



Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 5/1/2026

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
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
013 – Seizure Disorders Invasive Treatments (Epilepsy)	Updated Background Section and references.	06/01/2026
050 – Cancer Treatment Vaccines	No changes	06/01/2026
060 -- Nerve Graft with Radical Prostatectomy	No Changes	06/01/2026
067-- Neutralizing Antibody Testing in Multiple Sclerosis	Updated Background Section.	06/01/2026
074 – Occipital Nerve Stimulation	Updated references	06/01/2026
129 -- Transplantation Services	Clarified wording for costs; Added contraindications; updated references	06/01/2026
137 -- Psychologic Evaluation for Medical Procedures	Added flexibility for additional hours with clinical justification, clinical rationale for technician/computer non-coverage, expanded Background with current guidelines, added ICD-10 codes for transplant/chronic pain/dystonia,	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
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
234 - Neurophysiological Monitoring During Procedure	Added an indication to the E&I list; Updated References	06/01/2026

294 – Endoscopic Surgery for Craniosynostosis	Updated Background section; updated references	06/01/2026
310 – Exagamglogene autotemcel (Casgevy)	No changes	06/01/2026
081 -- Trigger Point Injection	Updated references, background section, clarified exclusion and limitations section	07/01/2026
206 –Autism Coverage Policy	Updated diagnostic framework to DSM-5-TR, expanded screening criteria and assessment tools, added genetic testing (CMA, fragile X, MECP2) with cross-reference to Policy 037, replaced blanket PKU screening with targeted metabolic testing, broadened EEG indications, added BCBA/BCaBA as qualifying ABA providers, expanded prescribing authority to treating physician, softened neuropsychological testing exclusion with cross-reference to Policy 224, added five experimental/unproven exclusions (TMS, stem cell, CBD, oxytocin, suramin), updated prevalence and epidemiologic data to 2020 ADDM, added federal MHPAEA/parity mandate language, restructured Texas mandate with statutory citations and plan applicability statement, added Category III code annotation for 0362T/0373T, updated bibliography. Comprehensive bibliography modernization scheduled for next review cycle	07/01/2026
217 – Inhaled Nitric Oxide in Preterm Infants	Updated Medical Necessity Requirements, updated exclusions; updated Background Section; Updated References	07/01/2026
224 -- Psychological Testing	Added 96132, 96133, 96121 to covered CPT codes; clarified LOB-dependent coverage for 96138/96139/96146; added MHPAEA federal mandate; added neuropsychological evaluation and APA 2020 guidelines to Background; added repeat testing examples; moved BUROS tables to internal appendix; corrected ICD-10 typo; consolidated additional-hours language; updated internal appendix TMPPM codes; updated references.	07/01/2026
227 –Transoral Fundoplication	Policy updated in line with current guidelines. Coverage expanded from Medicare-only to all lines of business with criteria-based medical necessity determination. Updated Background section. Added medical necessity criteria, exclusion criteria, updated definitions. Updated references.	07/01/2026
239 – Infliximab Products	Retire policy – layering into policy 306/307	07/01/2026
257 – Esketamine (Spravato)	Simplified background. Updated HCPCS code.	07/01/2026
306 – Step Therapy – Commercial Plans	Updated infliximab class to include specific drug agents and removed reference to policy #239	07/01/2026
307 – Step Therapy – Medicare Part B	Updated infliximab class to include specific drug agents and removed reference to policy #239	07/01/2026
311 – Lovotibeglogene autotemcel (Lyfgenia)	No Changes	07/01/2026
318 – Drugs and Biologicals Wastage Policy	Replaced defunct Medicare LCA with CMS IOM and CPT manual	07/01/2026

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

	NOTE: The following addition is for a pharmaceutical previously on PA with a miscellaneous code assigned which now has a unique HCPCS code assigned		
C9309	Injection, onasemnogene abeparvovec-brve, per treatment	Add	All Plans, EXCEPT Medicaid / CHIP

Prior Authorization List Changes

Effective 5/1/2026

Service Code	Description	PA Change	Line of Business
	NOTE: The following changes are based on codes that have been RETIRED or have had NEW codes or EXISTING codes reassigned for services that already require PA		
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	Retired 1/1/26	All Plans, INCLUDING Medicaid / CHIP
77014	Computed tomography guidance for placement of radiation therapy fields	Retired 1/1/26 Report using 77387	All Plans, INCLUDING Medicaid / CHIP
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Retired 1/1/26 Report using 77402, 77407, 77412	All Plans, INCLUDING Medicaid / CHIP

77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Retired 1/1/26 Report using 77402, 77407, 77412	All Plans, INCLUDING Medicaid / CHIP
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	Retired 1/1/2026 Report using 75577	All Plans, INCLUDING Medicaid / CHIP
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	Retired 1/1/2026 Report using 75577	All Plans, INCLUDING Medicaid / CHIP

0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	Retired 1/1/2026 Report using 75577	All Plans, INCLUDING Medicaid / CHIP
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	Retired 1/1/2026 Report using 75577	All Plans, INCLUDING Medicaid / CHIP
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6001	Ultrasonic guidance for placement of radiation therapy fields	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP

G6007	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6008	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6009	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6010	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6011	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6012	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6013	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Retired 1/1/2026	All Plans, INCLUDING Medicaid / CHIP
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	Retired 1/1/2026 Report using 64654, 64655, 64656	All Plans, INCLUDING Medicaid / CHIP

0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Retired 1/1/2026 Report using 64656, 64659	All Plans, INCLUDING Medicaid / CHIP
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	Retired 1/1/2026 Report using 52597	All Plans, INCLUDING Medicaid / CHIP
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	Retired 1/1/2026 Report using 52443	All Plans, INCLUDING Medicaid / CHIP
0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	Retired 1/1/2026 Report using 93998	All Plans, INCLUDING Medicaid / CHIP
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Retired 1/1/2026 Report using 64567	All Plans, INCLUDING Medicaid / CHIP
75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	Add Replaces 0623T-0626T	All Plans, EXCEPT Medicaid / CHIP

Prior Authorization List Changes

Effective 5/1/2026

Service Code	Description	PA Change	Line of Business
C9307	Injection, linvoseltamab-gcpt, IV	Remove Retired	All Plans, EXCEPT Medicaid / CHIP

75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	Add Replaces 0623T-0626T	All Plans, EXCEPT Medicaid / CHIP
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
NOTE: The following additions are for codes that require PA per HHSC / TMPPM			
70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Add	Medicaid / CHIP
70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	Add	Medicaid / CHIP
70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	Add	Medicaid / CHIP
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Add	Medicaid / CHIP
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	Add	Medicaid / CHIP
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	Add	Medicaid / CHIP

61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	Add	Medicaid / CHIP
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Add	Medicaid / CHIP
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Add	Medicaid / CHIP
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Add	Medicaid / CHIP
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Add	Medicaid / CHIP
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Add	Medicaid / CHIP
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Add	Medicaid / CHIP
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Add	Medicaid / CHIP
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	Add	Medicaid / CHIP
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	Add	Medicaid / CHIP
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Add	Medicaid / CHIP
C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	Add	Medicaid / CHIP
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	Add	Medicaid / CHIP
77370	Special medical radiation physics consultation	Add	Medicaid / CHIP

77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Add	Medicaid / CHIP
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Add	Medicaid / CHIP
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Add	Medicaid / CHIP
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Add	Medicaid / CHIP
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	Add	Medicaid / CHIP
77520	Proton treatment delivery; simple, without compensation	Add	Medicaid / CHIP
77522	Proton treatment delivery; simple, with compensation	Add	Medicaid / CHIP
77523	Proton treatment delivery; intermediate	Add	Medicaid / CHIP
77525	Proton treatment delivery; complex	Add	Medicaid / CHIP
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Add	Medicaid / CHIP
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of	Add	Medicaid / CHIP
J0013	Esketamine, nasal spray, 1 mg	Add	Medicaid / CHIP
J3389	Topical administration, prademagene zamikeracel, per treatment	Add	Medicaid / CHIP

Prior Authorization List Changes
(30-Day Notice / SECOND 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
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Remove	All Plans, INCLUDING Medicaid / CHIP
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Remove	All Plans, INCLUDING Medicaid / CHIP
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Remove	All Plans, INCLUDING Medicaid / CHIP
E1392	Portable oxygen concentrator, rental	Remove	All Plans, INCLUDING Medicaid / CHIP
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	Remove	All Plans, INCLUDING Medicaid / CHIP

33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture	Remove	All Plans, INCLUDING Medicaid / CHIP
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Remove	All Plans, INCLUDING 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

**Prior Authorization List Changes
(60-Day Notice / FIRST NOTICE)
Effective 7/1/2026**

Service Code	Description	PA Change	Line of Business
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Add Replaces 0720T	All Plans, EXCEPT Medicaid / CHIP
93998	Unlisted noninvasive vascular diagnostic study	Add	All Plans, EXCEPT Medicaid / CHIP
0620U	Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	Add	All Plans, EXCEPT Medicaid / CHIP
0630U	Oncology (breast), mRNA, gene expression profiling by microarray of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffin-embedded tissue (FFPE), algorithm reported as an index that is diagnostic of a molecular subtype (luminal, basal, Her2)	Add	All Plans, EXCEPT Medicaid / CHIP

81524	Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT (O-6-methylguanine-DNA methyltransferase) promoter methylation status, if performed	Add	All Plans, EXCEPT Medicaid / CHIP
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	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