



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 3/1/2025

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
025 – Deep Brain Stimulation	Minor formatting changes and removed code E0745 from codes table as it is unrelated to deep brain stimulation.	3/1/2025
026 – Dental Services and Anesthesia	Updated hyperlink for Medicare; added note about exclusions and exceptions per Social Security Act; added note about Medicaid DMO coverage.	3/1/2025
028 – Durable Medical Equipment and Over the Limit Supplies	Updated section about E1399—removed “When E1399 is used for wheelchair parts and accessories, medical review may NOT be required”; added- “Miscellaneous options, accessories, or replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be coded K0108; rephrased the Exclusions section; ending note sections updated to align with CMS requirements and business entity changes; Added additional reference.	3/1/2025
049 – Dermatoscopy	No changes	3/1/2025
065 – Cardiac Monitoring - Outpatient	Removed duplicate CPT codes, formatting changes, updated ending note sections to align with business entity changes.	3/1/2025
072 – Discography	Revised medically necessary statement to clarify indications apply to lumbar discography only under certain conditions, added CPT codes that may be covered.	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

210 – 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
214 – Chiropractic Services	No 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	No 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
037 - Genetic Testing	81443 – Updated Description of Code, ending note section updated to align with business entity changes.	4/1/2025
042 - Custodial Care	Updated link for Medicare definition, ending note section updated to align with business entity changes.	4/1/2025
044 - Hyperbaric Oxygen Therapy	Ending note section updated to align with business entity changes.	4/1/2025
052-Incontinence Treatments	Ending note section updated to align with business entity changes.	4/1/2025
258 – Fetal Surgery	Updated background information, ending note section updated to align with business entity changes.	4/1/2025
263 - Cosmetic Procedures and Treatment	Removed reference to a retired policy; Added 15792, 15793 to Chemical Peels; ending note section updated to align with business entity changes.	4/1/2025

315 – Obecabtagene autoleucl (Aucatzyl)	New Policy. Criteria for use of this (CAR) T-cell therapy to treat adults with relapsed / refractory B-cell precursor acute lymphoblastic leukemia (ALL).	5/1/2025
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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 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
C9169	Injection, nogapendekin alfa inbakicept-pmln	Remove	All Plans, INCLUDING Medicaid / CHIP
C9170	Injection, tarlatamab-dlle	Remove	All Plans, INCLUDING Medicaid / CHIP
J1300	Injection, eculizumab, 10mg	Remove	All Plans, INCLUDING Medicaid / CHIP
J9037	Injection, belantamab mafodotin-blmf, 0.5mg	Remove	All Plans, INCLUDING Medicaid / CHIP

J9247	Injection, melphalan flufenamide, 1mg	Remove	All Plans, INCLUDING Medicaid / CHIP
NOTE: The following additions are for pharmaceuticals that were using miscellaneous codes and now have been assigned HCPCS code(s). Courtesy notice of updated code for pharmaceuticals which already required PA under a miscellaneous code.			
Q5148	Injection, filgrastim-txid, biosimilar, 1mcg	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(30-Day Notice / SECOND 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 autoleucel	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
NOTE: The following additions are for pharmaceuticals that were using miscellaneous codes and now have been assigned HCPCS code(s). Courtesy notice of updated code for pharmaceuticals which already required PA under a miscellaneous code.			
Q5147	Injection, aflibercept-ayyh, intravitreal injection (biosimilar to Eylea)	Add	All Plans, EXCEPT Medicaid / CHIP
Q2057	Injection, afamitresgene autoleucel	Add	All Plans, EXCEPT Medicaid / CHIP
J9054	Injection, bortezomib	Add	All Plans, EXCEPT Medicaid / CHIP
J9161	Injection, denileukin diftitox-cxdi 300mcg	Add	All Plans, EXCEPT Medicaid / CHIP
J9024	Injection, atezolizumab and hyaluronidase-tqjs	Add	All Plans, EXCEPT Medicaid / CHIP
J2351	Injection, ocrelizumab and hyaluronidase-ocsq	Add	All Plans, EXCEPT Medicaid / CHIP

J1299	Injection, eculizumab, 2mg	Add	All Plans, EXCEPT Medicaid / CHIP
Q5152	Injection, eculizumab-aeeb, biosimilar, 2mg	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 5/1/2025**

Service Code	Description	PA Change	Line of Business
A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Add Non-emergent transport	All Plans, EXCEPT Medicaid / CHIP
Q5149	Injection, aflibercept-abzv, biosimilar, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
Q5150	Injection, aflibercept-mrbb, biosimilar, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
Q5151	Injection, eculizumab-aagh, biosimilar, 2mg	Add	All Plans, EXCEPT Medicaid / CHIP
J9038	Injection, axatilimab-csfr, 0.1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J3060	Injection, taliglucerate alfa, 10 units	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