



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 11/1/2023

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 Policy	Change	Effective Date
253 – Onasemnogene Abeparvovec (Zolgensma)	Combined all exclusion criteria to one section, added liver function exclusion and recommendation for influenza vaccine.	11/1/2023
045 – Immune Globulin Therapy	Clarified NCD and LCD apply for Medicare. Added HB1584 applicability for Medicaid. Updated Codes.	12/1/2023
230 – Spinraza (Nusinersen)	Updated Medicare and Medicaid instructions.	12/1/2023
238 – Cerliponase alfa (Brineura) for Batten Disease	Updated Medicare and Medicaid instructions.	12/1/2023
239 – Infliximab Products	Updated Medicaid instructions.	12/1/2023
249 – Voretigene Neparvovec-rzyl (Luxturna)	Updated Medicare and Medicaid instructions.	12/1/2023
256 - Brexanolone (Zulresso)	Updated Medicaid instructions.	12/1/2023
257 – Esketamine (Spravato)	Updated Medicare and Medicaid instructions, HCPCS code.	12/1/2023
280 – Medications for Duchenne Muscular Dystrophy	Updated Medicaid instructions.	12/1/2023
293 – Aducanumab-avwa (Aduhelm)	Updated Medicaid information.	12/1/2023
215 - Medications Covered Under Medical	Clarified InterQual criteria only apply for prior authorization.	1/1/2024

219 – Cancer Chemotherapy and Therapy Guidelines	Added VEGF inhibitor classes to Appendix A and B. Removed asthma biologics from Appendix B.	1/1/2024
235 - Synagis (Palivizumab)	Updated to reflect CDC/ACIP recommendations with nirsevimab.	1/1/2024
278 – Axicabtagene ciloleucel (Yescarta)	No changes.	1/1/2024
279 – Tisagenlecleucel (Kymriah)	No changes.	1/1/2024
281 – Brexucabtagene autoleucel (Tecartus)	No changes.	1/1/2024
290 – Idacabtagene Vicleucel (Abecma)	No changes.	1/1/2024
291 – Lisocabtagene Maraleucel (Breyanzi)	No changes.	1/1/2024
298 - Ciltacabtagene autoleucel (Carvykti)	Updated HCPCS code section.	1/1/2024
305 – Nirsevimab-alip (Beyfortus)	New policy	1/1/2023

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 10/1/2023

Code	Category: Description	Action	Plans
C9155	Injection, epcoritamab-bysp	Add	All Plans, except Medicaid / CHIP
J2781	Injection, pegcetacoplan, intravitreal, 1mg	Add	All Plans, except Medicaid / CHIP
J7214	Injection, factor viii/von willebrand factor complex, recombinant, per factor viii i.u.	Add	All Plans, except Medicaid / CHIP
J9051	Injection, bortezomib, 0.1mg	Add	All Plans, except Medicaid / CHIP
J9064	Injection, cabazitaxel, 1mg	Add	All Plans, except Medicaid / CHIP
J9345	Injection, retifanlimab-dlwr, 1mg	Add	All Plans, except Medicaid / CHIP
	NOTE: Some of the following additions may be potentially “Experimental, Investigational, or Unproven”		
0387U	Services and devices considered experimental/investigational/unproven: Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	Add	All Plans, except Medicaid / CHIP
0388U	Services and devices considered experimental/investigational/unproven: Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD	Add	All Plans, except Medicaid / CHIP
0389U	Services and devices considered experimental/investigational/unproven: Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	Add	All Plans, except Medicaid / CHIP
0390U	Services and devices considered experimental/investigational/unproven: Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	Add	All Plans, except Medicaid / CHIP
0391U	Services and devices considered experimental/investigational/unproven: Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	Add	All Plans, except Medicaid / CHIP
0392U	Services and devices considered experimental/investigational/unproven: Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded a-synuclein protein by seed amplification assay, qualitative	Add	All Plans, except Medicaid / CHIP
0393U	Services and devices considered experimental/investigational/unproven: Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	Add	All Plans, except Medicaid / CHIP
0394U	Services and devices considered experimental/investigational/unproven: Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease	Add	All Plans, except Medicaid / CHIP

0395U	Services and devices considered experimental/investigational/unproven: Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions	Add	All Plans, except Medicaid / CHIP
0396U	Services and devices considered experimental/investigational/unproven: Oncology (non- small cell lung cancer), cell-free DNA from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	Add	All Plans, except Medicaid / CHIP
0397U	Services and devices considered experimental/investigational/unproven: Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	Add	All Plans, except Medicaid / CHIP
0398U	Services and devices considered experimental/investigational/unproven: Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected	Add	All Plans, except Medicaid / CHIP
0399U	Services and devices considered experimental/investigational/unproven: Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrier positive or negative	Add	All Plans, except Medicaid / CHIP
0400U	Services and devices considered experimental/investigational/unproven: Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	Add	All Plans, except Medicaid / CHIP
0401U	Services and devices considered experimental/investigational/unproven: Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	Add	All Plans, except Medicaid / CHIP
0791T	Services and devices considered experimental/investigational/unproven: Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	Add	All Plans, except Medicaid / CHIP
0792T	Services and devices considered experimental/investigational/unproven: Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	Add	All Plans, except Medicaid / CHIP
0793T	Services and devices considered experimental/investigational/unproven: Patient- specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	Add	All Plans, except Medicaid / CHIP
0794T	Services and devices considered experimental/investigational/unproven: Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Add	All Plans, except Medicaid / CHIP
0795T	Services and devices considered experimental/investigational/unproven: Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	Add	All Plans, except Medicaid / CHIP
0796T	Services and devices considered experimental/investigational/unproven: Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Add	All Plans, except Medicaid / CHIP
0797T	Services and devices considered experimental/investigational/unproven: Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Add	All Plans, except Medicaid / CHIP

0798T	Services and devices considered experimental/investigational/unproven: Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	Add	All Plans, except Medicaid / CHIP
0799T	Services and devices considered experimental/investigational/unproven: Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Add	All Plans, except Medicaid / CHIP
0800T	Services and devices considered experimental/investigational/unproven: Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	Add	All Plans, except Medicaid / CHIP
0801T	Services and devices considered experimental/investigational/unproven: Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	Add	All Plans, except Medicaid / CHIP
0802T	Services and devices considered experimental/investigational/unproven: Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Add	All Plans, except Medicaid / CHIP
0803T	Services and devices considered experimental/investigational/unproven: Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	Add	All Plans, except Medicaid / CHIP
0804T	Services and devices considered experimental/investigational/unproven: Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	Add	All Plans, except Medicaid / CHIP
0805T	Services and devices considered experimental/investigational/unproven: Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	Add	All Plans, except Medicaid / CHIP
0806T	Services and devices considered experimental/investigational/unproven: Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	Add	All Plans, except Medicaid / CHIP
0807T	Services and devices considered experimental/investigational/unproven: Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	Add	All Plans, except Medicaid / CHIP
0808T	Services and devices considered experimental/investigational/unproven: Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)	Add	All Plans, except Medicaid / CHIP
0809T	Services and devices considered experimental/investigational/unproven: Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Add	All Plans, except Medicaid / CHIP
0810T	Services and devices considered experimental/investigational/unproven: Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	Add	All Plans, except Medicaid / CHIP

**Prior Authorization List Changes
Effective 11/01/2023**

Code	Category: Description	Action	Plans
C9157	Injection, tofersen, 1mg	Add	All Plans
J0174	Injection, lecanemab-irmb, 1 mg	Add	All Plans
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Add	Medicaid / CHIP
	NOTE: Some of the following additions may be potentially “Experimental, Investigational, or Unproven”		
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups	Remove	Medicare Plans
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	Remove	Medicare Plans
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	Remove	Medicare Plans
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Remove	Medicare Plans
0237U	Genetic/genomic testing: CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene	Change from E&I to standard PA	Medicare Plans
0245U	Genetic/genomic testing: Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	Change from E&I to standard PA	Medicare Plans
0286U	Genetic/genomic testing: CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis	Change from E&I to standard PA	Medicare Plans
0287U	Genetic/genomic testing: Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result	Change from E&I to standard PA	Medicare Plans
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants	Change from E&I to standard PA	Medicare Plans
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s)	Remove	Medicare Plans
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	Change from E&I to standard PA	Medicare Plans

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICES)
Effective 12/1/2023**

Code	Category: Description	Action	Plans
A4239	Continuous Glucose Monitoring: Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1-month supply	Add	Medicare Plans
J0349	Injection, rezafungin, 1mg	Add	All Plans
J7353	Topical, anacaulase-bcdb, 8.8% gel, 1 gm	Add	All Plans
J0135	Injection, adalimumab, 20 mg	Remove	Commercial Plans
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Remove	Commercial Plans
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Remove	Commercial Plans
J0800	Injection, corticotropin, up to 40 units	Remove	Commercial Plans
J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Remove	Commercial Plans
J1628	Injection, guselkumab, 1 mg	Remove	Commercial Plans
J2941	Injection, somatropin, 1 mg	Remove	Commercial Plans
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Remove	Commercial Plans
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Remove	Commercial Plans
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Remove	Commercial Plans
	NOTE: Some of the following additions may be potentially "Experimental, Investigational, or Unproven"NOTE: Some of the		
A4575	Topical hyperbaric oxygen chamber, disposable.	Add	All Plans
E0446	Topical oxygen delivery system	Add	All Plans
S8940	Equestrian/hippotherapy, per session	Add	All Plans, except Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes		
C9399 J9999	Injection, glofitamab-gxbm	Add	All Plans
C9399 J3590	Injection, delandistrogene moxeparvovec-rokl	Add	All Plans
C9399 J3590	Injection, valoctocogene roxaparvovec-rvox	Add	All Plans

C9399 J3590	Injection, rozanolixizumab-noli	Add	All Plans
C9399 J9999	Injection, elranatamab-bcmm	Add	All Plans
C9399 J3590	Injection, aflibercept	Add	All Plans
C9399 J3490	Injection, avacincaptad pegol	Add	All Plans
C9399 J3590	Injection, somatrogon-ghla	Add	All Plans
C9399 J9999	Injection, talquetamab-tgvs	Add	All Plans
C9399 J3590	Injection, pozelimab-bbfg	Add	All Plans

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

Code	Category: Description	Action	Plans
	NOTE: Some of the following additions may be potentially “Experimental, Investigational, or Unproven”		
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
S0122	Injection, menotropins, 75 IU	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
S0126	Injection, follitropin alfa, 75 IU	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
S0128	Injection, follitropin beta, 75 IU	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
S0132	Injection, ganirelix acetate, 250 mcg	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
S4030	Sperm procurement and cryopreservation services; initial visit	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
S4031	Sperm procurement and cryopreservation services; subsequent visit	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	Add	Medicare & Commercial Plans, except Self-funded

0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	Add	Medicare & Commercial Plans, except Self-funded
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15750	Flap; neurovascular pedicle	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15757	Free skin flap with microvascular anastomosis	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Add, PA for ICD-10: F64.x, Z87.890	All Plans
15792	Chemical peel, nonfacial; epidermal	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15793	Chemical peel, nonfacial; dermal	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15824	Rhytidectomy, forehead	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15826	Rhytidectomy; glabellar frown lines	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP

15828	Rhytidectomy; cheek, chin, and neck	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15876	Suction assisted lipectomy; head and neck	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
15878	Suction assisted lipectomy; upper extremity	Add, PA for ICD-10: F64.x, Z87.890	All Plans
15879	Suction assisted lipectomy; lower extremity	Add, PA for ICD-10: F64.x, Z87.890	All Plans
17380	Electrolysis epilation, each 30 minutes	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
21137	Reduction forehead; contouring only	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
21270	Malar augmentation, prosthetic material	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
31750	Tracheoplasty; cervical	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP

40799	Unlisted procedure, lips	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
53430	Urethroplasty, reconstruction of female urethra	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
53450	Urethromeatoplasty, with mucosal advancement	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
58970	Follicle puncture for oocyte retrieval, any method	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
89250	Culture of oocyte(s)/embryo(s), less than 4 days	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
89254	Oocyte identification from follicular fluid	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
89259	Cryopreservation; sperm	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
89260	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
89261	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
89264	Sperm identification from testis tissue, fresh or cryopreserved	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
89320	Semen analysis; volume, count, motility, and differential	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
89337	Cryopreservation, mature oocyte(s)	Add, PA for ICD-10: Z31.84	Commercial Plans, except Self-funded
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	Add, PA for ages 8 months and older	Commercial Plans
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	Add, PA for ages 8 months and older	Commercial Plans
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Add, PA for ICD-10: F64.x, Z87.890	All Plans, except Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes		
C9399 J8999	Oral, niraparib and abiraterone acetate tablets	Add	All Plans
C9399 J3490	Injection, motixafortide	Add	All Plans

C9399 J3590	Injection, prothrombin complex concentrate, human-lans	Add	All Plans
C9399 J3590	Injection, daxibotulinumtoxinA-lanm	Add	All Plans
J8499 J0889	Oral, daprodustat tablets	Add	All Plans
C9399 J8999	Injection, donislecel-jujn	Add	All Plans
C9399 J8999	Oral, momelotinib tablets	Add	All Plans
C9399 J3490	Injection, risperidone extended-release	Add	All Plans
J8499	Oral, palovarotene capsules	Add	All Plans

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](#) to access last month's medical Coverage Policy and Prior Authorization Update Notice.

As always, we welcome your comments. You can reach us at: HPMedicalDirectors@BSWHealth.org
BSWHP Medical Directors