

# Medical Policy and Coding Updates December 2, 2021

## Special notices

### Effective March 13, 2022

Updates to [AIM Specialty Health® Clinical Appropriateness Guidelines](#)

Effective for dates of service on and after March 13, 2022, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging](#)

## Updates by section

### Brain imaging

#### *Acoustic neuroma*

- Removed indication for CT brain and replaced with CT temporal bone

#### *Meningioma*

- Added new guideline for follow-up intervals

#### *Pituitary adenoma*

- Removed allowance for CT following nondiagnostic MRI in macroadenoma

#### *Tumor, not otherwise specified*

- Added indication for management; excluded surveillance for lipoma and epidermoid without suspicious features

### Chest imaging

#### *Pneumonia*

- Removed indication for diagnosis of COVID-19 due to availability and accuracy of lab testing

*Pulmonary nodule*

- Revised criteria for follow-up of nodules detected on lung cancer screening CT based on Lung-RADS

## Head and neck imaging

*Parathyroid adenoma*

- Added situations where surgery is recommended based on American Association of Endocrine Surgeons guidelines

*Temporomandibular joint dysfunction*

- Added duration of required conservative management

## Abdominal and pelvic imaging

*Azotemia*

- Removed this indication

*Hematuria*

- Revised criteria for asymptomatic microhematuria based on American Urological Association guideline

*Intussusception*

- Removed this indication

*Jaundice*

- Added requirement for ultrasound prior to advanced imaging in pediatric patients

*Sacroiliitis*

- Added situations where advanced imaging is indicated (predisposing condition or equivocal radiographs)

*Uterine leiomyomata (fibroids)*

- Added requirement for ultrasound prior to MRI
- Expanded indication to include most other fertility-sparing procedures

## Oncologic imaging

- Updated recommendations based on the National Comprehensive Cancer Network (NCCN) for the following:
  - Breast cancer
  - Hodgkin lymphoma
  - Non-Hodgkin lymphoma
  - Melanoma
  - Neuroendocrine tumors
  - Soft tissue sarcoma
  - Testicular cancer
  - Thyroid cancer

### *Breast cancer*

- Updated clinical scenarios in chart for diagnostic breast MRI and PET/CT for management

### *Cancer screening*

- Added indication for hepatocellular carcinoma screening
- Added age criteria for pancreatic cancer

Effective for dates of service on and after March 13, 2022, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging of the Heart](#)

## Updates by section

### Cardiac imaging

#### *Coronary CT Angiography*

- Removed indication for patients undergoing evaluation for transcatheter aortic valve implantation/replacement who are at moderate coronary artery disease risk

Effective for dates of service on and after March 13, 2022, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Radiation Oncology](#)

- Removed Eastern Cooperative Oncology Group (ECOG) status as definition for performance status throughout guidelines

## Effective February 4, 2022

### Adjunctive Techniques for Screening and Surveillance of Barrett Esophagus and Esophageal Dysplasia, 7.01.167

#### New policy

Wide-area transepithelial sampling with three-dimensional computer-assisted analysis (WATS3D) is considered investigational for all indications, including but not limited to the screening and surveillance of Barrett esophagus and esophageal dysplasia

### Drugs for Rare Diseases, 5.01.576

#### Site of service review added

- Adakveo® (crizanlizumab-tmca)
- Aldurazyme® (laronidase)
- Kanuma® (sebelipase alfa)

### Hereditary Angioedema, 5.01.587

#### Site of service review added

- Cinryze® (pdC1-INH)

### IL-5 Inhibitors, 5.01.559

#### Site of service review added

- Cinqair® (reslizumab)

#### Medical necessity criteria updated

- Nucala® (mepolizumab)  
Indication: Treatment of adults with eosinophilic granulomatosis with polyangiitis (EGPA)
  - Requirement added that patient has been taking prednisone or prednisoloneIndication: Treatment of adults and children age 12 years and older with hypereosinophilic syndrome (HES)
  - Genetic testing is required to confirm that the patient does not have FIP1L1-PDGFRα kinase-positive HES
  - Requirement has been added that the patient has been taking background HES therapy prior to treatment with this drug

### Immune Globulin Therapy, 8.01.503

#### Site of service review added

- Asceniv™ (immune globulin intravenous, human - slra)

### Intravitreal Corticosteroids, 5.01.619

#### New policy

#### New drugs added

- Iluvien® (fluocinolone acetonide intravitreal implant)
  - Treatment of diabetic macular edema (DME) in patients age 18 years and older
- Ozurdex® (dexamethasone intravitreal implant)
  - Treatment of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO) in patients age 18 years and older
  - Treatment of non-infectious uveitis of the posterior segment of the eye in patients age 18 years and older
  - Treatment of diabetic macular edema (DME) in patients age 18 years and older
- Retisert® (fluocinolone acetonide intravitreal implant)
  - Treatment of chronic non-infectious uveitis affecting the posterior segment of the eye in patients age 12 years and older
- Yutiq® (fluocinolone acetonide intravitreal implant)
  - Treatment of chronic non-infectious uveitis of the posterior segment of the eye in patients age 18 years and older

### Pharmacologic Treatment of Duchenne Muscular Dystrophy, 5.01.570

#### Site of service review added

- Amondys 45® (casimersen)

### Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

#### Site of service review added

- Stelara® (ustekinumab) IV
- Stelara® (ustekinumab) SC

### Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

#### Site of service review added

- Uplizna™ (inebilizumab-cdon)

### Pharmacotherapy of Arthropathies, 5.01.550

#### Site of service review added

- Stelara® (ustekinumab)

### Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers, 1.01.18

#### Policy statement added

The use of lymphedema pumps applied to the head and neck to treat lymphedema has been added to the list of investigational conditions

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

#### New drugs added

- Adakveo® (crizanlizumab-tmca)
- Aldurazyme® (laronidase)
- Amondys 45™ (casimersen)
- Asceniv™ (immune globulin intravenous, human – slra)
- Cinqair® (reslizumab)
- Cinryze® (C1 esterase inhibitor [human])
- Kanuma® (sebelipase alfa)
- Stelara® (ustekinumab) IV
- Stelara® (ustekinumab) SC
- Uplizna® (inebilizumab-cdon)

### Total Artificial Hearts and Implantable Ventricular Assist Devices, 7.03.11

#### Medical necessity criteria updated

- For implantable ventricular assist devices (VADs) for end-stage heart failure, criteria updated based on the 2020 MOMENTUM 3 clinical trial
  - Criterion added of cardiac index while patient is not on inotropes
  - Heart transplant ineligibility criteria removed

### Xolair® (omalizumab), 5.01.513

#### Medical necessity criteria updated

- Indication: Treatment of moderate to severe asthma in adults and children age 6 years and older
  - Requirement added that an adult patient is not a smoker, or is enrolled in a smoking cessation program
  - Requirement added that the patient weighs between 44 and 330 pounds
- Indication: Treatment of severe chronic idiopathic urticaria in adults and adolescents age 12 years and older
  - The requirement of failure to respond to two therapeutic regimens has been reduced to one
- Indication: Treatment of adult patients with inadequately controlled nasal polyps
  - Requirement added for a pre-treatment IgE antibody score greater than or equal to 30 IU/mL
  - Requirement added that the patient weighs between 66 and 330 pounds

## Effective January 7, 2022

### Cervical Spine Surgeries: Discectomy, Laminectomy, and Fusion in Adults, 7.01.560

#### Medical necessity criteria updated

Site of service (off campus-outpatient hospital/medical center, on campus-outpatient hospital/medical center, and ambulatory surgical center) has been added to the policy for medical necessity review for single-level cervical decompressions and single level cervical fusions (CPT codes 22551, 22554, 22600, 63020, and 63045)

### Hysterectomy for Non-Malignant Conditions, 7.01.548

#### New policy

- Hysterectomy, with or without salpingo-oophorectomy (removal of fallopian tubes and ovaries) is considered medically necessary when criteria are met
- Conditions included in the criteria: abnormal uterine bleeding or uterine fibroids (leiomyomata), adenomyosis, endometriosis, genetic predisposition to cancer, symptomatic pelvic organ prolapse
- Conditions excluded from review are hysterectomy for malignancies or conditions highly suspicious for malignancy (eg, ovarian mass) and hysterectomy for gender-transition/affirming surgeries
- Site of Service review is included for laparoscopic-assisted vaginal hysterectomy and vaginal hysterectomy

### Lumbar Spinal Fusion in Adults, 7.01.542

#### Medical necessity criteria updated

Site of service (off campus-outpatient hospital/medical center, on campus-outpatient hospital/medical center, and ambulatory surgical center) has been added to the policy for medical necessity review for single-level lumbar fusions (CPT codes 22553, 22558, 22612, 22630, and 22633)

### Site of Service: Select Surgical Procedures, 11.01.524

Single-level cervical discectomy and lumbar spinal fusions, along with some hysterectomy procedures, have been added to this policy as now requiring site of service review for medical necessity and are indicated by the following codes: 22533, 22551, 22554, 22558, 22600, 22612, 22630, 22633, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58294, 58550, 58552, 58553, 58554, 63020 and 63045. HCPCS code C1726 was removed

## 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

## Medical policies

### New medical policies Effective December 1, 2021

#### Cryoablation for Chronic Rhinitis, 7.01.168

##### New policy

Cryoablation for chronic rhinitis is considered investigational

#### Treatment of Dry Eye Syndrome, 9.03.513

##### New policy

- This policy replaces **Eyelid Thermal Pulsation for the Treatment of Dry Eye, 9.03.29**
- Intense pulsed light (IPL) has been added to the list of investigational therapies

### Revised medical policies Effective December 1, 2021

#### Ablation of Peripheral Nerves to Treat Pain, 7.01.154

##### Policy statement updated

Ablation of peripheral nerves

- Intercostal neuralgia has been added to the list of investigational conditions

#### Lumbar Spinal Fusion in Adults, 7.01.542

##### Policy name changed

From "Lumbar Spinal Fusion" to "Lumbar Spinal Fusion in Adults"

##### Policy statement updated

Medical necessity criteria for severe progressive juvenile or adolescent idiopathic scoliosis have been removed

#### Routine Vision Care, 10.01.521

##### Benefit coverage guidelines updated

- Added routine vision exam description for Vision Care benefit
- Added medical vision exam description for medical benefit
- Added vision hardware coverage for members age 19 years and older



## Pharmacy policies

# Revised pharmacy policies Effective December 1, 2021

### Immune Checkpoint Inhibitors, 5.01.591

#### Drugs with new indications

- Keytruda® (pembrolizumab)
  - Treatment of patients with persistent, recurrent, or metastatic cervical cancer with PD-L1-positive tumors
- Tecentriq® (atezolizumab)
  - Treatment of adults with Stage II and IIIA non-small cell lung cancer with PD-L1-positive tumors after surgery and chemotherapy

### Medical Necessity Criteria for Pharmacy Edits, 5.01.605

#### *Anticonvulsants*

#### Medical necessity criteria updated

- Briviact® (brivaracetam)
  - For the treatment of partial-onset seizures, the age requirement has been reduced from 4 years of age to 1 month of age and older

#### *Atopic Dermatitis*

#### New drug added

- Opzelura™ (ruxolitinib)
  - Topical treatment of mild to moderate atopic dermatitis in patients age 12 years and older

#### *Brand Oral Antibiotics and Their Generics*

#### Drug with new indication

- Solosec® (secnidazole)
  - Treatment of trichomoniasis in patients age 18 years and older

## Archived policies

No updates this month

## Deleted policies

**Eyelid Thermal Pulsation for the Treatment of Dry Eye Syndrome, 9.03.29**

This policy has been replaced by [Treatment of Dry Eye Syndrome, 9.03.513](#)

## Coding updates

### **Added codes Effective February 4, 2022**

[American Society of Addiction Medicine \(ASAM\), 10.01.532](#)

Now requires review for medical necessity and prior authorization.

H0031, H0032, H2014, H2019, S5108, S5109, S5110 and S5111

### **Effective December 1, 2021**

[Ablation of Peripheral Nerves to Treat Pain, 7.01.154](#)

Now requires review for investigative.

64620

[Absorbable Nasal Implant for Treatment of Nasal Valve Collapse, 7.01.163](#)

Now requires review for investigative.

C9749

[Patient-Specific Cutting Guides for Joint Arthroplasty, 7.01.144](#)

Now requires review for investigative.

0562T