



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 4/1/2026

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
042 -- Custodial Care	No changes	04/01/2026
044 – Hyperbaric Oxygen Therapy	Updated hyperlink for NCD 20.29, Updated Background information, Updated references, added new indications and exclusion	04/01/2026
258 – Fetal Surgery	Updated Hyperlink to Fetal Surgery in TMPPM	04/01/2026
215 – Medications Covered Under Medical Insurance	Added all cellular and gene therapy review to be completed by clinical pharmacist and medical director	05/01/2026
315 – Obecabtagene autoleucl (Aucatzyl)	Added exclusion of prior therapy with CAR-T cell immunotherapy	05/01/2026
037 – Genetic Testing	No changes.	05/01/2026
052 – Incontinence Treatment	Specified Baylor Scott & White Health Plan where BSWHP is first written; replaced Transurethral RF with Transurethral Radiofrequency; added trademark to Renessa® System; removed “not medically necessary” from the Renessa system (just listed as E&I); removed the word percutaneous from PTNS; Add criteria for sacral nerve stimulator for fecal incontinence	05/01/2026
099 – Laser Treatment of Skin Lesions	Updated Background Section.	05/01/2026

110 - Obstructive Sleep Apnea: Diagnosis and Treatment	Updated recommended screening tool, updated references.	05/01/2026
141 – Infertility/Fertility Preservation	No Changes	05/01/2026
218 – Attention Deficit Hyperactivity Disorder (ADHD) Testing	No Changes	05/01/2026
229 -- Keratoconus and Medical Contact Lenses	No Changes	05/01/2026
302 – Digital Cognitive Behavioral Therapy	Revised policy scope and definitions to clarify practitioner-prescribed digital therapeutics and explicitly exclude consumer, wellness, and provider-operated applications; strengthened regulatory alignment language for Medicare and Texas Medicaid; updated medical necessity criteria to include FDA clearance “when required,” added requirement for credible evidence and net health benefit, clarified provider prescription requirements, and added use as part of a comprehensive treatment plan; expanded and refined evaluated digital therapeutics table to include reSET, reSET-O, and SleepioRx; revised background to distinguish digital therapeutics from general wellness applications and clarify FDA oversight; updated codes section to add A9291 as covered, designate 98978 and T1505 as not covered, restructure code tables, and clarify that non-covered code list is not exhaustive; updated references to reflect current evidence.	05/01/2026
248 – Assistant Surgeon Policy	Added clarification of services of provider types not reimbursed by Medicare	05/01/2026
234 - Neurophysiological Monitoring During Procedure	Added an indication to the E&I list; Updated References	06/01/2026
204 – Transcatheter Valve Replacement or Repair	Updated criteria for TPVI, Added Interqual as source for medical necessity for TMVR; Updated Medicare hyperlinks.	06/01/2026
050 – Cancer Treatment Vaccines	No changes	06/01/2026
219 – Cancer Chemotherapy/Therapy	Change renewal criteria to apply to continuation of therapy. Added Keytruda Qlex, Opdivo Qvantig, Penpulimab, and Unloxcyt to Appendix A.	06/01/2026
310 – Exagamglogene autotemcel (Casgevy)	No changes	06/01/2026

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 4/1/2026

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
C9308	Injection, carboplatin (avyxa), 1 mg	Add	All Plans, EXCEPT Medicaid / CHIP
J9999	Pertuzumab-dpzb	Add	All Plans, EXCEPT Medicaid / CHIP
J3590	Pegfilgrastim-unne	Add	All Plans, EXCEPT Medicaid / CHIP
J3590	Denosumab-desu	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 / J3590	depemokimab-ulaa injection, SC	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 / J3590	onasemnogene abeparvec-brve injection, intrathecal	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 / J3490	plozasiran injection, SC	Add	All Plans, EXCEPT Medicaid / CHIP
	NOTE: The following additions are for pharmaceuticals that previously required prior authorization under a miscellaneous code and now require prior authorization under an updated HCPCS code		
J1553	Injection, immune globulin, 100mg	Add	All Plans, EXCEPT Medicaid / CHIP
J3404	Injection, zopapogene imadenovec-drba suspension	Add	All Plans, EXCEPT Medicaid / CHIP
J9183	Intravesical, gemcitabine system, 225mg	Add	All Plans, EXCEPT Medicaid / CHIP

J9277	Injection, pembrolizumab and berahyaluronidase alfa-pmph	Add	All Plans, EXCEPT Medicaid / CHIP
J9278	Injection, carboplatin IV	Add	All Plans, EXCEPT Medicaid / CHIP
J9601	Injection, linvoseltamab-gcpt, IV	Add	All Plans, EXCEPT Medicaid / CHIP
Q5161	Injection, denosumab-kyqq	Add	All Plans, EXCEPT Medicaid / CHIP
Q5162	Injection, denosumab-nxxp, SC	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(30-Day Notice / SECOND NOTICE)
Effective 5/1/2026**

Service Code	Description	PA Change	Line of Business
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Remove	Commercial & ASO
	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-qbde, SC	Add	All Plans, EXCEPT Medicaid / CHIP

J3490	Topical ophthalmic use, riboflavin 5'-phosphate ophthalmic solution	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 / J9999	Injection, amivantamab and hyaluronidase-lpuj, SC	Add	All Plans, EXCEPT Medicaid / CHIP
C9399 / J3590	Injection, narsoplimab-wuug, IV	Add	All Plans, EXCEPT Medicaid / CHIP

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 6/1/2026**

Service Code	Description	PA Change	Line of Business
J8502	Injection, aprepitant, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
J9003	Injectable, leuprolide, 1mg	Add	All Plans, EXCEPT Medicaid / CHIP
Q0238	Injection, tocilizumab-aazg, IV	Add	All Plans, EXCEPT Medicaid / CHIP
J9350	Injection, mosunetuzumab-axgb, SC	Add	All Plans, EXCEPT Medicaid / CHIP
	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		
J3590	Injection, filgrastim-laha	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