

# Medical Policy and Coding Updates

## February 4, 2021

### Special notices

## Effective May 10, 2021

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

Effective for dates of service on and after May 10, 2021, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Molecular Testing of Solid and Hematologic Tumors and Malignancies](#)

## Updates by section

### *Conditions for which testing may be medically necessary (Table 1)*

The following solid tumor markers were added:

- Cholangiocarcinoma: FGFR2 and FoundationOne® CDx
- Colorectal cancer: Praxis Extended RAS panel
- Neuroblastoma: Chromosomal Microarray Analysis (CMA), MYCN, ALK
- Non-small cell lung cancer (NSCLC): Oncomine Dx Target Test
- Ovarian cancer: myChoice® CDx
- Prostate cancer (Suspected): SelectMDx
- Prostate cancer: FoundationOne® CDx
- Tumor agnostic/all solid tumors: microsatellite instability (MSI) and FoundationOne® CDx

### *Breast Cancer Gene Expression Classifiers*

- Criteria was clarified to confirm the patient has undergone surgery and full pathological staging
- A statement explaining testing is not medically necessary to guide decision making for extended endocrine therapy was added
- OncotypeDx Recurrence Score test: the definition of unfavorable histological features was clarified

### *Minimal Residual Disease (MRD)*

- Testing criteria was revised to require testing performed on bone marrow

### *Targeted Molecular Testing for NTRK Fusions*

- Criteria were revised

### *Prostate Cancer (symptomatic cancer screening)*

- Added criteria for SelectMDx (81479)
- Criteria for PCA3 (81313), ExomeDx (0005U) and ConfirmMDx (81551) were revised

## **Effective May 6, 2021**

### **Hereditary Angioedema, 5.01.587**

#### **Medical necessity criteria updated**

- Berinert® (pdC1-INH)
  - Added coverage for acquired angioedema
- Cinryze® (pdC1-INH)
  - Added patient age, limits to danazol use, and acute HAE frequency requirements
- Firazyr® (icatibant)
  - Requires use of generic icatibant first
- Haegarda® (pdC1-INH)
  - Added limits to danazol use and acute HAE frequency requirements
- Ruconest® (rhC1-INH)
  - Age criteria revised to patients 13 and older
- Takhzyro® (lanadelumab-flyo)
  - Added limits to danazol use, acute HAE frequency requirements, and quantity limit

## **Effective April 7, 2021**

### **Immune Globulin Therapy, 8.01.503**

#### **Site of service review added**

- Xembify®

### **Miscellaneous Oncology Drugs, 5.01.540**

#### **New drug added to policy**

- Jelmyto™ (mitomycin)
  - Treatment of adult patients with low-grade upper tract urothelial cancer (LG-UTUC)

### **Site of Service Infusion Drugs and Biologic Agents, 11.01.523**

#### **Site of service review added**

- Xembify®

## Effective March 14, 2021

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

Effective for dates of service on and after March 14, 2021, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging](#)

## Updates by section

### Brain Imaging

#### *Ataxia, congenital or hereditary*

- Combined with congenital cerebral anomalies to create one section

#### *Acoustic neuroma*

- More frequent imaging for a watch and wait or incomplete resection
- New indication for neurofibromatosis type 2 (NF 2)
- More frequent imaging when MRI shows findings suspicious for recurrence
- Single post-operative MRI following gross total resection
- Included pediatrics with known acoustics (rare but NF 2)

#### *Tumor – not otherwise specified*

- Repurposed for surveillance imaging of low grade neoplasms

#### *Seizure disorder and epilepsy*

- Limited imaging for the management of established generalized epilepsy
- Required optimal medical management (aligning adult and pediatric language) prior to imaging for management in epilepsy

#### *Headache*

- Removed response to treatment as a primary headache red flag
- Included pregnancy as a red flag risk factor

#### *Mental status change and encephalopathy*

- Added requirement for initial clinical and lab evaluation to assess for a more specific cause

## Brain Imaging and Head and Neck Imaging

### *Hearing loss*

- Added CT temporal bone for evaluation of sensorineural hearing loss in any pediatric patients or in adults for whom MRI is nondiagnostic or unable to be performed
- Higher allowed threshold for consecutive frequencies to establish SNHL
- Removed CT brain as an alternative to evaluating hearing loss based on ACR guidance

### *Tinnitus*

- Removed sudden onset symmetric tinnitus as an indication for advanced imaging

## Chest Imaging and Head and Neck Imaging

### *Hoarseness, dysphonia, and vocal cord weakness/paralysis – primary voice complaint*

- Required laryngoscopy for the initial evaluation of all patients with primary voice complaint

## Head and Neck Imaging

### *Sinusitis/rhinosinusitis*

- Added more flexibility for the method of conservative treatment in chronic sinusitis
- Required conservative management prior to repeat imaging for patients with prior sinus CT

### *Temporomandibular joint dysfunction*

- Removed requirement for radiographs/ultrasound

### *Cerebrospinal fluid (CSF) leak of the skull base*

- Added scenario for management of known leak with change in clinical condition

## Oncologic Imaging

### *General content changes to align with current oncology recommendations*

- Removal of indications/parameters not addressed by NCCN
- Average risk inclusion criteria for CT colonography
- New allowances for MRI Abdomen and/or MRI pelvis by tumor type, liver metastatic disease
- New indications for acute leukemia (CT, PET/CT), multiple myeloma (MRI, PET/CT), ovarian cancer surveillance (CT), bone sarcoma (PET/CT)
- Updated standard imaging pre-requisites prior to PET/CT for bladder/renal pelvis/ureter, colorectal, esophageal/GE junction, gastric and non-small cell lung cancers

- Additional PET/CT management scenarios for cervical cancer, Hodgkin lymphoma

#### *Cancer screening*

- New indication for pancreatic cancer screening

#### *Breast cancer*

- New PET/CT indication for restaging/treatment response for bone-only metastatic disease and limitation of post-treatment breast MRI after breast conserving therapy or unilateral mastectomy

#### *Prostate Cancer*

- MRI pelvis: removal of TRUS biopsy requirement, allowance if persistent/unexplained elevation in PSA or suspicious DRE

#### *Axumin PET/CT*

- Updated inclusion criteria (removal of general MRI pelvis requirement, additional allowance for rising PSA with non-diagnostic mpMRI)

Effective for dates of service on and after March 14, 2021, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging of the Heart](#)

## **Updates by section**

#### *Evaluation of patients with cardiac arrhythmias*

- Updated repeat TTE criteria
- Added restrictions for patients whose initial echocardiogram shows no evidence of structural heart disease, and follow-up echocardiography is not appropriate for ongoing management of arrhythmia

#### *Evaluation of signs, symptoms, or abnormal testing*

- Added restrictions for TTE in evaluation of palpitation and lightheadedness based on literature

Effective for dates of service on and after March 14, 2021, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Radiation Oncology](#)

## **Updates by section**

### *Special Treatment Procedure*

- Removed IV requirement for chemotherapy

### *CNS cancer: IMRT for glioblastomas, other gliomas, brain metastases*

- Eliminated the plan comparison requirement based on feedback from reviewers that essentially all cases were able to meet criteria - same change for high-grade and low-grade gliomas
- Added new indication for hippocampal sparing whole brain radiotherapy

### *Lung cancer: IMRT and SBRT for non-small cell, SBRT for small cell; fractionation for non-small cell*

- Eliminated the plan comparison requirement for IMRT to treat stage III non-small cell lung cancer
- Removed “due to a medical contraindication” language
- Added new indication as an alternative to surgical resection when certain conditions apply
- Adjusted fractions of thoracic radiotherapy for non-small cell lung cancer

### *Proton Beam Therapy*

- Added new indication for hepatocellular carcinoma and intrahepatic cholangiocarcinoma

## **Effective March 3, 2021**

### **Medical Necessity Criteria for Pharmacy Edits, 5.01.605**

#### **New policy section**

- Interferons

#### **New drug added to policy**

- Actimmune® (interferon gamma-1b)
  - Reducing the frequency and severity of serious infections associated with Chronic Granulomatous Disease (CGD)
  - Delaying time to disease progression in patients with severe, malignant osteopetrosis (SMO)

### **Vascular Endothelial Growth Factor (VEGF) Receptor Inhibitors for Ocular Disorders, 5.01.620**

#### **New policy**

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

- Beovu® (brolucizumab-dbll)
  - Treatment of neovascular (wet) age-related macular degeneration (AMD)
- Eylea® (aflibercept)
  - Treatment of neovascular (wet) age-related macular degeneration (AMD)

- Treatment of macular edema following retinal vein occlusion (RVO)
- Treatment of diabetic macular edema (DME)
- Treatment of diabetic retinopathy (DR)
- Lucentis® (ranibizumab)
  - Treatment of neovascular (wet) age-related macular degeneration (AMD)
  - Treatment of macular edema following retinal vein occlusion (RVO)
  - Treatment of diabetic macular edema (DME)
  - Treatment of diabetic retinopathy (DR)
  - Treatment of myopic choroidal neovascularization (mCNV)
- Macugen® (pegaptanib)
  - Treatment of neovascular (wet) age-related macular degeneration (AMD)

## Effective February 5, 2021

### Services Reviewed Using InterQual® Criteria, 10.01.530

This policy is updated to remove reference to services replaced with individual policies that cover medical procedures and durable medical equipment.

The following policies are being reinstated and used to review medical necessity for dates of service starting February 5, 2021 and after:

- [Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses, 1.01.11](#)
- [Artificial Pancreas Device Systems, 1.01.30](#)  
**Medical necessity criteria updated**
  - The age for an artificial pancreas device system has been lowered from age 14 to age 6 and older
  - The age for a hybrid closed loop insulin delivery system has been lowered from age 7 to age 6 and older
- [Cochlear Implant, 7.01.05](#)  
**Medical necessity criteria updated**
  - The age for bilateral hearing loss has been lowered from 12 months to 9 months or older
- [Continuous Passive Motion in the Home Setting, 1.01.10](#)
- [Coronary Angiography for Known Suspected Coronary Artery Disease, 2.02.507](#)
- [Deep Brain Stimulation, 7.01.63](#)
- [Hip Arthroplasty in Adults, 7.01.573](#)
- [Hospital Beds and Accessories, 1.01.520](#)
- [Knee Arthroplasty in Adults, 7.01.550](#)

- **Knee Arthroscopy in Adults, 7.01.549**  
**Medical necessity criteria updated**
  - Knee arthroscopy for a partial meniscectomy is considered not medically necessary for a degenerative tear(s) that do not result in functional impairment symptoms
- **Knee Orthoses (Braces), Ankle foot Orthoses and Knee-Ankle-Foot-Orthoses, 1.03.501**
- **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**
- **Power Operated Vehicle (Scooters) (excluding motorized wheelchairs), 1.01.527**
- **Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers, 1.01.18**
- **Reduction Mammoplasty for Breast Related Symptoms, 7.01.503**
- **Responsive Neurostimulation for the Treatment of Refractory Focal Epilepsy, 7.01.143**
- **Rhinoplasty, 7.01.558**
- **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**
- **Treatment of Varicose Veins, 7.01.519**
- **Upper GI Endoscopy, 2.01.533**  
**Medical necessity criteria updated**
  - Routine preoperative UGI is considered not medically necessary for individuals scheduled for bariatric surgery unless they meet the clinical criteria
- **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**

## Medical policies

# New medical policies Effective February 1, 2021



### Nutrient/Nutritional Panel Testing, 2.04.136

#### New policy

Nutrient/nutritional panel testing is considered investigational for all indications

### Whole Body Dual X-ray Absorptiometry to Determine Body Composition, 6.01.40

#### New policy

Dual energy x-ray absorptiometry body composition studies are considered investigational

## Revised medical policies Effective February 1, 2021

### Home Nutritional Support, 8.01.502

#### Medical necessity criteria added

RELiZORB™ immobilized lipase cartridge (B4105) may be considered medically necessary to add digestive enzymes to enteral formula when it is attached to an enteral feeding tube in patients with cystic fibrosis

## Pharmacy policies

## Revised pharmacy policies Effective February 1, 2021

### Drugs for Rare Diseases, 5.01.576

#### New drugs added to policy

- Oxlumo™ (lumasiran)
  - Treatment of primary hyperoxaluria type 1 (PH1)
- Zokinvy™ (lonafarnib)
  - Treatment of Hutchinson-Gilford progeria syndrome (HGPS) and progeroid laminopathies

### Dupixent® (dupilumab), 5.01.575

#### Medical necessity criteria updates

- Dupixent® (dupilumab)
  - Treatment of chronic rhinosinusitis with nasal polyps (CRSwNP)
    - Patient must have tried and failed one intranasal corticosteroid
    - Patient must have used systemic corticosteroids in the last 2 years

- This drug must be prescribed by or in consultation with an allergist/immunologist or otolaryngologist

### Excessively High Cost Drug Products with Lower Cost, 5.01.560

#### Medical necessity criteria updated

- Generic tavaborole
  - Documented diagnosed of onychomycosis based on lab test and fungal culture
  - Patient must have tried and failed generic ciclopirox (topical) and generic terbinafine or itraconazole
  - Therapy is no longer than 48 weeks
- Jublia® (efinaconazole)
  - Patient must have tried and failed generic tavaborole
- Kerydin® (tavaborole)
  - Patient must have tried and failed generic tavaborole

#### Removed from policy

The following topical lidocaine products have been removed:

- Anastia
- Astero
- Kamdoy
- Lido-K
- Lidorx
- Lidotral
- Lidovex
- Lidtopic Max
- Numbonex
- Suvicort
- Tranzarel
- Vexasyn

### Hereditary Angioedema, 5.01.587

#### New drug added to policy

- Orladeyo® (berotralstat)
  - Prevention of acute angioedema attacks in patients 12 years and older

### Immune Checkpoint Inhibitors, 5.01.591

#### Drugs with new indications

- Keytruda® (pembrolizumab)
  - Treatment of patients with inoperable or metastatic triple-negative breast cancer (TNBC)
- Opdivo® (nivolumab) and Yervoy® (ipilimumab)

- Treatment of metastatic or recurrent non-small cell lung cancer (NSCLC) when used together and with two cycles of platinum-doublet chemotherapy

**Indication removed**

- Opdivo® (nivolumab)
  - Metastatic small cell lung cancer (SCLC)

**Medical necessity criteria updated**

- Keytruda® (pembrolizumab)
  - Adult patient criteria have been separated from pediatric patients for classical Hodgkin lymphoma (cHL)
  - Prior lines of therapy have been reduced for pediatric patients with classical Hodgkin lymphoma (cHL)

**Medical Necessity Criteria for Pharmacy Edits, 5.01.605***Anticonvulsants***New drug added to policy**

- Generic rufinamide
  - Treatment of seizures associated with Lennox-Gastaut syndrome

**New indication added**

- Vimpat® (lacosamide)
  - Treatment of generalized tonic-clonic seizures

**Medical necessity criteria updated**

- Banzel® (rufinamide) oral suspension
  - Patient must have tried generic rufinamide oral suspension

*Brand Oral Antibiotics and Their Generics***New drug added to policy**

- Helidac® (bismuth subsalicylate, metronidazole, tetracycline)
  - Treatment of Helicobacter pylori infection and duodenal ulcer disease

*Brand Topical Acne or Rosacea Agents***Drugs removed from policy**

- Adapalene/Benzoyl Peroxide/Clindamycin
- Adapalene/Benzoyl Peroxide/Niacinamide
- Benzoyl Peroxide/Clindamycin/Niacinamide
- Benzoyl Peroxide/Clindamycin/Tretinoin
- Clindamycin/Niacinamide
- Clindamycin/Niacinamide/Spirolactone/Tretinoin

- Dapsone/Niacinamide
- Dapsone/Niacinamide/Spirolactone
- Niacinamide/Spirolactone/Tretinoin

### *Crohn's Disease Agents*

#### **New policy section**

#### **New drugs added to policy**

- Entocort® EC (budesonide delayed-release capsules)
  - Treatment of Crohn's disease
- Ortikos™ (budesonide extended-release capsules)
  - Treatment of Crohn's disease

### *Corticosteroids, Topical Brand*

#### **Drug removed from policy**

- Tovet®

### *Intranasal Brand Corticosteroid Products*

#### **New indication added**

- Nasal polyps for all drugs listed in this section

#### **Drugs removed from policy**

- Ticanase™
- Ticaspray®

### *Ulcerative Colitis Agents*

#### **New drug added to policy**

- Uceris® (budesonide extended-release tablets)
  - Treatment of ulcerative colitis

### **Miscellaneous Oncology Drugs, 5.01.540**

#### **New drugs added to policy**

- Danyelza® (naxitamab-gqgk)
  - In combination with GM-CSF for the treatment of relapsed or refractory high-risk neuroblastoma in the bone or bone marrow
- Gavreto™ (pralsetinib)
  - Treatment of adult patients with metastatic RET fusion-positive non-small cell lung cancer (NSCLC)
  - Treatment of adult and pediatric patients with advanced or metastatic RET-mutant medullary thyroid cancer (MTC)
  - Treatment of adult and pediatric patients with advanced or metastatic RET fusion-positive thyroid cancer

- Onureg® (azacitidine)
  - Treatment of adult patients with acute myeloid leukemia (AML)

**Drug with new indication**

- Xpovio™ (selinexor)
  - Treatment of adult patients with multiple myeloma (MM)

**Medical necessity criteria updated**

- Leukine® (sargramostim)
  - In combination with Danyelza® (naxitamab-gqgk) for the treatment of relapsed or refractory high-risk neuroblastoma in the bone or bone marrow

**Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564****Drug with new indication**

- Benlysta® (belimumab)
  - Treatment of adult patients with active lupus nephritis

**Xolair® (omalizumab), 5.01.513****New indication**

- Add-on maintenance treatment in adults with nasal polyps

**Archived policies**

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

**Effective February 1, 2021****Allergy Testing, 2.01.500****Deleted policies**

No updates this month

## Coding updates

### **Added codes Effective February 8, 2021**

Effective for dates of service on and after February 8, 2021, the following will apply to the [AIM Specialty Health® Clinical Appropriate Guidelines for Genetic Testing](#)

0017M

### **Effective February 5, 2021**

#### **Coronary Angiography for Known or Suspected Coronary Artery Disease, 2.02.507**

Now requires review for medical necessity and prior authorization.

93460, 93461

#### **Deep Brain Stimulation, 7.01.63**

Now requires review for medical necessity and prior authorization.

61868

#### **Hospital Beds and Accessories, 1.01.520**

Now requires review for medical necessity and prior authorization.

E0265, E0266, E0296, E0297, E0300, E0912

#### **Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions, 1.01.15**

Now requires review for medical necessity and prior authorization.

E0481

#### **Pharmacotherapy of Spinal Muscular Atrophy (SMA), 5.01.574**

Now requires review for medical necessity and prior authorization.

E0642, E0985

**Power Operated Vehicle (Scooters) (excluding motorized wheelchairs), 1.01.527**

Now requires review for medical necessity and prior authorization.

E1230, K0899

**Spinal Cord and Dorsal Root Ganglion Stimulation, 7.01.546**

Now requires review for medical necessity.

C1767, C1778, C1787, C1820, C1822, C1883, C1897

**Spinal Cord and Dorsal Root Ganglion Stimulation, 7.01.546**

Now requires review for medical necessity and prior authorization as well as site of service.

63661, 63662, 63664, 63688

**Treatment of Varicose Veins, 7.01.519**

Now requires review for medical necessity and prior authorization.

0524T, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785

**Treatment of Varicose Veins, 7.01.519**

Now requires review for investigative.

36473, 36474

**Wearable Cardioverter Defibrillators as a Bridge to Implantable Cardioverter-Defibrillator Placement, 2.02.506**

Now requires review for medical necessity.

93292, 93745

**Wheelchairs (Manual or Motorized), 1.01.501**

Now requires review for medical necessity and prior authorization.

E1012, E1014, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1100, E1160, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1223, E1224, E1229, E1240, E1250, E1260, E1270, E1285, E1290, E1295, E2227, E2228, E2230, E2292, E2295, E2300, E2310, E2311, E2331, E2341, E2342, E2343, E2351, E2398, E2610, E2620, E2621, E2622, E2623, K0004, K0009, K0010, K0011, K0012, K0014, K0830, K0831, K0898, K0900

## Effective February 1, 2021

### Diagnosis and Treatment of Sacroiliac Joint Pain, 6.01.23

Now requires review for investigative.

64625, G0259, G0260

### Diagnosis and Treatment of Sacroiliac Joint Pain, 6.01.23

Now requires review for medical necessity and prior authorization.

27280

### Pharmacologic Treatment of Infertility, 5.01.610

Now requires review for medical necessity and prior authorization.

S0128

## Removed codes Effective February 5, 2021

### Knee Orthoses (Braces), Ankle foot Orthoses and Knee-Ankle-Foot-Orthoses, 1.03.501

No longer requires review for medical necessity and prior authorization.

L1907, L1940, L1950, L1960, L1970, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2126, L2128

## Effective February 1, 2021

Effective for dates of service on and after February 1, 2021, the following will no longer apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Radiation Oncology](#)

20555

### Allergy Testing, 2.01.500

No longer requires review for medical necessity. Policy archived.

90506