

# Medical Policy and Coding Updates September 2, 2021

## Special notices

### Effective December 2, 2021

#### Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

##### New drug added to policy

- Arcalyst® (rilonacept)
  - Treatment of cryopyrin-associated period syndromes (CAPS) in adults and children age 12 and older
  - Treatment of deficiency of interleukin-1 receptor antagonist (DIRA) in adults and children weighing at least 10 kg
  - Treatment of recurrent pericarditis (RP) in patients age 12 and older

### Effective November 5, 2021

#### Allograft Injection for Degenerative Disc Disease, 7.01.166

##### New policy

Injecting a tissue graft from a donor into the space between the spinal vertebrae as a treatment of degenerative joint disease is considered investigational

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

##### *Testosterone Replacement Products*

##### New drug added to policy

- Aved® (testosterone undecanoate)

#### Miscellaneous Oncology Drugs, 5.01.540

##### New drugs added to policy

- Abraxane® (paclitaxel protein-bound particles)
  - Treatment of metastatic breast cancer
  - Treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC)
  - Treatment of metastatic adenocarcinoma of the pancreas
- Arranon® (nelarabine)
  - Treatment of T-cell acute lymphoblastic lymphoma (T-ALL)

- Treatment of T-cell lymphoblastic lymphoma (T-LBL)
- Empliciti® (elotuzumab)
  - Treatment of multiple myeloma
- Erwinaze® (asparaginase erwinia chrysanthemi)
  - As a part of a multi-agent chemotherapy regimen for the treatment of acute lymphoblastic leukemia (ALL)
- Halaven® (eribulin mesylate)
  - Treatment of metastatic breast cancer
  - Treatment of inoperable or metastatic liposarcoma
- Yondelis® (trabectedin)
  - Treatment of inoperable or metastatic liposarcoma or leiomyosarcoma

### Non-covered Experimental/Investigational Services, 10.01.533

#### New policy

- The safety and/or effectiveness of treatments, procedures, equipment, drugs, drug usage, medical devices, or supplies that have not been supported by a review of published medical and scientific literature are considered experimental/investigational
- This policy lists several services that are considered experimental/investigational

## Effective October 1, 2021

### Nerve Repair for Peripheral Nerve Injuries Using Synthetic Conduits or Allografts, 7.01.584

#### New policy

Synthetic conduits and nerve allografts are considered investigational for the repair or closure of nerve gaps from peripheral nerve injuries

## Effective September 12, 2021

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

Effective for dates of service on and after September 12, 2021, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging](#)

## Updates by section

### Advanced Imaging of the Spine

#### *Congenital vertebral defects*

- Added new requirement for additional evaluation with radiographs

### *Scoliosis*

- Defined presurgical planning criteria
- Added requirement for radiographs and new or progressive symptoms for postsurgical imaging

### *Spinal dysraphism*

#### *Tethered cord*

- Revised diagnostic imaging strategy to limit CT use when MRI cannot be performed
- Added new requirement for ultrasound prior to advanced imaging for tethered cord in infants age 5 months or less

### *Multiple sclerosis*

- Added new criteria for imaging in initial diagnosis of MS

### *Spinal infection*

- Aligned new diagnosis and management criteria with Infectious Disease Society of America (IDSA) and University of Michigan guidelines

### *Axial spondyloarthropathy*

- Added definition of inflammatory back pain
- Added diagnostic testing radiography requirements

### *Cervical injury*

- Aligned pediatric cervical trauma criteria with American College of Radiology (ACR) guidelines

### *Thoracic or lumbar injury*

- Revised diagnostic imaging strategy to include radiography and limited use of MRI for a known fracture
- Removed indication for follow-up imaging of progressively worsening pain without fracture or neurologic deficits

### *Syringomyelia*

- Removed surveillance imaging indication

### *Non-specific low back pain*

- Aligned pediatric low back pain criteria with American College of Radiology (ACR) guidelines

Effective for dates of service on and after September 12, 2021, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Extremity Imaging](#)

## Updates by section

### Advanced Imaging of the Extremities

#### *Osteomyelitis or septic arthritis*

##### *Myositis*

- Removed CT as a follow-up to nondiagnostic MRI due to lower diagnostic accuracy of CT

#### *Epicondylitis and Tenosynovitis – long head of biceps*

- Removed these sections due to lack of evidence supporting imaging for this diagnosis

#### *Plantar fasciitis and fibromatosis*

- Removed CT as a follow-up to nondiagnostic MRI due to lower diagnostic accuracy of CT
- Added specific conservative management requirements

#### *Brachial plexus mass*

- Added specific requirement for suspicious findings on clinical exam or prior imaging

#### *Morton's neuroma*

- Added requirements for focused steroid injection, orthoses, and plan for surgery

#### *Adhesive capsulitis*

- Added requirement for planned intervention (manipulation under anesthesia or lysis of adhesions)

#### *Rotator cuff tear*

##### *Labral tear – shoulder*

##### *Labral tear - hip*

- Defined specific exam findings and updated duration of conservative management
- Updated recurrent labral tear to meet same criteria as an initial tear (shoulder only)

#### *Triangular fibrocartilage complex tear*

- Added requirement for radiographs and conservative management for chronic tear

#### *Ligament tear – knee; meniscal tear*

- Added requirement for radiographs for specific scenarios
- Increased duration of conservative management for chronic meniscal tears

*Ligament and tendon injuries – foot and ankle*

- Defined required duration of conservative management

*Chronic anterior knee pain including chondromalacia patella and patellofemoral pain syndrome*

- Increased duration of conservative management and specified requirement for chronic anterior knee pain

*Intra-articular loose body*

- Added requirement for mechanical symptoms

*Osteochondral lesion (including osteochondritis dissecans, transient dislocation of patella)*

- Added new requirement for radiographs

*Entrapment neuropathy*

- Excluded carpal and cubital tunnel syndromes

*Persistent lower extremity pain*

- Defined duration of conservative management
- Excluded hip joint (addressed in other indications)

*Upper extremity pain*

- Excludes shoulder joint (addressed in other indications)
- Revised diagnostic testing strategy to limit CT use when MRI cannot be performed or is nondiagnostic

*Knee arthroplasty, presurgical planning*

- Limited to MAKO and robotic assist arthroplasty cases

*Perioperative imaging, not otherwise specified*

- Require radiographs or ultrasound prior to advanced imaging

Effective for dates of service on and after September 12, 2021, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Vascular Imaging](#)

## Updates by section

### Vascular Imaging

Added alternative non-vascular imaging approaches, where applicable

### *Hemorrhage, Intracranial*

- Specified clinical scenario for subarachnoid hemorrhage
- Added pediatric intracerebral hemorrhage indication

### *Horner's syndrome; Pulsatile tinnitus; Trigeminal neuralgia*

- Removed condition management indication for continued vascular evaluation

### *Stroke/TIA*

#### *Stenosis or occlusion (intracranial/extracranial)*

- Added acute and subacute time frames
- Removed carotid/cardiac workup requirement for intracranial vascular evaluation
- Added condition management specifications
- Separated sections into anterior/posterior circulation (carotid artery and vertebral or basilar arteries, respectively)

### *Pulmonary Embolism*

- Added non-diagnostic chest radiograph requirement for all indications
- Added pregnancy-adjusted YEARS algorithm

### *Peripheral Arterial Disease*

- Added new post-revascularization indication to both upper and lower extremity PAD evaluation

## **Effective September 3, 2021**

### **Alpha1-Proteinase Inhibitors, 5.01.624**

#### **New policy**

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

- Aralast® NP (alpha1-proteinase inhibitor (PI) [human])
- Glassia® (alpha1-PI [human])
- Prolastin®-C (alpha1-PI [human])
- Zemaira® (alpha1-PI [human])
  - Treatment of adults with emphysema due to hereditary deficiency of alpha1-PI (alpha1-antitrypsin deficiency)

### **Drugs for Rare Diseases, 5.01.576**

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

- Aldurazyme® (laronidase)

- Treatment of mucopolysaccharidosis type I (MPS I), including Hurler, Hurler-Scheie, and Scheie forms, in patients age 6 months and older
- Brineura® (cerliponase alfa)
  - Treatment of late infantile neuronal ceroid lipofuscinosis type 2 (CLN2) in patients age 3 and older
- Gamifant™ (emapalumab-lzsg)
  - Treatment of adult and pediatric patients with primary hemophagocytic lymphohistiocytosis (HLH)
- Kanuma® (sebelipase alfa)
  - Treatment of lysosomal acid lipase (LAL) deficiency
- Naglazyme® (galsulfase)
  - Treatment of mucopolysaccharidosis type VI (MPS VI, also known as Maroteaux-Lamy syndrome), in patients age 3 months and older
- Sylvant® (siltuximab)
  - Treatment of patients with multicentric Castleman's disease (MCD) in patients age 18 and older

### Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625

#### New policy

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

#### *Breast cancer*

- Zoladex® (goserelin)
  - Palliative treatment of advanced breast cancer in pre- and perimenopausal women

#### *Central precocious puberty*

- Fensolvi® (leuprolide acetate)
- Generic leuprolide
- Lupron Depot PED® (leuprolide acetate)
- Supprelin LA® (histrelin implant)
- Triptodur® (triptorelin),
- Vantas® (histrelin implant)
  - Treatment of children with abnormally early puberty

#### *Endometriosis*

- Generic leuprolide
- Lupaneta Pack® (leuprolide/norethindrone)
- Lupron Depot® (leuprolide acetate)
- Zoladex® (goserelin)
  - Management of endometriosis, including pain relief and reduction of endometriotic lesions

- Orilissa® (elagolix)
  - Treatment of moderate to severe pain associated with endometriosis

#### *Gender dysphoria*

- Fensolvi® (leuprolide acetate)
- Generic leuprolide
- Lupron Depot® (leuprolide acetate)
- Lupron Depot PED® (leuprolide acetate)
- Supprelin LA® (histrelin implant)
- Trelstar® (triptorelin pamoate)
- Triptodur® (triptorelin)
- Vantas® (histrelin implant)
  - Treatment of gender dysphoria in adolescents

#### *Prostate cancer*

- Eligard® (leuprolide acetate)
- Firmagon® (degarelix)
- Generic leuprolide
- Lupron Depot® (leuprolide acetate)
- Orgovyx® (relugolix)
- Trelstar® (triptorelin pamoate)
- Zoladex® (goserelin)
  - Palliative treatment of metastatic prostate cancer
- Zoladex® (goserelin)
  - Treatment of locally confined Stage T2b-T4 (Stage B2-C) prostate cancer when used in combination with flutamide

#### *Uterine fibroids*

- Generic leuprolide
- Lupron Depot® (leuprolide acetate)
  - Treatment of anemia due to uterine fibroids
  - To reduce the size of uterine fibroids prior to surgery
- Oriahnn® (elagolix/estradiol/norethindrone acetate)
  - Management of heavy bleeding related to uterine fibroids in premenopausal patients age 18 and older
- Zoladex® (goserelin)
  - Use as an endometrial-thinning agent prior to endometrial ablation for abnormal uterine bleeding



## Medical policies

### Revised medical policies Effective September 1, 2021

#### Transurethral Water Vapor Thermal Therapy and Transurethral Water Jet Ablation (Aquablation) for Benign Prostatic Hypertrophy, 2.01.49

##### Investigational criteria updated

Transurethral waterjet ablation (aquablation) has been added as an investigational treatment for benign prostatic hyperplasia

#### Treatment of Varicose Veins/Venous Insufficiency, 7.01.519

##### Policy statements updated

The following procedures have been removed from the policy:

- Ligation and stripping
- Phlebectomy
- Subfascial endoscopic perforator (SEPS) of incompetent perforator veins
- Thermal ablation of incompetent perforator veins
- Ultrasound guidance

## Pharmacy policies

### Revised pharmacy policies Effective September 1, 2021

#### Immune Checkpoint Inhibitors, 5.01.591

##### Drug with new indication

- Keytruda® (pembrolizumab)
  - Treatment of high-risk, early-stage triple negative breast cancer

##### Medical necessity criteria updated

- Keytruda® (pembrolizumab)
  - The indication for cutaneous squamous cell carcinoma (cSCC) now includes locally advanced cutaneous squamous cell carcinoma
- Opdivo® (nivolumab)
  - Use of this drug as a single agent in patients previously treated with sorafenib has been removed from the hepatocellular carcinoma indication (Opdivo® must be used in combination with Yervoy® [ipilimumab])

## Medical Necessity Criteria for Pharmacy Edits, 5.01.605

### *Atopic Dermatitis*

#### Medical necessity criteria updated

- Eucrisa® (crisaborole)
  - The exception for the face involvement with topical calcineurin inhibitors has been removed

### *Brand Topical Acne or Rosacea Agents*

#### New drug added to policy

- Twyneo (tretinoin and benzoyl peroxide)
  - Treatment of acne

### *Chronic Kidney Disease Treatment*

#### New drug added to policy

- Kerendia (finerenone)
  - Treatment of chronic kidney disease associated with type 2 diabetes

## Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

#### Medical necessity criteria updated

- Ilaris® (canakinumab)
  - This drug must be prescribed by or in consultation with a rheumatologist, geneticist, or dermatologist

## Archived policies

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

No updates this month

## Deleted policies

No updates this month

## Coding updates

### **Added codes Effective September 3, 2021**

#### **Alpha1-Proteinase Inhibitors, 5.01.624**

Now requires review for medical necessity and prior authorization.

J0256, J0257

#### **American Society of Addiction Medicine (ASAM)**

Now requires review for medical necessity and prior authorization.

0362T, 0905, 0912, 97151, 97153, 97154, 97155, 97156, 97158, H0015, H0017, H0035, S9480

#### **Arthroscopy Hip, InterQual® Criteria**

Now requires review for medical necessity and prior authorization.

27269

#### **Drugs for Rare Diseases, 5.01.576**

Now requires review for medical necessity and prior authorization.

J9210, J9131, J1458, J0567, J2860, J2840

#### **Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625**

Now requires review for medical necessity and prior authorization.

J1950, J1951, J3315, J3316, J9155, J9202, J9217, J9218, J9225, J9226

#### **Specialty Rx Non-Oncology Alpha 1- Proteinase Inhibitor, InterQual® Criteria, 10.01.530**

Now requires review for medical necessity and prior authorization.

J0256

#### **Spinal Orthosis, 1.03.502**

Now requires review for medical necessity and prior authorization.

L0622, L0623, L0624

**Surgical Dressings and Wound Care Supplies, 9.01.511**

Now requires review for medical necessity and prior authorization.

A6205

**Wound Debridement, InterQual® Criteria**

Now requires review for medical necessity and prior authorization.

11008

**Effective September 1, 2021****Cutaneous T-Cell Lymphomas (CTCL): Systemic Therapies, 5.01.532**

Now requires review for medical necessity.

C9065

**Lumbar Spine Decompression Surgery: Discectomy, Foraminotomy, Laminotomy, Laminectomy in Adults, 7.01.551**

Now requires review for medical necessity.

C9757

**Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564**

Now requires review for medical necessity and prior authorization.

J2793

**Transurethral Water Vapor Thermal Therapy and Transurethral Water Jet Ablation (Aquablation) for Benign Prostatic Hypertrophy, 2.01.49**

Now requires review for investigative and prior authorization.

0421T

**Transurethral Water Vapor Thermal Therapy and Transurethral Water Jet Ablation (Aquablation) for Benign Prostatic Hypertrophy, 2.01.49**

Now requires review for investigative.

C2596

## Revised codes Effective September 1, 2021

### Monoclonal Antibodies for the Treatment of Lymphoma, 2.03.502

Now requires review for medical necessity and prior authorization.

J9349

## Removed codes Effective September 1, 2021

### Treatment of Varicose Veins/Venous Insufficiency, 7.01.519

No longer requires review for medical necessity and prior authorization.

37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785