



## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 3/1/2024

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
023 – Varicose Veins	<b>Retired.</b> Use criteria available in InterQual.	3/1/2024
031 – Epidural Adhesiolysis or RACZ	<b>Retired.</b> Codes / content already included in Policy 236 Medications, Services, Supplies NOT Medically Necessary. Use eviCore for review criteria.	3/1/2024
032 – Extracorporeal Shock Wave Treatment (ESWT) for Plantar Fasciitis and Muscular Skeletal Conditions	<b>Retired.</b> Codes / content included in Policy 236 Medications, Services, Supplies NOT Medically Necessary.	3/1/2024
056 – Interspinous Process Decompression System	<b>Retired.</b> Codes / content already included in Policy 236 Medications, Services, Supplies NOT Medically Necessary. Use eviCore for review criteria.	3/1/2024
075 – Prolotherapy	<b>Retired.</b> Codes / content included in Policy 236 Medications, Services, Supplies NOT Medically Necessary.	3/1/2024
295 – Respiratory Assist Device	<b>Retired.</b> Criteria present in InterQual. Use InterQual Medicare and Commercial Product criteria.	3/1/2024
029 – Biochemical Markers of Alzheimer’s Disease	Corrected “For Medicaid Plans” section to apply Medical Policy if TMPPM does not have medical necessity guidance.	3/1/2024
067 – Neutralizing Antibody Testing in Multiple Sclerosis Patients	Formatting changes, added hyperlink TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
072 – Discography	Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024

081 – Trigger Point Injection	Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
099 – Laser Treatment of Skin Lesions	Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
214 – Chiropractic Services	Formatting changes and added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
216 – Preterm and Early-Term Deliveries	Added details from referenced tables. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
217 – Nitric Oxide Inh in Preterm Infants	No policy changes. Added CPT Code 94799 and reformatted existing criteria. Other formatting changes and added hyperlinks to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
227 – Transoral Fundoplication	Formatting changes, added hyperlinks to LCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
228 – Peroral Endoscopic Myotomy (POEM) for Esophageal Achalasia	No change criteria. Clarified to use this policy for all LOBs, except Medicaid if TMPPM has guidance. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
242 – Vitamin Assays	Formatting changes, added hyperlinks to LCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
247 – Claim Review Process	Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
248 – Assistant Surgeon Policy	Formatting changes, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
294 – Endoscopic Surgery for Craniosynostosis	Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024

299 – Compression Garments	Clarified where quantity limits apply and added missing HCPCS codes. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
300 – Balloon Dilation of the Eustachian Tube	Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	3/1/2024
350 – Medicaid Over the Limit Supplies	<b>Retired.</b> Content added to Policy 028 Durable Medical Equipment which will be renamed to Durable Medical Equipment and Over the Limit Supplies.	4/1/2024
236 – Medications, Services & Supplies NOT Medically Necessary	Updated codes E0764, Q4116, Q4182 for some covered indications.	(OPEN)
001 - Acupuncture	Formatting changes and added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes	4/1/2024
013 – Seizure Disorders: Invasive Treatments (Epilepsy Surgery)	Corrected the Last Review dates and Next Review Dates and corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
028 – Durable Medical Equipment and Over the Limit Supplies	Changed Policy name from “Durable Medical Equipment” to “Durable Medical Equipment and Over the Limit Supplies”. Incorporated over the limit supplies details from the retired “Medicaid Over the Limit Supplies” Policy. Removed list of codes from the policy and advised to check TMPPM for recommended supply limits for DME. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	4/1/2024
030 – Bone Turnover Markers	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
035 – Cold Therapy Devices	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
060 – Nerve Graft with Radical Prostatectomy	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024

065 – Cardiac Monitoring	Removed retired CPT codes (33284, 93299), added CPT code (93297). Formatting changes and added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes. Removed retired LCDs.	4/1/2024
074 – Occipital Nerve Stimulation	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
084 – Vertebroplasty Kyphoplasty Sacroplasty	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
110 – Obstructive Sleep Apnea Diagnosis and Treatment	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
141- Infertility, Fertility Preservation, Assisted Reproductive Technology	Clarified infertility definition to be more inclusive, included language and appendices for HB1649 fertility preservation, including applicable codes, and adjusted title of policy to include fertility preservation. Formatting changes and added hyperlinks to TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	4/1/2024
210 – Biologicals for Wound Care and Procedures	Updated codes that are covered and not covered due to evolving evidence. Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity change.	4/1/2024
213 – Medical Necessity Determination	Updated language to describe use of alternate InterQual Products when InterQual criteria do not exist for specific lines of business (i.e., use of InterQual Medicare Product for Commercial lines of business, if an InterQual Commercial Product does not exist.	4/1/2024
233 – Magnetic Sphincter Augmentation (Linx) for GERD	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
261 – Out of Network Requests	Corrected the Last Review dates and Next Review Dates.	4/1/2024
282 – Air Ambulance	Corrected the “For Medicaid Plans” section to utilize this Medical Policy if TMPPM does not have medical necessity guidance.	4/1/2024
296 – Clinical Trials	Formatting changes and added hyperlinks to CMS and TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.	4/1/2024

251 – Neuromuscular Stimulation	<b>Retired</b> , use InterQual criteria	5/1/2024
025 – Deep Brain Stimulation	Removed codes that have been deleted (95974, 95975, 95978, 95979). Formatting changes, removed criteria that can be found in NCD / TMPPM and added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity change.	5/1/2024
026 – Dental Services and Anesthesia for Dental Services	Added “Background” section, formatting changes, added hyperlinks to Medicare / NCD documents and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	5/1/2024
028 – Durable Medical Equipment and Over the Limit Supplies	Changed Policy name from “Durable Medical Equipment” to “Durable Medical Equipment and Over the Limit Supplies”. Incorporated over the limit supplies details from the retired “Medicaid Over the Limit Supplies” Policy. Removed list of codes from the policy and advised to check TMPPM for recommended supply limits for DME. Added Home Health DME and Supplies Exceptional Circumstances provision to the “Background” section. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.	5/1/2024
306 – Step Therapy Policy – Commercial Plans	Updated nonpreferred bevacizumab, botulinum toxins, and VEGF inhibitors for new agents	5/1/2024
307 – Step Therapy Policy – Medicare Part B	Updated nonpreferred bevacizumab and VEGF inhibitors for new agents	5/1/2024

**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 3/1/2024**

	<b>NOTE: Some of the following additions may be potentially “Experimental, Investigational, or Unproven”</b>		
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Add	All Plans, except Medicaid / CHIP
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	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 J3590	Injection, secukinumab (IV)	Add	All Plans, except Medicaid / CHIP
C9399 J3590	Injection, cipaglucosidase alfa-atga	Add	All Plans, except Medicaid / CHIP
C9399 J3590	Injection, mirikizumab-mrkz	Add	All Plans, except Medicaid / CHIP
	<b>NOTE: Per HHSC guidance, the following additions require PA for Medicaid Plans as of 3/1/2024. Some codes may have already required PA for other plans as noted.</b>		
J1000	Injection, depo-estradiol cypionate, up to 5 mg	Add	Medicaid
J1071	Injection, testosterone cypionate, 1 mg	Add	Medicaid
J1380	Injection, estradiol valerate, up to 10 mg	Add	Medicaid
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Add	Medicaid
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	Add	Medicaid, Already requires PA for all other plans
J3121	Injection, testosterone enanthate, 1 mg	Add	Medicaid
J3145	Injection, testosterone undecanoate, 1 mg	Add	Medicaid
J3315	Injection, triptorelin pamoate, 3.75 mg	Add	Medicaid, Already requires PA for all other plans
J3316	Injection, triptorelin, extended-release, 3.75 mg	Add	Medicaid, Already requires PA for all other plans
J9155	Injection, degarelix, 1 mg	Add	Medicaid, Already requires PA for all other plans
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Add	Medicaid, Already requires PA for all other plans
J9218	Leuprolide acetate, per 1 mg	Add	Medicaid, Already requires PA for all other plans
J9226	Histrelin implant (supprelin la), 50 mg	Add	Medicaid, Already requires PA for all other plans
S0189	Testosterone pellet, 75 mg	Add	Medicaid

**Prior Authorization List Changes  
(30-Day Notice / SECOND NOTICE)  
Effective 4/1/2024**

	<b>NOTE: Some of the following additions may be potentially "Experimental, Investigational, or Unproven"</b>		
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	Add This is a Medicare specific code	Medicare
	<b>NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated as HCPCS code(s) changes</b>		
C9399 J3590	Injection, ADAMTS13, recombinant-krhn	Add	All Plans, except Medicaid / CHIP
C9399 J3590	Injection, exagamglogene autotemcel	Add	All Plans, except Medicaid / CHIP
C9399 J3490	Intracameral Implant, travoprost 75mcg	Add	All Plans, except Medicaid / CHIP
C9399 J9999	Injection, toripalimab-tpzi	Add	All Plans, except Medicaid / CHIP
C9399 J3590	Injection, lovoitibeglogene autotemcel	Add	All Plans, except Medicaid / CHIP
J9999	Injection, efbemalenograstim alfa-vuxw	Add	All Plans, except Medicaid / CHIP

**Prior Authorization List Changes  
(60-Day Notice / FIRST NOTICE)  
Effective 5/1/2024**

	<b>NONE</b>		
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**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](mailto:HPMedicalDirectors@BSWHealth.org)  
BSWHP Medical Directors