



## Medical Coverage Policy and Prior Authorization Update Notice

Publication date: 6/1/2026

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
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
252 – Urine Drug Monitoring in Pain Management and Substance Abuse	No Changes	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
303 Teplizumab (Tziel)	Updated age criteria to align with FDA labeling. Simplified background section. Added background for expanded indication. Minor formatting changes.	08/01/2026
304 Valoctocogene roxaparvovec (Roctavian)	Simplified background section.	08/01/2026
309 Atidarsagene autotemcel (Lenmeldy)	Clarified one treatment per lifetime authorized. Simplified background section.	08/01/2026
290 Idecabtagene Vicleucel (Abecma)	Removed REMS criteria. Updated criteria #10 to include examples of IMiD, PI, and anti-CD38 monoclonal antibodies. Simplified background section. Updated CPT, HCPCS, and ICD10 codes. Updated references section.	08/01/2026
298 Ciltacabtagene autoleucel (Carvykti)	Removed REMS criteria. Updated criteria #9 immunomodulator examples. Simplified background section. Updated CPT, HCPCS, and ICD10 codes. Updated references section.	08/01/2026

**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 6/1/2026

Service Code	Description	PA Change	Line of Business
J8502	Injection, aprepitant, 1mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9003	Injectable, leuprolide, 1mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q0238	Injection, tocilizumab-aazg, IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9350	Injection, mosunetuzumab-axgb, SC	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Remove	All Plans, <b>INCLUDING</b> Medicaid / CHIP
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Remove	All Plans, <b>INCLUDING</b> 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, <b>INCLUDING</b> Medicaid / CHIP
E1392	Portable oxygen concentrator, rental	Remove	All Plans, <b>INCLUDING</b> Medicaid / CHIP

33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	Remove	All Plans, <b>INCLUDING</b> 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, <b>INCLUDING</b> Medicaid / CHIP
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Remove	All Plans, <b>INCLUDING</b> Medicaid / CHIP
<b>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</b>			
J3590	Injection, filgrastim-laha	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

**Prior Authorization List Changes  
(30-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, <b>EXCEPT</b> Medicaid / CHIP
93998	Unlisted noninvasive vascular diagnostic study	Add	All Plans, <b>EXCEPT</b> 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, <b>EXCEPT</b> 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	Add	All Plans, <b>EXCEPT</b> 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, <b>EXCEPT</b> Medicaid / CHIP

86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9308	Injection, carboplatin (Avyxa), 1 mg	Remove Code Termined	All Plans
C9309	Injection, onasemnogene abeparovec-brve, per treatment	Remove Code Termined	All Plans
	<b>NOTE: The following additions are for pharmaceuticals that required prior authorization while using miscellaneous codes, which are now assigned unique HCPCS code(s)</b>		
J1289	Injection, narsoplimab-wuug, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J1577	Injection, immune globulin (qivigy), 100 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J2361	Injection, depemokimab-ulaa, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J2789	Riboflavin 5'-phosphate, ophthalmic solution (epioxa hd/epioxa), up to 2 ml	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J3405	Injection, onasemnogene abeparovec-brve, per treatment	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5164	Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5166	Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5167	Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5169	Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

**Prior Authorization List Changes  
(60-Day Notice / FIRST NOTICE)  
Effective 8/1/2026**

Service Code	Description	PA Change	Line of Business
J0528	Injection, fosfomycin disodium, 20 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J7176	Injection, human fibrinogen - chmt (fesilty), 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to J9171, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5165	Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5168	Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
Q5171	Injection, denosumab-mobz (boncresa), biosimilar, 1 mg	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
	<b>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</b>		
C9399 J9999	Injection, etoposide, IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J9999	Injection, fluorouracil, IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J3490	Injection, fosfomycin, IV	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J3590	Injection, pegzilarginase-nbln, IV or SC	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J3590	Injection, pegzilarginase-nbln, IV or SC	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP
C9399 J3590	Injection, tividenufosp alfa-eknm	Add	All Plans, <b>EXCEPT</b> Medicaid / CHIP

**Prior Authorization List Changes**  
**Due to HHSC / CMS Guidance or Code Being Reinstated after being Termed when previously on PA**

Service Code	Description	PA Change	Line of Business
J3386	Injection, etuvetidigene autotemcel, per treatment	Add PA Effective 7/8/2026  Claims received for dates of service July 1-7, 2026, will be subject to clinical documentation review to support claims payment	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J9037	Injection, belantamab mafodotin-blmf, 0.5mg	Add Previously on PA and code/drug termed 3/31/2025 and reinstated 7/1/2026	All Plans, <b>EXCEPT</b> Medicaid / CHIP
J7356	Injection, foscarbidopa 0.25mg/foslevodopa 5mg	Add Per CMS guidance, Effective 4/1/2026	Medicare
J3404	Injection, zopapogene imadenovec-drba suspension	Add Per HHSC guidance, effective 4/1/2026	Medicaid / CHIP
J9161	Injection, denileukin diftitox-cxdi 300mcg	Add Per HHSC guidance, effective 4/1/2026	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](mailto:HPMedicalDirectors@BSWHealth.org)

*BSWHP Medical Director*