



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 5/1/2025

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
64 - Gender Affirming Care	No Changes.	5/1/2025
141 – Infertility/Fertility Preservation	Included notation of a specific section of TMPPM; minor formatting changes	5/1/2025
229 – Keratoconus and Medical Contact Lens	No Changes	5/1/2025
99 – Laser Treatment of Skin Lesions	Changed to Port Wine Birthmark in accordance with AAP; added additional covered criteria under IH in accordance with AAP recommendations; added description of Reconstructive Surgery for Craniofacial abnormalities	5/1/2025
110 – Obstructive Sleep Apnea: Diagnosis and Treatment	Added additional OSA symptoms in line with current guidelines; clarification to exclusion section for oral device neuromuscular electrical stimulation of the tongue as E&I; additional reference added; ending note sections updated to align with CMS requirements and business entity changes	5/1/2025
204 - Transcatheter Valve Replacement – Repair	No Changes	5/1/2025
218 – ADHD Testing	No Changes	5/1/2025

302 – Digital Cognitive or Behavioral Therapy	No Changes	5/1/2025
306 – Step Therapy Policy – Commercial Plan	Removed Cimerli from preferred due to paused commercialization	5/1/2025
307 – Step Therapy Policy – Medicare Plan	Removed Cimerli from preferred due to paused commercialization	5/1/2025
309 - Atidarsagene autotemcel (Lenmeldy™)	Formatting changes, updated ending note sections to align with CMS requirements and business entity changes.	5/1/2025
13-Seizure Disorders: Invasive Treatments (Epilepsy Surgery)	No Changes	6/1/2025
050 – Cancer Treatment Vaccines	Updated Medicaid language to align with standard language, updated background, updated ending note sections to align with business entity changes, updated references section to align with standard language, and added references.	6/1/2025
67 - Neutralizing Antibody Testing in Multiple Sclerosis Patients	No Changes	6/1/2025
74 – Occipital Nerve Stimulation	Ending note section updated to align with CMS requirements and business entity changes.	6/1/2025
81 - Trigger Point Injections	No Changes	6/1/2025
129 – Transplantation Services	No Changes	6/1/2025
137 – Psychologic Evaluation for Medical Procedures	No Changes	6/1/2025
206- Autism Spectrum Disorders	No Changes	6/1/2025

217 – Inhaled Nitric Oxide in Preterm Infants	Updated background section.	6/1/2025
224 – Psychological Testing	No changes.	6/1/2025
227 – Transoral Fundoplication	Ending note sections updated to align with CMS requirements and business entity changes.	6/1/2025
233 – Magnetic Sphincter Augmentation (Linx) for GERD	Retire Policy	6/1/2025
250 – NICU Level of Care	Retire Policy	6/1/2025
294 – Endoscopic Surgery for Craniosynostosis	Additional information added to background; added 61550 and 61558 to cpt codes covered; added a note about the procedure under the codes chart; Additional references added	6/1/2025
306 – Step Therapy Policy – Commercial plans	Added class and hyperlinks to sickle cell gene therapy policies. Clarified step therapy applies to all preferred drugs. Corrected reference to Medicare Part B to medical benefit.	6/1/2025
307 – Step Therapy Policy – Medicare Part B	Added class and hyperlinks to sickle cell gene therapy policies. Clarified step therapy applies to all preferred drugs.	6/1/2025
310 – Exagamglogene autotemcel (CasgevyTM)	Added Transfusion-dependent Beta-thalassemia (TDT) indication. Updated treatment center criteria to attestation only. Reformatted to include universal and indication specific criteria. Updated Medicaid language	6/1/2025
316 – Alglucosidase alfa (Lumizyme)	New policy for Pompe Disease (alpha-glucosidase enzyme deficiency)	6/1/2025
317 – Patisiran (Onpattro)	New policy for polyneuropathy of hereditary transthyretin-mediated amyloidosis	6/1/2025
29 - Nerve Graft with Radical Prostatectomy	Add 64910 to CPT not covered	7/1/2025
215 – Medications Covered Under Medical Insurance Policy	Clarified step therapy applies to all preferred drugs. Updated authorization duration to 6 months.	7/1/2025

254 – Emapalumab (Gamifant)	Added specialist requirement. Updated renewal authorization duration to 6 months. Updated formatting and separated out into universal, initial, and renewal sections. Updated ending note sections to align with CMS requirements and business entity changes.	7/1/2025
257 – Esketamine (Spravato)	Restructured criteria to universal, initial, and renewal sections. Updated criteria to allow for monotherapy in alignment with new FDA indication and specified 6 week trials of medications within past 5 years. Added PHQ9 to list of scales. Added requirement for CBT or IPT or other therapy. Specified criteria for continuation of therapy. Removed criteria for suicidal ideation or behavior. Added authorization duration. Updated background information. Updated ending note sections to align with CMS requirements and business entity changes.	7/1/2025
311 - Lovotibeglogene autotemcel (Lyfgenia)	Updated Medicaid language to align with standard language, updated beginning note to align with standard language, updated treatment center criteria to attestation only, updated genotype criteria to include a diagnosis of Sickle Cell Disease, added "any of the following" to the sVOE criteria, updated one treatment per lifetime note, other indications note, and references note to align with standard language, updated HCPCs code from J3590 to J3394, and updated ending note sections to align with business entity changes.	7/1/2025
318 – Drug Wastage	New Policy: Limit drug waste	7/1/2025

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 as of 4/1/2025**

Service Code	Description	PA Change	Line of Business
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Remove Termed Code	All Plans
	NOTE: The following additions are for pharmaceuticals previously requiring Prior Authorization using miscellaneous codes and now have been assigned a unique code		
C9301	Obecabtagene autoleucel, up to 410 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures	Add	All Plans, EXCEPT Medicaid / CHIP
C9302	Injection, zanidatamab-hrii, 2mg	Add	All Plans, EXCEPT Medicaid / CHIP
C9303	Injection, zolbetuximab-clzb	Add	All Plans, EXCEPT Medicaid / CHIP
C9304	Injection, marstacimab-hncq, 0.5mg	Add	Medicare

**Prior Authorization List Changes
Effective 5/1/2025**

Service Code	Description	PA Change	Line of Business
A0431	AMB SERVICE CONVENTION 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	Medicare

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 6/1/2025**

Service Code	Description	PA Change	Line of Business
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Remove	All Plans, EXCEPT Medicaid / CHIP
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Remove	All Plans, INCLUDING Medicaid / CHIP
A4575	Topical hyperbaric oxygen chamber, disposable.	Remove	Medicaid
E0446	Topical oxygen delivery system	Remove	Medicaid
	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 J9999	Injection, zenocutuzumab-zbco	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, datopotamab deruxtecan-dlnk	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Intrapataminal, eladocagene exuparvovec-tneq infusion	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, nivolumab and hyaluronidase-nvhy	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Injection, ustekinumab-stba	Add	All Plans, EXCEPT Medicaid / CHIP

C9399 J3590	Injection, ustekinumab-kfce	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, treosulfan	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 7/1/2025**

Service Code	Description	PA Change	Line of Business
A0435	Fixed wing air mileage, per statue mile	Add Non-emergent transport	All Plans, EXCEPT Medicaid / CHIP
A0436	Rotary wing air mileage, per statute mile	Add Non-emergent transport	All Plans, EXCEPT Medicaid / CHIP
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Add	All Plans, INCLUDING Medicaid / CHIP 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		
J3590	Injection, denosumab-dssb, 70mg/ml	Add	All Plans, EXCEPT Medicaid / CHIP
J3590	Injection, denosumab-dssb, 60mg/ml	Add	All Plans, EXCEPT Medicaid / CHIP
J3590	Injection, denosumab-dssb	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 7/1/2025**

Based on comprehensive annual review of the current literature, the following genetic / molecular testing codes may be covered. 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.

Service Code	Description	PA Change	Line of Business
0002U	ONC CLRCT QUAN 3 UR METABOLITES ALG ADNMTS PLP	Remove	All Plans, INCLUDING Medicaid / CHIP
0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Remove	All Plans, INCLUDING Medicaid / CHIP
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Remove	All Plans, INCLUDING Medicaid / CHIP
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP/NONAMP	Remove	All Plans, INCLUDING Medicaid / CHIP
0016U	ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW	Remove	All Plans, INCLUDING Medicaid / CHIP
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW	Remove	All Plans, INCLUDING Medicaid / CHIP
0023U	ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ	Remove	All Plans, INCLUDING Medicaid / CHIP
0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Remove	All Plans, INCLUDING Medicaid / CHIP
0040U	BCR/ABL1 GENE TLCJ ALYS MAJOR BP QUANTITATIVE	Remove	All Plans, INCLUDING Medicaid / CHIP
0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Remove	All Plans, INCLUDING Medicaid / CHIP
0049U	NPM1 GENE ANALYSIS QUANTITATIVE	Remove	All Plans, INCLUDING Medicaid / CHIP
0083U	Onc,response to chemotherapy drugs using motility contrast tomography	Remove	All Plans, INCLUDING Medicaid / CHIP
0110U	RX MNTR 1+ORAL ONC RX&SBSTS SRM/PLSM CAP/VEN BLD	Remove	All Plans, INCLUDING Medicaid / CHIP
0136U	ATM MRNA SEQUENCE ANALYSIS	Remove	All Plans, INCLUDING Medicaid / CHIP
0137U	PALB2 MRNA SEQUENCE ANALYSIS	Remove	All Plans, INCLUDING Medicaid / CHIP
0138U	BRCA1 BRCA2 MRNA SEQUENCE ANALYSIS	Remove	All Plans, INCLUDING Medicaid / CHIP
0154U	ONCOLOGY (UROTHELIAL CANCER) RNA BY RT-PCR OF FGFR3 GENE ANALYSIS	Remove	All Plans, INCLUDING Medicaid / CHIP

0155U	ONCOLOGY (BREAST CA) DNA, PIK3CA, GENE ANALYSIS USING BRST TUMOR TISSUE	Remove	All Plans, INCLUDING Medicaid / CHIP
0157U	APC MRNA SEQ ALYS	Remove	All Plans, INCLUDING Medicaid / CHIP
0158U	MLH1 MRNA SEQ ALYS	Remove	All Plans, INCLUDING Medicaid / CHIP
0159U	MSH2 MRNA SEQ ALYS	Remove	All Plans, INCLUDING Medicaid / CHIP
0160U	MSH6 MRNA SEQ ALYS	Remove	All Plans, INCLUDING Medicaid / CHIP
0161U	PMS2 MRNA SEQ ALYS	Remove	All Plans, INCLUDING Medicaid / CHIP
0162U	HERED COLON CA TRGT MRNA PNL	Remove	All Plans, INCLUDING Medicaid / CHIP
0177U	ONC BRST CANCER DNA PIK3CA GENE ANALYSIS-11 GENE VARIANTS USING PLASMA	Remove	All Plans, INCLUDING Medicaid / CHIP
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer	Remove	All Plans, INCLUDING Medicaid / CHIP
0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Remove	All Plans, INCLUDING Medicaid / CHIP
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	Remove	All Plans, INCLUDING Medicaid / CHIP
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	Remove	All Plans, INCLUDING Medicaid / CHIP
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	Remove	All Plans, INCLUDING Medicaid / CHIP
81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	Remove	All Plans, INCLUDING Medicaid / CHIP
81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	Remove	All Plans, INCLUDING Medicaid / CHIP
81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	Remove	All Plans, INCLUDING Medicaid / CHIP
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Remove	All Plans, INCLUDING Medicaid / CHIP
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Remove	All Plans, INCLUDING Medicaid / CHIP

81232	DYPD GENE ANALYSIS COMMON VARIANTS	Remove	All Plans, INCLUDING Medicaid / CHIP
81235	EGFR GENE ANALYSIS COMMON VARIANTS	Remove	All Plans, INCLUDING Medicaid / CHIP
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Remove	All Plans, INCLUDING Medicaid / CHIP
81245	EZH2 GENE ANALYSIS COMMON VARIANTS	Remove	All Plans, INCLUDING Medicaid / CHIP
81246	FLT3 GENE ANALYS TYROSINE KINASE DOMAIN VARIANTS	Remove	All Plans, INCLUDING Medicaid / CHIP
81261	IGH GENE REARRANGE ABNORMAL CLONAL POP AMPLIFIED	Remove	All Plans, INCLUDING Medicaid / CHIP
81262	IGH GENE REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	Remove	All Plans, INCLUDING Medicaid / CHIP
81263	IGH GENE VARIABLE REGION SOMATIC MUTATION ANALYSIS	Remove	All Plans, INCLUDING Medicaid / CHIP
81264	IGK GENE REARRANGE DETECT ABNORMAL CLONAL POP	Remove	All Plans, INCLUDING Medicaid / CHIP
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	Remove	All Plans, INCLUDING Medicaid / CHIP
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Remove	All Plans, INCLUDING Medicaid / CHIP
81273	KIT GENE ANALYSIS D816 VARIANT(S)	Remove	All Plans, INCLUDING Medicaid / CHIP
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Remove	All Plans, INCLUDING Medicaid / CHIP
81287	MGMT METHYLATION ANALYSIS	Remove	All Plans, INCLUDING Medicaid / CHIP
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	Remove	All Plans, INCLUDING Medicaid / CHIP
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	Remove	All Plans, INCLUDING Medicaid / CHIP
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	Remove	All Plans, INCLUDING Medicaid / CHIP
81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Remove	All Plans, INCLUDING Medicaid / CHIP
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Remove	All Plans, INCLUDING Medicaid / CHIP
81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	Remove	All Plans, INCLUDING Medicaid / CHIP

81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	Remove	All Plans, INCLUDING Medicaid / CHIP
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	Remove	All Plans, INCLUDING Medicaid / CHIP
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	Remove	All Plans, INCLUDING Medicaid / CHIP
81335	TPMT GENE ANALYSIS COMMON VARIANTS	Remove	All Plans, INCLUDING Medicaid / CHIP
81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	Remove	All Plans, INCLUDING Medicaid / CHIP
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Remove	All Plans, INCLUDING Medicaid / CHIP
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Remove	All Plans, INCLUDING Medicaid / CHIP
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Remove	All Plans, INCLUDING Medicaid / CHIP
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Remove	All Plans, INCLUDING Medicaid / CHIP
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Remove	All Plans, INCLUDING Medicaid / CHIP
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Remove	All Plans, INCLUDING Medicaid / CHIP
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Remove	All Plans, INCLUDING Medicaid / CHIP
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Remove	All Plans, INCLUDING Medicaid / CHIP
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Remove	All Plans, INCLUDING Medicaid / CHIP
81438	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	Remove	All Plans, INCLUDING Medicaid / CHIP
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	Remove	All Plans, INCLUDING Medicaid / CHIP
88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	Remove	All Plans, INCLUDING Medicaid / CHIP
88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	Remove	All Plans, INCLUDING Medicaid / CHIP
88187	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	Remove	All Plans, INCLUDING Medicaid / CHIP
88188	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	Remove	All Plans, INCLUDING Medicaid / CHIP

88189	FLOW CYTOMETRY INTERPJ 16/> MARKERS	Remove	All Plans, INCLUDING Medicaid / CHIP
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Remove	All Plans, INCLUDING Medicaid / CHIP
88272	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	Remove	All Plans, INCLUDING Medicaid / CHIP
88273	MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	Remove	All Plans, INCLUDING Medicaid / CHIP
88274	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	Remove	All Plans, INCLUDING Medicaid / CHIP
88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	Remove	All Plans, INCLUDING Medicaid / CHIP
88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	Remove	All Plans, INCLUDING Medicaid / CHIP
88283	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	Remove	All Plans, INCLUDING Medicaid / CHIP
88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	Remove	All Plans, INCLUDING Medicaid / CHIP
88289	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	Remove	All Plans, INCLUDING Medicaid / CHIP
88291	CYTOGENETICS\&MOLEC CYTOGENETICS INTERP\&REP	Remove	All Plans, INCLUDING Medicaid / CHIP
88367	M/PHMTRC ALYS ISH EA PRB CPTR-ASST TECHNOLOGY	Remove	All Plans, INCLUDING Medicaid / CHIP
88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	Remove	All Plans, INCLUDING Medicaid / CHIP
88369	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	Remove	All Plans, INCLUDING Medicaid / CHIP
88373	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	Remove	All Plans, INCLUDING Medicaid / CHIP
88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	Remove	All Plans, INCLUDING Medicaid / CHIP
88377	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	Remove	All Plans, INCLUDING Medicaid / CHIP
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	Add	All Plans, EXCEPT Medicaid / CHIP
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	Add	All Plans, EXCEPT Medicaid / CHIP
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Add	All Plans, EXCEPT Medicaid / CHIP

81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Add	All Plans, EXCEPT Medicaid / CHIP
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Add	All Plans, EXCEPT Medicaid / CHIP
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	Add	All Plans, EXCEPT Medicaid / CHIP
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	Add	All Plans, EXCEPT Medicaid / CHIP
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Add	All Plans, EXCEPT Medicaid / CHIP
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk	Add	All Plans, EXCEPT Medicaid / CHIP
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	Add	All Plans, EXCEPT Medicaid / CHIP
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	Add	All Plans, EXCEPT Medicaid / CHIP
0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy	Add	All Plans, EXCEPT Medicaid / CHIP
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	Add	All Plans, EXCEPT Medicaid / CHIP
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	Add	All Plans, EXCEPT Medicaid / CHIP
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	Add	All Plans, EXCEPT Medicaid / CHIP
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	Add	All Plans, EXCEPT Medicaid / CHIP

0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	Add	All Plans, EXCEPT Medicaid / CHIP
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	Add	All Plans, EXCEPT Medicaid / CHIP
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	Add	All Plans, EXCEPT Medicaid / CHIP
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	Add	All Plans, EXCEPT Medicaid / CHIP
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer	Add	All Plans, EXCEPT Medicaid / CHIP
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	Add	All Plans, EXCEPT Medicaid / CHIP
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	Add	All Plans, EXCEPT Medicaid / CHIP
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	Add	All Plans, EXCEPT Medicaid / CHIP
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker	Add	All Plans, EXCEPT Medicaid / CHIP
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	Add	All Plans, EXCEPT Medicaid / CHIP
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	Add	All Plans, EXCEPT Medicaid / CHIP
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	Add	All Plans, EXCEPT Medicaid / CHIP
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	Add	All Plans, EXCEPT Medicaid / CHIP

0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	Add	All Plans, EXCEPT Medicaid / CHIP
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Add	All Plans, EXCEPT Medicaid / CHIP
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	Add	All Plans, EXCEPT Medicaid / CHIP
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	Add	All Plans, EXCEPT Medicaid / CHIP
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	Add	All Plans, EXCEPT Medicaid / CHIP
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	Add	All Plans, EXCEPT Medicaid / CHIP
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	Add	All Plans, EXCEPT Medicaid / CHIP
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	Add	All Plans, EXCEPT Medicaid / CHIP
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	Add	All Plans, EXCEPT Medicaid / CHIP
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	Add	All Plans, EXCEPT Medicaid / CHIP
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	Add	All Plans, EXCEPT Medicaid / CHIP
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	Add	All Plans, EXCEPT Medicaid / CHIP
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	Add	All Plans, EXCEPT Medicaid / CHIP

0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	Add	All Plans, EXCEPT Medicaid / CHIP
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	Add	All Plans, EXCEPT Medicaid / CHIP
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	Add	All Plans, EXCEPT Medicaid / CHIP
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	Add	All Plans, EXCEPT Medicaid / CHIP
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	Add	All Plans, EXCEPT Medicaid / CHIP
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	Add	All Plans, EXCEPT Medicaid / CHIP
0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	Add	All Plans, EXCEPT Medicaid / CHIP
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	Add	All Plans, EXCEPT Medicaid / CHIP
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma-associated antigen, CD34 and CD45 protein biomarkers, peripheral blood	Add	All Plans, EXCEPT Medicaid / CHIP
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood	Add	All Plans, EXCEPT Medicaid / CHIP

0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker-expressing cells, peripheral blood	Add	All Plans, EXCEPT Medicaid / CHIP
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer	Add	All Plans, EXCEPT Medicaid / CHIP
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	Add	All Plans, EXCEPT Medicaid / CHIP
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	Add	All Plans, EXCEPT Medicaid / CHIP
0498U	Oncology (colorectal), next-generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	Add	All Plans, EXCEPT Medicaid / CHIP
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	Add	All Plans, EXCEPT Medicaid / CHIP
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	Add	All Plans, EXCEPT Medicaid / CHIP
0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	Add	All Plans, EXCEPT Medicaid / CHIP
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA whole-transcriptome data, reported as probability of predicted molecular subtype	Add	All Plans, EXCEPT Medicaid / CHIP
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	Add	All Plans, EXCEPT Medicaid / CHIP
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)	Add	All Plans, EXCEPT Medicaid / CHIP
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker	Add	All Plans, EXCEPT Medicaid / CHIP

0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	Add	All Plans, EXCEPT Medicaid / CHIP
0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug	Add	All Plans, EXCEPT Medicaid / CHIP
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association	Add	All Plans, EXCEPT Medicaid / CHIP
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Add	All Plans, EXCEPT Medicaid / CHIP
81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	Add	All Plans, EXCEPT Medicaid / CHIP
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Add	All Plans, EXCEPT Medicaid / CHIP
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Add	All Plans, EXCEPT Medicaid / CHIP
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	Add	All Plans, EXCEPT Medicaid / CHIP
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Add	All Plans, EXCEPT Medicaid / CHIP
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Add	All Plans, EXCEPT Medicaid / CHIP
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Add	All Plans, EXCEPT Medicaid / CHIP
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	Add	All Plans, EXCEPT Medicaid / CHIP
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	Add	All Plans, EXCEPT Medicaid / CHIP
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	Add	All Plans, EXCEPT Medicaid / CHIP
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Add	All Plans, EXCEPT Medicaid / CHIP

81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	Add	All Plans, EXCEPT Medicaid / CHIP
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Add	All Plans, EXCEPT Medicaid / CHIP
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Add	All Plans, EXCEPT Medicaid / CHIP
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	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
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