



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 1/1/2026

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
064 – Gender Affirming Care	Added section on coverage for FEHB plans. Added “Protecting Children from Chemical and Surgical Mutilation” executive order reference under “Mandates” section. Added FEHB Program Carrier Letter and Executive Order references to “References” section.	01/01/2026
306 – Step Therapy – Commercial	Removed denosumab biosimilars for Prolia. Added denosumab biosimilars for Xgeva. Added the following classes: anti-emetics, EGFR inhibitors, irinotecan, leucovorin, methotrexate, PD-1 inhibitors, pemetrexed, Trop-2 directed antibody inhibitors.	01/01/2026
307 – Step Therapy – Medicare	Removed denosumab biosimilars for Prolia. Added denosumab biosimilars for Xgeva. Added the following classes: irinotecan, leucovorin, methotrexate, PD-1 inhibitors, pemetrexed, Trop-2 directed antibody inhibitors.	01/01/2026
319 – Ravulizumab (Ultomiris)	New policy	01/01/2026
001 -Acupuncture	Updated Hyperlink for NCD 30.3	02/01/2026
029 – Biochemical Markers of Alzheimer’s Disease	Remove Apolipoprotein E from the E&I list because there is Interqual Criteria	02/01/2026

030 – Bone Turnover Markers for the Diagnosis and Management of Osteoporosis and Other Conditions Associated with Increased Bone Turnover	No Changes	02/01/2026
209 – Breast Reduction Surgery	Updated treatment requirements for back/neck/shoulder pain; Consider removing smoking and BMI requirements	02/01/2026
213 - Medical Necessity Determination	Updated Hyperlinks	02/01/2026
247 – Claim Review Process	“Prior Authorization: Not Applicable” phrase removed.	02/01/2026
248 – Assistant Surgeon Policy	No Changes	02/01/2026
275 – OncoHealth In Scope ICD-10 Codes	Added “Oncology Services” to the “Service” section which was initially blank. Added and removed Diagnoses Codes to reflect current Oncology Health In Scope Diagnoses Codes	02/01/2026
282 – Air Ambulance	Minor formatting and grammar changes	02/01/2026
289 – Anesthesia Professional Reimbursement	No Changes	02/01/2026
297 – Authorization Qualifying Diagnoses	Minor Formatting Changes	02/01/2026
299 –Compression Garments	Moved quantity limits to its own table. Reformatted Background Section and added “Lymphedema garments”; Minor formatting and grammar changes	02/01/2026
035 –Cold Therapy Devices	Remove the table of Cooling Devices; minor formatting changes	02/01/2026
210 - Biologicals for Wound Care and Procedures	No Changes	02/01/2026
300 - Balloon Dilation of the Eustachian Tube	Removed non-smoker criteria, Added additional reference (#7).	02/01/2026

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 1/1/2026**

Service Code	Description	PA Change	Line of Business
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new code(s) are assigned		
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Add	All Plans
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per mCi	Add	All Plans, EXCEPT Medicaid / CHIP
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi	Add	All Plans
A9606	Radium RA-223 dichloride, therapeutic, per UCI	Add	All Plans, EXCEPT Medicaid / CHIP
J3403	Intravitreal, revakinagene taroretcel-lwey, implant	Add	Medicaid / CHIP

J3402	Injection, remestemcel-L-rknd	Add	Medicaid / CHIP
J3389	Topical, prademagene zamikeracel sheets	Add	All Plans, EXCEPT Medicaid / CHIP
J9256	Injection, nipocalimab-aahu, IV	Add	All Plans, EXCEPT Medicaid / CHIP
J9282	Intravesical, mitomycin	Add	All Plans, EXCEPT Medicaid / CHIP
J9326	Injection, telisotuzumab vedotin-vedotin-tllv, IV	Add	All Plans, EXCEPT Medicaid / CHIP
Q5160	Injection, bevacizumab-nwgd IV	Add	All Plans, EXCEPT Medicaid / CHIP
J9184	Injection, gemcitabine (Avyxa 505(b)(2))	Add	All Plans, EXCEPT Medicaid / CHIP
J0013	Nasal, esketamine, 1mg nasal spray	Add	All Plans, EXCEPT Medicaid / CHIP
J1073	Implant, testosterone pellet, 75mg	Add	Medicaid/CHIP
J3387	Injection, elivaldogene autotemcel	Add	All Plans, EXCEPT Medicaid / CHIP
J7528	Oral, mycophenolate mofetil, 100mg	Add	Medicare

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 2/1/2026**

Service Code	Description	PA Change	Line of Business
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new code(s) are assigned		
C9399 J3590	Injection, denosumab-nxxp, SC	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Intravesical, gemcitabine system	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Injection, zopapogene imadenovac-drba	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J9999	Injection, pembrolizumab and berahyaluronidase alfa-pmph	Add	All Plans, EXCEPT Medicaid / CHIP
J3590	Injection, denosumab-kyqq	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 J3590	Injection, immune globulin, human, 10% liquid	Add	All Plans, EXCEPT Medicaid / CHIP
J3590	Injection, denosumab-qbde	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 3/1/2026**

Service Code	Description	PA Change	Line of Business
	NOTE: The following additions are for pharmaceuticals currently using miscellaneous codes which will be updated to HCPCS code(s) when new code(s) are assigned		
J9999	Injection, belantamab mafodotin-blmf	Add	All Plans EXCEPT Medicaid/CHIP
C9399 J3590	Injection, ustekinumab-hmny, SC or IV	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

BSWHP Medical Director