

**NEW POLICY UPDATES
CLINICAL PAYMENT, CODING AND POLICY CHANGES**

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below chart of upcoming new policies.

Effective for dates of service beginning **(8/3/2020)**:

POLICY UPDATE

HCPS/CPT Code: Abatacept (Orencia)*J0129

Prior authorization for Abatacept (Orencia) may be given for an initial six months for eight doses. Prior authorization for an initial request for abatacept injections will be considered when all criteria is met. Please refer to the provider pre-authorization tool (<https://medicaidportal.aetna.com/propat/Default.aspx>) for the most up to date listing of codes requiring a prior authorization and additional information specific to approval.

Effective for dates of service beginning **(8/3/2020)**:

POLICY UPDATE

HCPS/CPT Code: Exondys 51*J1428 *(is limited to clients who are birth through 19 years of age)* and **Spinraza*J2326** *(is limited to clients who are birth through 20 years of age)*

Prior authorization requests for procedure codes J1428 and J2326 must be submitted by the prescribing provider to the Special Medical Prior Authorization (SMPA) department at TMHP using the Special Medical Prior Authorization Request Form. Please refer to the provider pre-authorization tool (<https://medicaidportal.aetna.com/propat/Default.aspx>) for the most up to date listing of codes requiring a prior authorization and additional guidance specific to Exondys and Spinraza.

Effective for dates of service beginning (8/3/2020):

POLICY UPDATE

HCPS/CPT Code: J3357 and J3358 Stelara

Prior authorization requests for procedure codes J3357 and J3358. Prior authorization will be considered when all criteria is met. Please refer to the provider pre-authorization tool (<https://medicaidportal.aetna.com/propat/Default.aspx>) for the most up to date listing of codes requiring a prior authorization and additional information specific to approval.

Effective for dates of service beginning (8/3/2020)

POLICY UPDATE

HCPS/CPT Code: J3398 Luxturna

Prior authorization requests for procedure codes J3398. Prior authorization will be considered when all criteria is met. Please refer to the provider pre-authorization tool (<https://medicaidportal.aetna.com/propat/Default.aspx>) for the most up to date listing of codes requiring a prior authorization and additional information specific to approval.

Effective for dates of service beginning (8/3/2020)

POLICY UPDATE

HCPS/CPT Code: J2357 Omalizumab

Prior authorization requests for procedure code J2357. Prior authorization will be considered when all criteria is met. Please refer to the provider pre-authorization tool (<https://medicaidportal.aetna.com/propat/Default.aspx>) for the most up to date listing of codes requiring a prior authorization and additional information specific to approval.

Effective for dates of service beginning (8/3/2020)

POLICY UPDATE

HCPS/CPT Code: J0517 Benralizumab

Prior authorization requests for procedure code J0517. Prior authorization will be considered when all criteria is met. Please refer to the provider pre-authorization tool (<https://medicaidportal.aetna.com/propat/Default.aspx>) for the most up to date listing of codes requiring a prior authorization and additional information specific to approval.