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Medical Policy and Coding Updates
January 3, 2020

Special notices

Effective April 3, 2020

Herceptin® (trastuzumab) and Other HER2 Inhibitors, 5.01.514

- Trazimera™ (trastuzumab-qyyp), a biosimilar to Herceptin® (trastuzumab), has been changed to a first-line biosimilar for the treatment of HER2-postive breast cancer, HER2-postive metastatic gastric cancer, and HER2-postive gastroesophageal junction adenocarcinoma when criteria are met
- The biosimilars Herzuma® (trastuzumab-pkrb), Kanjinti™ (trastuzumab-anns), Ogivri™ (trastuzumab-dkst) and Ontruzant® (trastuzumab-dttb) are second-line biosimilars and require an inadequate response or intolerance to Herceptin® or Trazimera™ when criteria are met

IL-5 Inhibitors, 5.01.559

- Nucala® (mepolizumab) medical necessity criteria have been updated for the treatment of severe eosinophilic asthma. The age criterion has changed from age 12 to age 6 and older.
- Nucala® (mepolizumab) medical necessity criteria have also been updated for the treatment of eosinophilic granulomatosis with polyangiitis (EGPA) in adults to include blood eosinophil levels and documented evidence of polyangiitis, vasculitis, mononeuritis, or systemic symptoms

Monoclonal Antibodies for the Treatment of Lymphoma, 2.03.502

- Polivy™ (polatuzumab vedotin-piiq) has been added to the policy and may be considered medically necessary for the treatment of diffuse large B-cell lymphoma (DLBCL) in adults when criteria are met
- Ruxience™ (rituximab-pvvr), a biosimilar to Rituxan® (rituximab), has been added to the policy as a first-line biosimilar and may be considered medically necessary for non-Hodgkin's lymphoma and chronic lymphocytic leukemia
- Truxima® (rituximab-abbs) is a second-line biosimilar and requires an inadequate response or intolerance to Rituxan® or Ruxience™ when criteria are met

Pharmacotherapy of Arthropathies, 5.01.550

Ruxience™ (rituximab-pvvr) has been added to the policy and may be considered medically necessary as a second-line anti-CD20 agent when criteria are met

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

Ruxience™ (rituximab-pvvr) has been added to the policy and may be considered medically necessary as a first-line treatment for systemic lupus erythematosus when criteria are met

Pharmacotherapy of Thrombocytopenia, 5.01.566

Ruxience™ (rituximab-pvvr) and Truxima® (rituximab-abbs) have been added to the policy and may be considered medically necessary as anti-CD20 agents for the treatment of chronic immune thrombocytopenia when criteria are met

Rituximab: Non-oncologic and Miscellaneous Uses, 5.01.556

- Ruxience™ (rituximab-pvvr), a biosimilar to Rituxan® (rituximab), has been added to the policy as a first-line biosimilar and may be considered medically necessary when criteria are met
- Truxima® (rituximab-abbs) is a second-line biosimilar and requires an inadequate response or intolerance to Rituxan® or Ruxience™ when criteria are met

Use of Vascular Endothelial Growth Factor Receptor (VEGF) Inhibitors and Other Angiogenesis Inhibitors in Oncology Treatment, 5.01.517

- Zirabev™ (bevacizumab-bvzr), a biosimilar to Avastin® (bevacizumab), has been changed to a first-line biosimilar and may be considered medically necessary when criteria are met
- Mvasi™ (bevacizumab-awwb) is a second-line biosimilar and requires an inadequate response or intolerance to Avastin® (bevacizumab) or Zirabev™ (bevacizumab-bvzr) when criteria are met

Effective March 5, 2020

Knee Arthroplasty in Adults, 7.01.550

- A description of Kellgren-Lawrence grade 3 is added to the medical necessity statement of radiographic evidence
- The conservative management section is modified to now include a requirement of both medical measures and physical measures

Pharmacotherapy for Multiple Sclerosis, 5.01.565

Medical necessity of Ocrevus® (ocrelizumab) intravenous will now include site of service review. See policy for more details.

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

Medical necessity of Ocrevus® (ocrelizumab) intravenous will now include site of service review. See policy for more details.

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Effective March 4, 2020

Updates to AIM Specialty Health® Clinical Appropriateness Guidelines

Effective for dates of service on and after March 4, 2020, the following updates by section will apply to the AIM Specialty Health® Clinical Appropriateness Guidelines for Genetic Testing

Updates by section

Genetic Testing for Hereditary Cancer Susceptibility

Multi-Gene Panel Testing

- Restricted the genes on allowable panels to those with peer-reviewed clinical validity data for the cancers present in the individual's personal and/or family history

CHEK2 and PALB2

- Restricted to exclude coverage for those with a family history of prostate cancer only and no history of other relevant cancers

Prostate Cancer

- Removed RAD51D from the allowable gene list

Effective February 21, 2020

Massage Therapy, 8.03.506

Massage therapy may be considered medically necessary when criteria in the policy are met and it is not intended for prolonged treatment

Services Reviewed Using InterQual® Criteria, 10.01.530

This policy is updated to add physical therapy and occupational therapy services to the list of services that will be reviewed using InterQual® criteria

Effective February 9, 2020

Updates to AIM Specialty Health® Clinical Appropriateness Guidelines

Effective for dates of service on and after February 9, 2020, the following updates by section will apply to the AIM Specialty Health® Clinical Appropriateness Guidelines for Radiology

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Updates by section

Abdomen and Pelvis

Foreign body (pediatric only)

- Gastrointestinal bleeding
- Henoch-Schoenlein purpura
- Hematoma or hemorrhage – intracranial or extracranial
- Perianal fistula/abscess (fistula in ano)
- Ascites
- Biliary tract dilatation or obstruction
- Cholecystitis
- Choledocholithiasis
- Cocal liver lesion
- Hepatomegaly
- Jaundice
- Azotemia
- Adrenal mass
- Indeterminate hematuria
- Renal mass
- Urinary tract calculi
- Adrenal hemorrhage
- Adrenal mass
- Lymphadenopathy
- Splenic hematoma
- Undescended testicle (cryptorchidism)

Abdominal and/or pelvic pain

- Combined pelvic pain with abdominal pain criteria into a new "abdominal and/or pelvic pain" indication
- Required ultrasound or colonoscopy for select adult patients based on clinical scenario
- Added ultrasound-first approach for pediatric abdominal and pelvic pain

Lower extremity edema

Added requirement to exclude DVT prior to abdominopelvic imaging

Splenic mass, benign; splenic mass, indeterminate; splenomegaly

Added new indications for diagnosis, management, and surveillance of splenic incidentalomas following the American College of Radiology White Paper (previously reviewed against "tumor, not otherwise specified")

Pancreatic mass
Criteria for solid and cystic pancreatic masses now appear separately and follow up intervals for cystic pancreatic masses are now defined

Diffuse liver disease
Added criteria to address MR elastography

Inflammatory bowel disease
Limited requirement for upper endoscopy to patients with relevant symptoms and include new requirement for fecal calprotectin or CRP to differentiate IBS from IBD

Enteritis or colitis not otherwise specified
Incorporated intussusception (pediatric only), and ischemic bowel

Prostate cancer
This indication is now found in the Oncologic Imaging Guideline

Effective for dates of service on and after February 9, 2020, the following updates by section will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Radiation Oncology**

Updates by section

Special treatment procedure and special physics consult
Oral cone endocavitary indication is removed

Intensity modulated radiation therapy (IMRT), stereotactic Radiosurgery (SRS) or stereotactic body radiotherapy (SBRT) for bone metastases
Broadened description of adjacent normal tissues

Single fraction treatment
Removed poor performance status criteria

Central nervous system cancers
Now includes evidence review

Spine lesions; primary or metastatic lesions of the spine, metastatic lesions in the lung
Incorporated note calling out separate criteria for curative intent treatment of extracranial oligometastatic disease

SBRT in the treatment of extracranial oligometastatic disease
Added new section with discussion and indications

Prostate cancer – hypofractionation
Added fractionation guideline with EBRT/IMRT

Prostate cancer – postoperative radiotherapy and SBRT
Added indication based on ASTRO/ASCO/AUA recommendation

Prostate cancer – use of hydrogel spacer
Added discussion and medical necessity statement about hydrogel spacers for prostate irradiation

Effective for dates of service on and after February 9, 2020, the following updates by section will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Sleep Disorder Management**

Updates by section

Polysomnography and Home Sleep Testing: Established sleep disorder (OSA or other) – follow-up laboratory studies
Expanded contraindications including the addition of chronic narcotic use based on the American Academy of Sleep Medicine Clinical Practice Guideline recommendation

Management of OSA using APAP and CPAP Devices
- Expanded treatment of mild OSA with APAP and CPAP to patients with any hypertension based on the American Academy of Sleep Medicine Clinical Practice Guideline recommendation
- Expanded contraindications including the addition of chronic narcotic use based on the American Academy of Sleep Medicine Clinical Practice Guideline recommendation

Effective January 3, 2020

Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors, 7.01.92
- This policy has been renumbered from policy 7.01.526
- Cryosurgical ablation for benign breast fibroadenomas changed from medically necessary to investigational

Drugs for Rare Diseases, 5.01.576

- Cerdelga® (eliglustat) and Elelyso® (taliglucerase alfa) have been added to the policy for the treatment of Type I Gaucher's disease
- Xuriden® (uridine triacetate) has been added to the policy for the treatment of hereditary orotic aciduria
- Lumizyme® (alglucosidase alfa) criteria have been updated to include all ages for the treatment of Pompe disease

Irreversible Electroporation (NanoKnife® System), 7.01.572

The use of irreversible electroporation (NanoKnife® System) is considered investigational for all indications, including but not limited to ablation of soft tissue or of solid organs, such as the liver or pancreas

Leadless Cardiac Pacemakers, 2.02.32

The Micra™ transcatheter pacing system is a leadless cardiac pacemaker that may be considered medically necessary for patients who are unable to receive a conventional singular ventricular pacemaker and when additional criteria are met

Miscellaneous Oncology Drugs, 5.01.540

- The interferon agents Intron® A (interferon alfa-2b) and Sylatron™ (peginterferon alfa-2b) have been added to the policy
- Asparlas™ (calaspargase pegol - mknl) has been added to the policy for the treatment of acute lymphoblastic leukemia
- Bavencio® (avelumab) criteria are moved from this policy to Immune Checkpoint Inhibitors, 5.01.591

Medical policies

Revised medical policies Effective January 1, 2020

Preventive Care, 10.01.523

The policy has been updated to include depression screening and psychotherapy for parents with higher risk of perinatal depression any time during pregnancy and up to 1 year after delivery or adoption

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Pharmacy policies

Revised pharmacy policies Effective January 1, 2020

BRAF and MEK Inhibitors, 5.01.589

- Tafinlar® (dabrafenib) and Mekinist® (trametinib) combination therapy may be considered medically necessary for other medical conditions when criteria are met, including melanoma with BRAF mutations, metastatic non-small cell lung cancer with BRAF mutations, and anaplastic thyroid cancer
- Monotherapy medical necessity criteria for Tafinlar® (dabrafenib), Zelboraf® (vemurafenib), and Mekinist® (tramtenib) have been added to the policy for the treatment of metastatic melanoma

Medical Necessity Criteria for Pharmacy Edits, 5.01.605

- Cequa™ (cyclosporine ophthalmic solution) may be considered medically necessary to treat the signs and symptoms of dry eye disease when criteria are met
- Nourianz™ (istradefylline) may be considered medically necessary as adjunctive treatment to carbidopa/levodopa in patients with Parkinson's disease when criteria are met
- Generic nitisinone may be considered medically necessary when the patient is diagnosed with hereditary tyrosinemia type 1 and criteria are met
- Accrufer™ (ferric maltol) may be considered medically necessary for the treatment of iron deficiency anemia in adults when the patient has inflammatory bowel disease, or non-dialysis dependent chronic kidney disease and criteria are met

Migraine and Cluster Headache Medications, 5.01.503

Reyvow™ (lasmiditan) has been added to the policy for the treatment of acute episodic migraine in adults 18 and older when medical necessity criteria are met

Miscellaneous Oncology Drugs, 5.01.540

- Kisqali® Femara® co-pack (ribociclib – letrozole) may be considered medically necessary to treat premenopausal or postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer when criteria are met. Use as maintenance therapy following response to chemotherapy regimens is considered not medically necessary.
- Xpovio™ (selinexor) in combination with dexamethasone may be considered medically necessary to treat adult patients with relapsed or refractory multiple myeloma (RRMM) when criteria are met
- Rozlytrek™ (entrctinib) may be considered medically necessary to treat adult patients with metastatic non-small cell lung cancer (NSCLC) or adult and pediatric patients 12 years of age and older with solid tumors when criteria are met

- Piqray® (alpelisib) in combination with fulvestrant may be considered medically necessary to treat men and postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer when criteria are met

Multiple Receptor Tyrosine Kinase Inhibitors, 5.01.534

- Lenvima® (lenvatinib) has an added medically necessary indication for use in combination with pembrolizumab and may be considered medically necessary to treat patients with advanced endometrial carcinoma when criteria are met
- Turalio™ (pexidartinib) may be considered medically necessary for the treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) when criteria are met

Pharmacologic Treatment of Hereditary Transthyretin-Mediated Amyloidosis, 5.01.593

Vyndamax™ (tafamidis) and Vyndaqel® (tafamidis meglumine) may be considered medically necessary for the treatment of cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) when criteria are met. All other uses are considered investigational.

Pharmacotherapy of Multiple Sclerosis, 5.01.565

The expanded disability status score (EDSS) criteria for Mayzent® (siponimod) was changed from 6 to 7

Pharmacotherapy of Type I and Type II Diabetes Mellitus, 5.01.569

Rybelsus® (semaglutide oral) has been added as a preferred GLP-1 receptor agonist

Prostate Cancer Targeted Therapies, 5.01.544

- Nubeqa® (darolutamide) may be considered medically necessary to treat patients with non-metastatic castration-resistant prostate cancer
- Erleada™ (apalutamide) has an added medically necessary indication for treatment of metastatic castration-sensitive prostate cancer

Archived policies

No updates this month

Deleted policies

No updates this month

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Coding updates

Added codes
Effective March 5, 2020

Pharmacotherapy of Multiple Sclerosis, 5.01.565
Now requires prior authorization, currently reviewed for medical necessity.

J2350

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523
Now requires review for site of service as part of medical necessity and prior authorization.

J2350

Effective February 21, 2020

Massage Therapy, 8.03.506
Now requires review for medical necessity after initial 6 visits in an episode of care.

97010, 97112, 97124, 97140

Services Reviewed Using InterQual® Criteria, 10.01.530

97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97542, 97750, 97755, 97760, 97761, 97763, 97799, G0283

Effective February 9, 2020

Effective for dates of service on and after February 9, 2020, the following updates by section will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Radiation Oncology**

Now requires review for medical necessity and prior authorization.

55874

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Effective January 3, 2020

Drugs for Rare Diseases, 5.01.576
Now requires review for medical necessity including site of service. Now requires prior authorization

J3060

Leadless Cardiac Pacemakers, 2.02.23
Now requires review for medical necessity. Now requires prior authorization.

33274

Miscellaneous Oncology Drugs, 5.01.540
Now requires review for medical necessity. Now requires prior authorization.

J9213

Effective January 1, 2020

Ablation of Peripheral Nerves to Treat Pain, 7.01.565
Now requires review, may be considered investigational.

64624, 64625

AIM Specialty Health® Radiology Clinical Appropriateness Guidelines

78429, 78430, 78431, 78433

AIM Specialty Health® Genetic Testing Clinical Appropriateness Guidelines

0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 81277, 81308, 81309, 81522, 81542, 81552

Cosmetic and Reconstructive Services, 10.01.514
Now requires review, considered cosmetic.

15771, 15772, 15773, 15774

Cranial Electrotherapy Stimulation and Auricular, 8.01.58
Now requires review, considered investigational.

K1002

Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors, 7.01.526
Now requires review, considered investigational.

0581T

Dry Needling of Myofascial Trigger Points, 2.01.100
Now requires review, considered investigational.

20560, 20561

Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome, 9.03.29
Now requires review, considered investigational.

0563T

Focal Treatments for Prostate Cancer, 8.01.61
Now requires review, considered investigational.

0582T

Hip Arthroplasty, 7.01.573
Now requires review for medical necessity. Now requires prior authorization.

27130, 27132, 27134, 27137, 27138

In Vitro Chemoresistance and Chemosensitivity Assays, 2.03.01
Now requires review for Investigational and prior authorization.

0564T

Islet Transplantation, 7.03.12
Now requires review for medical necessity and prior authorization.

0584T, 0585T, 0586T

Measurement of Serum Antibodies to Selected Biologic Agents, 2.04.516
Now requires review, may be considered investigational.

80145, 80230, 80280

Monoclonal Antibodies for the Treatment of Lymphoma, 2.03.502
Now requires review for medical necessity. Now requires prior authorization.

J9309

Non-covered Services and Procedures, 10.01.517
Now considered non-covered.

K1003

Therapeutic Radiopharmaceuticals in Oncology, 6.01.525
Now requires review for medical necessity. Now requires prior authorization.

A9590

Wheelchairs (Manual or Motorized), 1.01.501
Now requires review for medical necessity. Now requires prior authorization.

E2398

Revised codes
Effective January 1, 2020

Nonpharmacologic Treatment of Rosacea, 2.01.71
Requires review and prior authorization, considered investigational.

17106, 17107, 17108

Proteomic Testing for Systemic Therapy in Non-Small Cell Lung Cancer, 2.04.125
No longer requires prior authorization, considered investigational.

81538

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Removed codes
Effective January 1, 2020

AIM Specialty Health® Genetic Testing Clinical Appropriateness Guidelines

0081U

Cognitive (Neurologic) Rehabilitation in the Outpatient Setting, 8.03.504

No longer requires review for medical necessity. No longer requires prior authorization.

97127

Cosmetic and Reconstructive Services, 10.01.514

No longer requires review for medical necessity. No longer requires prior authorization.

65760, 65765, 65767

Dopamine Transporter Imaging with Single-Photon Emission Computed Tomography, 6.01.54

No longer requires review for medical necessity. No longer requires prior authorization.

78607

Gender Reassignment Surgery, 7.01.557

No longer requires review for medical necessity. No longer requires prior authorization.

19304