93702. Updated 0200T and 0201T to All Plans. | 8/1/2025 |
| 242 – Vitamin Assays | Ending note sections updated to align with CMS requirements and business entity changes | 8/1/2025 |
| 252 – Urine Drug Monitoring in Pain Management and Substance Abuse | Spelling errors corrected; Add link to Medicare LCD | 8/1/2025 |

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| 256 – Brexanolone (Zulresso) | Retiring policy – drug discontinued | 8/1/2025 |
| 272 – Therapy Services | Formatting changes, spelling error correction; added Telehealth Section; updated definition of “critical period”; updated CPT Codes NOT Requiring Authorization to include 97014, 97032, 97035; updated HCPCS Codes to include G0153, G0161, G2169; additional reference added | 8/1/2025 |
| 293 – Adacanumab-avwa (Aduhelm) | Retiring policy – drug discontinued | 8/1/2025 |
| 313 – Fidanacogene elaparvovec (Beqvez) | Retiring policy – drug discontinued | 8/1/2025 |
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| 045 – Immune Globulin Therapy | No changes | 09/01/2025 |
| 084 - Vertebroplasty Kyphoplasty Sacroplasty | Updated policy to state that “BSWHP considers sacroplasty experimental, investigational and unproven, and therefore NOT considered medically necessary for all lines of business”; added cpt codes 0200T and 0201T to non-covered; ending note sections updated to align with CMS requirements and business entity changes | 09/01/2025 |
| 219 – Cancer Chemotherapy/ Therapy Guidelines | Added renewal criteria | 09/01/2025 |
| 239 – Infliximab Biosimilar Products | No changes | 09/01/2025 |
| 249 – Voretigene Neparvovec-rzyl (Luxturna) | Added requirement of submitted documentation. Added requirement of attestation to use authorized treatment center. Changed systemic corticosteroid requirement to dosing per FDA labeling. Rearranged criteria to standardized order. Updated lifetime treatment and experimental and investigational language. Background section simplified. | 09/01/2025 |
| 253 Onasemnogene Abeparvovec (Zolgensma) | Added requirement of submitted documentation. Updated to standard language for indication, prescriber, dosing. Changed patient to member within criteria. Rearranged criteria to standardized order. Updated lifetime treatment and experimental and investigational language. Background section simplified. | 09/01/2025 |

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| 290 – Idecabtagene vicleucel (Abecma) | Corrected spelling error, Updated beginning note to align with standard language, Updated criteria #1-4 language to align with standard language, Added “Idecabtagene will be used as monotherapy”, Updated treatment center criteria to attestation only, , Updated criteria to include examples of BCMA targeted therapy, Added allogeneic/autologous HSCT exclusion criteria, Added CNS exclusion criteria, Updated ending note section to algin with business entity changes, Updated drug name in background | 09/01/2025 |
| 291 – Lisocabtagene maraleucel (Breyanzi) | Updated beginning note to align with standard language, Updated formatting of age requirement, Updated to standard language for dosing and administration, Updated to standard language for monotherapy criteria, Updated formatting of REMS requirement, Updated to standard language for indication and prescriber, Updated formatting of no prior treatment with CAR T-cell immunotherapy requirement, Updated formatting for exclusion criteria, Updated lifetime treatment and experimental and investigational language. Background section simplified. | 09/01/2025 |
| 298 – Ciltacabtagene autoleucel (Carvykti) | Updated beginning note to align with standard language, Updated criteria #1-4 language to align with standard language, Added “Ciltacabtagene will be used as monotherapy”, Updated treatment center criteria to attestation only, Updated criteria to include examples of immunomodulators/proteasome inhibitors/BCMA targeted therapy, Removed cardiac conditions/LVEF/cumulative dose of corticosteroids exclusion criteria, Updated ending note section to align with business entity changes, Updated drug name in background. | 09/01/2025 |
| 301 – Lecanemab (Leqembi) | Updated initial and renewal request heading and consolidated authorization durations. Added requirement of submitted documentation and FDA dosing criteria. Updated experimental and investigational language. Background section simplified. | 09/01/2025 |
| 303 – Teplizumab-mzwv (Tzield) | Updated dysglycemia criteria to align with ADA 2025 Standards of Care in Diabetes. Updated experimental and investigational language for consistency. Updated ending note sections to align with business entity changes. | 09/01/2025 |
| 304 – Valoctocogeneroxaparvovec-rvox (Roctavian) | Require documentation to be provided. Removed specific prophylactic therapy names. Added requirement of FVIII for 150+ days. Exclude previous use of other hemophilia A gene therapy. Changed exclusion of concomitant emicizumab use to be all prophylactic therapy to be discontinued. Updated experimental and investigational language for consistency. Updated ending note sections to align with business entity changes. | 09/01/2025 |
| 306 – Step Therapy Policy – Commercial plans | Added non-muscle invasive bladder cancer treatment class. Added ustekinumab class. | 09/01/2025 |
| 307 – Step Therapy Policy – Medicare Part B | Added non-muscle invasive bladder cancer treatment class. | 09/01/2025 |
| 309 – Atidarsagene autotemcel (Lenmeldy) | Updated HCPCS code | 09/01/2025 |
| 312 – Etranacogene dezaparvovec-drlb (Hemgenix) | Added requirement of submitted documentation. Updated to standard language for indication and prescriber. Updated lifetime treatment and experimental and investigational language. Background section simplified. | 09/01/2025 |
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| 230 – Nusinersen (Spinraza) | Added requirement of submitted documentation. Updated initial and renewal request heading. Updated to standard language for indication, prescriber, dosing. Rearranged criteria to standardized order. Updated experimental and investigational language. Background section simplified. | 10/01/2025 |
| 306 – Step Therapy Policy – Commercial | Added denosumab biosimilars to bone antiresorptive therapy class | 10/01/2025 |
| 307 – Step Therapy Policy – Medicare Part B | Added denosumab biosimilars to bone antiresorptive therapy class | 10/01/2025 |

**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 as of 7/1/2025

| Service Code | Description | PA Change | Line of Business |
|---|---|---|---|
| | **NOTE: The following additions are for services / pharmaceuticals added to PA per previous state TMHP / TMPPM requirements** | | |
| J3391 | Injection, atidarsagene autotemcel, per treatment | Add | Medicaid / CHIP |
| Q2058 | Obecabtagene autoleucel, up to 410 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures | Add | Medicaid / CHIP |

## Prior Authorization List Changes
## Effective as of 8/1/2025

| Service Code | Description | PA Change | Line of Business |
|---|---|---|---|
| | **NOTE: The following additions are for services / pharmaceuticals added to PA per previous state TMHP / TMPPM requirements** | | |
| C9175 | Injection, treosulfan | Add | Medicaid / CHIP |
| J9038 | Injection, axatilimab-csfr, 0.1mg | Add | Medicaid / CHIP |
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| 77399 | UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS | Add | Medicare |
| 77402 | RADJ DLVR 1 AREA 1/PRLL OPSD PORTS SMPL <5MEV | Add | Medicare |
| 0326U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | Add | Medicare |
| 77090 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere | Remove | All Plans |
| 77091 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only | Remove | All Plans |
| 77092 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional | Remove | All Plans |
| 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) | Remove | All Plans |
| | **NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new code(s) assigned** | | |
| C9399<br>J3490 | Injection, apomorphine hydrochloride SC | Add | All Plans, **EXCEPT** Medicaid / CHIP |
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| 22220 | OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV | Remove | Medicaid / CHIP |
| 22510 | PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC | Remove | Medicaid / CHIP |
| 22511 | PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL | Remove | Medicaid / CHIP |
| 22513 | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION | Remove | Medicaid / CHIP |
| 22514 | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR | Remove | Medicaid / CHIP |

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| 22526 | PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL | Remove | Medicaid / CHIP |
| 22532 | ARTHRODESIS LATERAL EXTRACAVITARY THORACIC | Remove | Medicaid / CHIP |
| 22533 | ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR | Remove | Medicaid / CHIP |
| 22548 | ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD | Remove | Medicaid / CHIP |
| 22551 | ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2 | Remove | Medicaid / CHIP |
| 22554 | ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2 | Remove | Medicaid / CHIP |
| 22556 | ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC | Remove | Medicaid / CHIP |
| 22558 | ARTHRODESIS ANTERIOR INTERBODY LUMBAR | Remove | Medicaid / CHIP |
| 22585 | ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC | Remove | Medicaid / CHIP |
| 22586 | ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5/S1 | Remove | Medicaid / CHIP |
| 22600 | ARTHRODESIS PST/PSTLAT CERVICAL BELW C2 SGM | Remove | Medicaid / CHIP |
| 22612 | ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR | Remove | Medicaid / CHIP |
| 22614 | ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL | Remove | Medicaid / CHIP |
| 22630 | ARTHRODESIS POSTERIOR INTERBODY LUMBAR | Remove | Medicaid / CHIP |
| 22632 | ARTHRODESIS POSTERIOR INTERBODY EA ADDL | Remove | Medicaid / CHIP |
| 22633 | ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR | Remove | Medicaid / CHIP |
| 22634 | ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG | Remove | Medicaid / CHIP |
| 22800 | ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG | Remove | Medicaid / CHIP |

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| 22802 | ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG | Remove | Medicaid / CHIP |
| 22804 | ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG | Remove | Medicaid / CHIP |
| 22808 | ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG | Remove | Medicaid / CHIP |
| 22810 | ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG | Remove | Medicaid / CHIP |
| 22812 | ARTHRODESIS POSTERIOR SPINAL DFRM 8/> VRT SEG | Remove | Medicaid / CHIP |
| 22856 | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV | Remove | Medicaid / CHIP |
| 22861 | REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV | Remove | Medicaid / CHIP |
| 27096 | INJECT SI JOINT ARTHRGRPHY\&/ANES/STEROID W/IMA | Remove | Medicaid / CHIP |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE | Remove | Medicaid / CHIP |
| 27415 | OSTEOCHONDRAL ALLOGRAFT KNEE OPEN | Remove | Medicaid / CHIP |
| 29866 | ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST | Remove | Medicaid / CHIP |
| 29867 | ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT | Remove | Medicaid / CHIP |
| 29868 | ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT | Remove | Medicaid / CHIP |
| 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture | Remove | Medicaid / CHIP |
| 32672 | THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL | Remove | Medicaid / CHIP |
| 33340 | PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT | Remove | Medicaid / CHIP |
| 33361 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach | Remove | Medicaid / CHIP |
| 33362 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach | Remove | Medicaid / CHIP |

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| 33363 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach | Remove | Medicaid / CHIP |
| 33364 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach | Remove | Medicaid / CHIP |
| 33365 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy) | Remove | Medicaid / CHIP |
| 33366 | TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE | Remove | Medicaid / CHIP |
| 33418 | TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS | Remove | Medicaid / CHIP |
| 33477 | Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site | Remove | Medicaid / CHIP |
| 33927 | IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY | Remove | Medicaid / CHIP |
| 33975 | INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE | Remove | Medicaid / CHIP |
| 33976 | INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR | Remove | Medicaid / CHIP |
| 33979 | INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC | Remove | Medicaid / CHIP |
| 33981 | RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP | Remove | Medicaid / CHIP |
| 33982 | PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS | Remove | Medicaid / CHIP |
| 33983 | RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS | Remove | Medicaid / CHIP |
| 33990 | INSJ PERQ VAD W/IMAGING ARTERY ACCESS ONLY | Remove | Medicaid / CHIP |
| 33991 | INSJ PERQ VAD TRNSPTAL W/IMAGE ART\&VENOUS ACCESS | Remove | Medicaid / CHIP |
| 33995 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only | Remove | Medicaid / CHIP |
| 36465 | NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN | Remove | Medicaid / CHIP |
| 36466 | NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS | Remove | Medicaid / CHIP |

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| 36470 | NJX SCLEROSING SOLUTION SINGLE VEIN | Remove | Medicaid / CHIP |
| 36471 | NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG | Remove | Medicaid / CHIP |
| 36475 | ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN | Remove | Medicaid / CHIP |
| 36478 | ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN | Remove | Medicaid / CHIP |
| 37500 | VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX | Remove | Medicaid / CHIP |
| 37700 | LIG\&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ | Remove | Medicaid / CHIP |
| 37718 | LIGJ DIVJ \& STRIPPING SHORT SAPHENOUS VEIN | Remove | Medicaid / CHIP |
| 37722 | LIGJ DIVJ\&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW | Remove | Medicaid / CHIP |
| 37735 | LIGJ \& DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS | Remove | Medicaid / CHIP |
| 37760 | LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG | Remove | Medicaid / CHIP |
| 37761 | LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG | Remove | Medicaid / CHIP |
| 37765 | STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS | Remove | Medicaid / CHIP |
| 37766 | STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS | Remove | Medicaid / CHIP |
| 37780 | LIGJ \& DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX | Remove | Medicaid / CHIP |
| 37785 | LIGJ DIVJ \&/EXCJ VARICOSE VEIN CLUSTER 1 LEG | Remove | Medicaid / CHIP |
| 62287 | DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR | Remove | Medicaid / CHIP |
| 62320 | NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN | Remove | Medicaid / CHIP |
| 62321 | NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN | Remove | Medicaid / CHIP |

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| 62322 | NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN | Remove | Medicaid / CHIP |
| 62323 | NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN | Remove | Medicaid / CHIP |
| 62324 | NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN | Remove | Medicaid / CHIP |
| 62325 | NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN | Remove | Medicaid / CHIP |
| 62326 | NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN | Remove | Medicaid / CHIP |
| 62327 | NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN | Remove | Medicaid / CHIP |
| 62350 | IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM | Remove | Medicaid / CHIP |
| 62351 | IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM | Remove | Medicaid / CHIP |
| 62360 | IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR | Remove | Medicaid / CHIP |
| 62361 | IMPLTJ/RPLCMT FS NON-PRGRBL PUMP | Remove | Medicaid / CHIP |
| 62362 | IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP | Remove | Medicaid / CHIP |
| 62380 | NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR | Remove | Medicaid / CHIP |
| 63001 | LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG CRV | Remove | Medicaid / CHIP |
| 63003 | LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC | Remove | Medicaid / CHIP |
| 63005 | LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR | Remove | Medicaid / CHIP |
| 63012 | LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR | Remove | Medicaid / CHIP |
| 63015 | LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL | Remove | Medicaid / CHIP |
| 63017 | LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR | Remove | Medicaid / CHIP |

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| 63020 | LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC | Remove | Medicaid / CHIP |
| 63030 | LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR | Remove | Medicaid / CHIP |
| 63035 | LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR | Remove | Medicaid / CHIP |
| 63040 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL | Remove | Medicaid / CHIP |
| 63042 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR | Remove | Medicaid / CHIP |
| 63043 | LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV | Remove | Medicaid / CHIP |
| 63044 | LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR | Remove | Medicaid / CHIP |
| 63045 | LAM FACETECTOMY \& FORAMOTOMY 1 SEGMENT CERVICAL | Remove | Medicaid / CHIP |
| 63046 | LAM FACETECTOMY \& FORAMOTOMY 1 SEGMENT THORACIC | Remove | Medicaid / CHIP |
| 63047 | LAM FACETECTOMY \& FORAMOTOMY 1 SEGMENT LUMBAR | Remove | Medicaid / CHIP |
| 63048 | LAM FACETECTOMY\&FORAMTOMY 1 SGM EA CRV THRC/LMBR | Remove | Medicaid / CHIP |
| 63050 | LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG | Remove | Medicaid / CHIP |
| 63051 | LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ | Remove | Medicaid / CHIP |
| 63055 | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC | Remove | Medicaid / CHIP |
| 63056 | TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR | Remove | Medicaid / CHIP |
| 63057 | TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR | Remove | Medicaid / CHIP |
| 63075 | DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC | Remove | Medicaid / CHIP |
| 63081 | VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG | Remove | Medicaid / CHIP |

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| 64479 | NJX ANES\&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL | Remove | Medicaid / CHIP |
| 64483 | NJX ANES\&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL | Remove | Medicaid / CHIP |
| 64490 | NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL | Remove | Medicaid / CHIP |
| 64493 | NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL | Remove | Medicaid / CHIP |
| 64520 | INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC | Remove | Medicaid / CHIP |
| 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral | Remove | Medicaid / CHIP |
| 64629 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure) | Remove | Medicaid / CHIP |
| 64633 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA | Remove | Medicaid / CHIP |
| 64634 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA | Remove | Medicaid / CHIP |
| 64635 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL | Remove | Medicaid / CHIP |
| 64636 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL | Remove | Medicaid / CHIP |
| 69300 | OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ | Remove | Medicaid / CHIP |
| 69705 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral | Remove | Medicaid / CHIP |
| 69706 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral | Remove | Medicaid / CHIP |
| 69710 | IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE | Remove | Medicaid / CHIP |
| 77301 | NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS | Remove | Medicaid / CHIP |
| 77338 | MLC IMRT DESIGN \& CONSTRUCTION PER IMRT PLAN | Remove | Medicaid / CHIP |
| 78609 | Brain Imaging, Positron Emission Tomography (PET) Perfusion Evaluation | Remove | Medicaid / CHIP |

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| 91110 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report | Remove | Medicaid / CHIP |
| 91111 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report | Remove | Medicaid / CHIP |
| 91113 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report | Remove | Medicaid / CHIP |
| 92970 | CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL | Remove | Medicaid / CHIP |
| 95940 | Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure) | Remove | Medicaid / CHIP |
| E0440 | STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR | Remove | Medicaid / CHIP |
| E0617 | EXTERNAL DEFIB W/INTEGRATED ECG ANALY | Remove | Medicaid / CHIP |
| E0652 | PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS | Remove | Medicaid / CHIP |
| E0676 | INTERMITTENT LIMB COMPRESSION DEVICE NOS | Remove | Medicaid / CHIP |
| G0453 | CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN | Remove | Medicaid / CHIP |
| J0172 | Aducanumab-avwa | Remove | Medicaid / CHIP |
| J1632 | Brexanolone, 1mg | Remove | Medicaid / CHIP |
| J9047 | Carfilzomib, 1 mg | Remove | Medicaid / CHIP |
| J9313 | Moxetumomab pasudotox-tdfk, 0.01 mg | Remove | Medicaid / CHIP |

# Prior Authorization List Changes
# (30-Day Notice / SECOND NOTICE)
# Effective 9/1/2025

| Service Code | Description | PA Change | Line of Business |
|---|---|---|---|
| A9586 | Florbetapir F-18, diagnostic, per study dose, up to 10 mCi | Add | Medicare |
| J3391 | Injection, atidarsagene autotemcel, per treatment | Add | All Plans, **EXCEPT** Medicaid / CHIP |
| J9275 | Injection, cosibelimab-ipdl, 2mg | Add | All Plans, **EXCEPT** Medicaid / CHIP |
| Q5098 | Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg | Add | All Plans, **EXCEPT** Medicaid / CHIP |
| Q5153 | Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg | Add | All Plans, **EXCEPT** Medicaid / CHIP |
| Q9999 | Injection, ustekinumab-aauz, biosimilar, 1mg | 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 code(s) are assigned** | | |
| C9399<br>J3590 | Intravitreal, revakinagene taroretcel-lwey, implant | Add | All Plans, **EXCEPT** Medicaid / CHIP |
| C9399<br>J3490 | Injection, fitusiran, SC | Add | Medicare |
| C9399<br>J3490 | Injection, ceftobiprole medocaril sodium, IV | Add | All Plans, **EXCEPT** Medicaid / CHIP |
| J3590 | Injection, denosumab-bmwo | Add | All Plans, **EXCEPT** Medicaid / CHIP |
| J3590 | Injection, denosumab-bnht | Add | All Plans, **EXCEPT** Medicaid / CHIP |
| C9399<br>J9999 | Injection, telisotuzumab vedotin-vedotin-tllv, IV | Add | All Plans, **EXCEPT** Medicaid / CHIP |
| C9399<br>J3590 | Injection, nipocalimab-aahu, IV | Add | All Plans, **EXCEPT** Medicaid / CHIP |

## Prior Authorization List Changes
## (60-Day Notice / FIRST NOTICE)
## Effective 10/1/2025

| Service Code | Description | PA Change | Line of Business |
|---|---|---|---|
| 95941 | IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR | Add | ASO / Self-funded |
| 95941 | IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR | Remove | Medicare (Not Covered) |

## 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 Director*