LifeWise
Health Plan of Washington

Medical Policy and Coding Updates
June 4, 2020

Special notices

Effective September 4, 2020

Folate Antimetabolites, 5.01.617

New policy

The following drugs may be considered medically necessary when criteria are met:

- Alimta® (pemetrexed)
  - In combination with Keytruda® (pembrolizumab) and platinum chemotherapy for the initial treatment of metastatic non-squamous non-small cell lung cancer (NSCLC)
  - In combination with cisplatin for the initial treatment of locally advanced or metastatic, non-squamous NSCLC
  - As a single agent for the maintenance treatment of locally advanced or metastatic, non-squamous NSCLC in patients whose disease has not progressed after four cycles of platinum-based first-line chemotherapy
  - As a single agent for the treatment of recurrent, metastatic non-squamous, NSCLC after prior chemotherapy
  - Initial treatment, in combination with cisplatin, of malignant pleural mesothelioma in patients whose disease can't be surgically treated or who are not candidates for curative surgery
- Folotyn® (pralatrexate) for the treatment of relapsed or refractory peripheral T-cell lymphoma (PTCL)

Pharmacologic Treatment of Gout, 5.01.616

New policy

The following drug may be considered medically necessary when criteria are met:

- Krystexxa® (pegloticase)
  - Treatment of chronic gout in patients age 18 and older

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Effective August 16, 2020

Updates to **AIM Specialty Health® Clinical Appropriateness Guidelines**

Effective for dates of service on and after August 16, 2020, the following updates by will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Radiology: Chest Imaging**

Updates by section

Tumor or Neoplasm

- Allowed follow up of nodules less than 6 mm in size seen on incomplete thoracic CT, in alignment with follow up recommendations for nodules of the same size seen on complete thoracic CT
- Added new criteria for which follow up is indicated for mediastinal and hilar lymphadenopathy
- Separated mediastinal/hilar mass from lymphadenopathy, which now has its own entry

Parenchymal Lung Disease – not otherwise specified
Removed as it is covered elsewhere in the document (parenchymal disease in "Occupational lung diseases" and pleural disease in "Other thoracic mass lesions")

Interstitial lung disease (ILD), non-occupational, including idiopathic pulmonary fibrosis (IPF)

- Defined criteria warranting advanced imaging for both diagnosis and management

Occupational lung disease (Adult only)

- Moved parenchymal component of asbestosis into this indication
- Added Berylliosis

Chest Wall and Diaphragmatic Conditions

- Removed screening indication for implant rupture due to lack of evidence indicating that outcomes are improved
- Limited evaluation of clinically suspected rupture to patients with silicone implants

Effective for dates of service on and after August 16, 2020, the following updates by will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Radiology: Oncologic Imaging**

Updates by section

MRI breast

- New indication for BIA-ALCL
- New indication for pathologic nipple discharge
- Further define the population of patients most likely to benefit from preoperative MRI

Breast cancer screening

- Added new high risk genetic mutations appropriate for annual breast MRI screening

Lung cancer screening

- Added asbestos-related lung disease as a risk factor

Effective for dates of service on and after August 16, 2020, the following updates by will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Sleep Disorder Management**

Updates by section

Bi-Level Positive Airway Pressure Devices

- Change in BPAP FiO2 from 45 to 52 mmHg based on strong evidence and aligns with Medicare requirements for use of BPAP

Multiple Sleep Latency Testing and/or Maintenance of Wakefulness Testing

- Style change for clarity

Effective August 7, 2020

IL-5 Inhibitors, 5.01.559

The following drug has been added and may be considered medically necessary when criteria are met:

- Cinqair® (reslizumab)
  - As an add-on maintenance treatment of severe asthma for patients ages 18 and older

Re-authorization criteria added

- A decrease in requirement for oral steroids
- Exacerbation frequency, ER and urgent care visits, and hospitalizations or a decrease in the frequency and severity of asthma symptoms OR
- An increase in quality of life measures and ability to perform activities of daily living

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Effective July 2, 2020

Services Reviewed Using InterQual® Criteria, 10.01.530

This policy outlines the specific services for which the Plan will use InterQual® criteria with those added for dates of service beginning July 2, 2020 and after. (* InterQual® criteria may vary from the medical policies listed below). Sign in to our website to view InterQual® criteria.

- Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses, 1.01.11
- Allogeneic Hematopoietic Cell Transplantation for Genetic Diseases and Acquired Anemias, 8.01.22
- Allogeneic Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms, 8.01.21
- Artificial Intervertebral Disc: Cervical Spine, 7.01.108
- Artificial Pancreas Device Systems, 1.01.30
- Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions, 7.01.570
- Bariatric Surgery, 7.01.516
- Blepharoplasty, Blepharoptosis and Brow Ptosis Surgery, 7.01.508
- Cardioverter-Defibrillator Placement, 2.02.506
- Cervical Spine Surgeries: Discectomy, Laminectomy, and Fusion in Adults, 7.01.560
- Cochlear Implant, 7.01.05
- Continuous Passive Motion in the Home Setting, 1.01.10
- Coronary Angiography for Known or Suspected Coronary Artery Disease, 2.02.507
- Deep Brain Stimulation, 7.01.63
- Extracorporeal Photopheresis, 8.01.36
- Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions, 2.01.40
- Facet Joint Denervation, 7.01.555
- Gastric Electrical Stimulation, 7.01.522
- Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma, 8.01.15
- Hematopoietic Cell Transplantation for Chronic Myeloid Leukemia, 8.01.30
- Hematopoietic Cell Transplantation for Hodgkin Lymphoma, 8.01.29
- Hematopoietic Cell Transplantation for Non-Hodgkin Lymphoma, 8.01.529
- Hematopoietic Cell Transplantation for Plasma Cell Dyscrasias, Including Multiple Myeloma and POEMS Syndrome, 8.01.17
- Hematopoietic Cell Transplantation in the Treatment of Germ-Cell Tumors, 8.01.532
- Hip Arthroplasty in Adults, 7.01.573
- Hospital Beds and Accessories, 1.01.520
- Hyperbaric Oxygen Therapy, 2.01.505
- Interspinous and Interlaminar Stabilization/Distraction Devices (Spacers), 7.01.107
- Interspinous Fixation (Fusion) Devices, 7.01.138

- Kidney Transplant, 7.03.01
- Knee Arthroplasty in Adults, 7.01.550*
- Knee Arthroscopy in Adults, 7.01.549
- Knee Orthoses (Braces), Ankle-Foot-Orthoses, and Knee-Ankle-Foot-Orthoses, 1.03.501
- Liver Transplant and Combined Liver-Kidney Transplant, 7.03.509*
- Lumbar Spinal Fusion, 7.01.542
- Lumbar Spine Decompression Surgery: Discectomy, Foraminotomy, Laminotomy, Laminectomy in Adults, 7.01.551
- Magnetic Resonance-Guided Focused Ultrasound, 7.01.109
- Mastectomy for Gynecomastia, 7.01.521*
- Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions, 1.01.15
- Panniculectomy and Excision of Redundant Skin, 7.01.523
- Patient Lifts, Seat Lifts and Standing Devices, 1.01.519
- Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation, 2.02.26
- Percutaneous Vertebroplasty and Sacroplasty, 6.01.25
- Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers, 1.01.18
- Power Operated Vehicles (Scooters) (Excluding Motorized Wheelchairs), 1.01.527
- Radioembolization for Primary and Metastatic Tumors of the Liver, 8.01.521
- Reconstructive Breast Surgery/Management of Breast Implants, 7.01.533
- Reduction Mammaplasty for Breast-Related Symptoms, 7.01.503*
- Responsive Neurostimulation for the Treatment of Refractory Focal Epilepsy, 7.01.143
- Rhinoplasty, 7.01.558
- Sacral Nerve Neuromodulation/Stimulation, 7.01.69
- Semi-Implantable and Fully Implantable Middle Ear Hearing Aids, 7.01.84
- Spinal Cord and Dorsal Root Ganglion Stimulation, 7.01.546
- Transcatheter Aortic Valve Implantation for Aortic Stenosis, 7.01.132
- Transcatheter Arterial Chemoembolization (TACE) as a Treatment for Primary or Metastatic Liver Malignancies, 8.01.11
- Transcatheter Mitral Valve Repair, 2.02.30
- Treatment of Varicose Veins/Venous Insufficiency, 7.01.519
- Upper Gastrointestinal (UGI) Endoscopy for Adults, 2.01.533
- Vagus Nerve Stimulation, 7.01.20
- Wearable Cardioverter-Defibrillators as a Bridge to Implantable Cardioverter-Defibrillator Placement, 2.02.506
- Wheelchairs (Manual or Motorized), 1.01.501

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Effective July 2, 2020

Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions, 7.01.569

Removed from policy

- Site of service criteria and reference to policy, Site of Service: Select Surgery Procedures – 11.01.524, have been removed
- Site of service will be included in the medical necessity review for the primary procedure (knee arthroplasty, knee arthroscopy) using InterQual® criteria

Electrostimulation and Electromagnetic Therapy for Treating Wounds, 2.01.57

New policy

- This policy was archived in 2018 and is being reinstated
- Electrical stimulation and electromagnetic therapy for the treatment of wounds is considered investigational

Erythroid Maturation Agents, 5.01.614

The following drug has been added and may be considered medically necessary when criteria are met:

- Reblozyl® (luspatercept-aamt)
  - Treatment of anemia in adults ages 18 and older with beta thalassemia

Meniscal Allografts and Other Meniscal Implants, 7.01.15

Removed from policy

- Site of service criteria and reference to policy, Site of Service: Select Surgery Procedures – 11.01.524, have been removed
- Site of service will be included within the medical necessity review for a knee arthroscopy procedure using InterQual® criteria

Miscellaneous Oncology Drugs, 5.01.540

The following drug has been added and may be considered medically necessary when criteria are met:

- Padcev™ (enfortumab vedotin-ejfv)
  - Treatment of locally advanced or metastatic urothelial cancer (mUC) in patients ages 18 and older

Effective June 5, 2020

Miscellaneous Oncology Drugs, 5.01.540

The following drug has been added and may be considered medically necessary when criteria are met:

- Darzalex® (daratumumab)
  - Treatment of multiple myeloma in adults when used as a combination treatment or monotherapy

Medical policies

New medical policies Effective May 27, 2020

SARS-CoV-2 Serology (Antibody) Testing, 2.04.518

New policy

SARS-CoV-2 serology (antibody) testing may be considered medically necessary when performed in the inpatient setting and criteria are met.

SARS-CoV-2 serology (antibody) testing is considered not medically necessary:

- As the sole test for COVID-19 diagnosis
- For any scenario not described in the policy

Effective June 1, 2020

Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome, 7.01.101

Policy replacement and renumber

- This policy replaces policy 7.01.554
- The policy has been renumbered to 7.01.101
- All other statements remain unchanged

Revised medical policies Effective June 1, 2020

Electrical Stimulation Devices, 1.01.507

Additions to investigational services

- H-wave stimulation
- Transcutaneous electrical stimulator headband (Cefaly®) for the prevention and treatment of migraine headaches and for all other indications

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Pharmacy policies

New pharmacy policies Effective June 1, 2020

Folate Antimetabolites, 5.01.617

New policy.

The following drugs have been added and may be considered medically necessary when criteria are met:

- Otrexup® (methotrexate) and Rasuvo® (methotrexate)
  - Treatment of rheumatoid arthritis (RA) or polyarticular juvenile idiopathic arthritis (pJIA)
  - Treatment of adults with psoriasis
- Trexall® (methotrexate)
  - When the patient has tried and failed a 3-month trial or is unable to tolerate generic methotrexate tablets
- Xatmep® (methotrexate)
  - Treatment of acute lymphoblastic leukemia (ALL) in patients under age 18
  - Treatment of polyarticular juvenile idiopathic arthritis (pJIA) in patients under age 18

Revised pharmacy policies Effective June 1, 2020

BRAF and MEK Inhibitors, 5.01.589

The following drugs have been added and may be considered medically necessary when criteria are met:

- Braftovi® (encorafenib) and Erbitux® (cetuximab) combination therapy
  - Treatment of metastatic colorectal cancer (CRC) with a BRAF V600E mutation in adults

Archived policies

An archived policy is one that's no longer active and is not used for reviews.

Effective July 2, 2020

Site of Service - Select Surgical Procedures, 11.01.524
Site of service medical necessity review criteria may be found within the applicable medical necessity criteria for the procedure

Deleted policies

Effective June 1, 2020

Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome, 7.01.554
The policy has been renumbered 7.01.101

Coding updates

Added codes
Effective May 27, 2020

SARS-CoV-2 Serology (Antibody) Testing, 2.04.518
Now requires review for medical necessity.

86328, 86769

Effective June 1, 2020

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

0507T

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

J9145

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Spravato™ (esketamine) Nasal Spray, 5.01.609

Now requires review for medical necessity and prior authorization.

G2082, G2083

Removed codes
Effective June 1, 2020

Cognitive Rehabilitation, 8.03.10

No longer requires review for medical necessity and prior authorization.

97129, 97130

Knee Arthroplasty in Adults, 7.01.550

No longer requires review for medical necessity and prior authorization.

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