

**Provider Notification – Q5157 and Q5136 Authorization Requirement**

**Reminder: Authorization Required for Codes Q5157 and Q5136**

Providers billing Q5157 and Q5136 are reminded that this service has required authorization since 7/1/2026 and will continue to do so per the Medicaid Pharmacy Medical Authorization Forms below:

Denosumab Biosimilars – Oncology (MEDICAL)

Denosumab Biosimilars - Osteoporosis Indications (MEDICAL)

To ensure consistency with current requirements, the PAL Web Tool is being updated to reflect the existing authorization requirements for Q5157 and Q5136.

Providers should continue to submit authorization requests prior to rendering or billing for this service. Failure to obtain the required authorization may result in claim denials.

Thank you for your cooperation in maintaining compliance with billing requirements.

This applies to all Medicaid products offered in Virginia.

| CODE  | LONG DESCRIPTION                               |
|-------|------------------------------------------------|
| Q5157 | INJECT DENOSUMAB-BMWO STOBOCLO/OSENVLT BS 1 MG |
| Q5136 | INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG       |