



## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 12/1/2023

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 Medical Drug Policies	Change	Effective Date
293 – Aducanumab-avwa (Aduhelm)	Updated Medicaid information.	12/1/2023
256 - Brexanolone (Zulresso)	Updated Medicaid instructions.	12/1/2023
238 – Cerliponase alfa (Brineura) for Batten Disease	Updated Medicare and Medicaid instructions.	12/1/2023
257 – Esketamine (Spravato)	Updated Medicare and Medicaid instructions, HCPCS code.	12/1/2023
045 – Immune Globulin Therapy	Clarified NCD and LCD apply for Medicare. Added HB1584 applicability for Medicaid. Updated Codes.	12/1/2023
239 – Infliximab Products	Updated Medicaid instructions.	12/1/2023
280 – Medications for Duchenne Muscular Dystrophy	Updated Medicaid instructions.	12/1/2023
230 – Spinraza (Nusinersen)	Updated Medicare and Medicaid instructions.	12/1/2023
249 – Voretigene Neparvovec-rzyl (Luxturna)	Updated Medicare and Medicaid instructions.	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
<b>BSWHP Medical Policies</b>	<b>Change</b>	<b>Effective Date</b>
297 – Authorization Qualifying Diagnoses	Retired, no longer needed.	1/1/2023
206 – Autism Spectrum Disorders	Annual review. Formatting changes only.	1/1/2024
233 - Magnetic Sphincter Augmentation (Linx) for GERD	Annual review. Minor formatting changes.	1/1/2023
236 – Medications, Services & Supplies NOT Medically Necessary	Added service codes considered unproven, experimental, or investigation.	1/1/2024
060 - Nerve Graft with Radical Prostatectomy	Annual review. Formatting changes, added link to NCD.	1/1/2024
074 - Occipital Nerve Stimulation	Annual review. Formatting changes only.	1/1/2024
110 - Obstructive Sleep Apnea: Diagnosis and Treatment	Annual review. Formatting changes only.	1/1/2024
275 – OncoHealth Inscope ICD-10 Codes	Annual review. Formatting changes only.	1/1/2024
063 – Preventive Care – Affordable Care Act	Annual review. Formatting changes. Added reference to PHS Act. No content changes.	1/1/2023
137 – Psychologic Evaluation for Medical Procedures	Minor edit to reflect previous CPT code change.	1/1/2024
224 – Psychological Testing	Annual review. Formatting changes only.	1/1/2024
013 – Seizure Disorders: Invasive Treatments (Epilepsy Surgery)	Annual review. Formatting changes only.	1/1/2024
252 – Urine Drug Monitoring	Annual review. Formatting changes only.	1/1/2024

084 - Vertebroplasty Kyphoplasty Sacroplasty	Annual review. Formatting changes, added hyperlink to LCD.	1/1/2024
282 – Air Ambulance	Annual review. Clarified Medicare and Medicaid guidance. Clarified language and added language for Emergency Air Ambulance use examples.	2/1/2024
051 – Bone Graft Allografts as Standalone Spinal Stabilization Devices	Retired. Codes / information moved to and included in Policy 236 Medications, Services, Supplies NOT Medically Necessary.	2/1/2024
029 – Biochemical Markers of Alzheimer’s Disease	Annual review. Added investigational biomarkers not yet recommended for clinical use to Overview section and updated references.	2/1/2024
210 – Biologicals for Wound Care and Procedures	Annual review. Added and updated NCD / LCD information for specific products. Updated criteria to include new products. Added definitions for standard treatments and wound requirements.	2/1/2024
030 – Bone Turnover Markers	Annual review, minor updates. Reformatted to include Medicare / CMS / LCD language in one section.	2/1/2024
035 – Cold Therapy Devices	Annual review. Updated Overview section and added hyperlink to LCD.	2/1/2024
141- Infertility / Fertility Preservation / Assisted Reproductive Technology	Clarified infertility definition to be more inclusive, included language for HB1649 fertility preservation and adjusted title of policy to include fertility preservation.	2/1/2024
350 – Medicaid Over the Limit Supplies	Annual review. Updated overview and mandates section and codes removed from policy, points to TMPPM to find applicable codes.	2/1/2023
243 – Medical Necessity Definition	Retired. Content moved / added to Policy 213 Medical Necessity Determination.	2/1/2023
213 – Medical Necessity Determination	Annual review. Updated language to adhere to CMS Final Rule. Language for all other plans clarified. Medical Necessity Definition section added as an appendix.	2/1/2024
292 – Medicare Non-Texas LCD Coverage	Retired. Policy language incorporated into Policy 213, Medical Necessity Determination.	2/1/2024

250 – NICU Level of Care	Annual review. Added AAP definitions and references.	2/1/2024
261 – Out of Network Requests	Annual review. Added more detailed definitions and language to further clarify different sections. Added references to specific subchapters in Code of Federal Regulations.	2/1/2024
244 – Peer-to-Peer Opportunity	Annual review. Added references to TAC and appendix with TAC language.	2/1/2024

**Notice:**

New to market medical specialty drugs may require prior authorization. This includes new medical drugs with a drug specific Healthcare Common Procedure Coding System (HCPCS) code as well as drugs with a miscellaneous HCPCS code. Please note inclusion of a drug in this update document does not guarantee benefit coverage. You should verify benefits prior to requesting authorization. Payment for authorized services is contingent upon verification of eligibility for benefits, the benefits available in the member’s plan, the applicable contractual limitations, restrictions and exclusions.

## Prior Authorization List Changes Effective 11/1/2023

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
	<b>NOTE: Some of the following additions may be potentially “Experimental, Investigational, or Unproven”</b>		
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  
Effective 12/1/2023**

<b>Code</b>	<b>Category: Description</b>	<b>Action</b>	<b>Plans</b>
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
	<b>NOTE: Some of the following additions may be potentially “Experimental, Investigational, or Unproven”NOTE: Some of the</b>		
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
	<b>NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes</b>		
C9399 J9999	Injection, glofitamab-gxbm	Add	All Plans
C9399 J3590	Injection, delandistrogene moxeparvec-rokl	Add	All Plans
C9399 J3590	Injection, valoctocogene roxaparvec-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  
(30-Day Notice / SECOND NOTICE)  
Effective 1/1/2024**

Code	Category: Description	Action	Plans
	<b>NOTE: Some of the following additions may be potentially “Experimental, Investigational, or Unproven”</b>		
J1304	Injection, tofersen, 1mg	Add	All Plans
J1412	Injection, valoctocogene roxaparvec-rvox	Add	All Plans, except Medicaid / CHIP
J1413	Injection, delandistrogene moxeparvec-rokl	Add	All Plans
J2508	Injection, pegunigalsidase alfa-iwxj, 1mg	Add	All Plans, except Medicaid / CHIP
J3401	Injection, beremagene geperpavec-svdt topical gel	Add	All Plans, except Medicaid / CHIP
J9052	Injection, carmustine, 100 mg	Add	All Plans, except Medicaid / CHIP
J9258	Injection, paclitaxel protein-bound particles, 1 mg	Add	All Plans, except Medicaid / CHIP
J9286	Injection, glofitamab-gxbm, 2.5mg	Add	All Plans, except Medicaid / CHIP
J9321	Injection, epcoritamab-bysp, 0.16mg	Add	All Plans, except Medicaid / CHIP
J9324	Injection, pemetrexed, 10mg	Add	All Plans, except Medicaid / CHIP
J9333	Injection, rozanolixizumab-noli	Add	All Plans, except Medicaid / CHIP
J9334	Injection, efgartigimod alfa, 2mg and hyaluronidase-qvfc	Add	All Plans, except Medicaid / CHIP
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	All Plans except Medicaid / CHIP
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	All Plans except Medicaid / CHIP
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
	<b>NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes</b>		
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

**Prior Authorization List Changes  
(60-Day Notice / FIRST NOTICE)  
Effective 2/1/2024**

J0127	Injection, velmanase alfa-tycv, 1mg	Add	All Plans, except Medicaid / CHIP
J1246	Injection, dinutuximab, 0.1mg	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](#) 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](mailto:HPMedicalDirectors@BSWHealth.org)  
BSWHP Medical Directors