

# Medical Policy and Coding Updates January 6, 2022

## 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
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**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
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## 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 prednisolone

Indication: 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 (e.g., 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.

## Medical policies

# New medical policies Effective January 1, 2022

### Transcatheter Aortic-Valve Implantation for Aortic Stenosis, 7.01.585

#### New policy

This policy replaces Transcatheter Aortic-Valve Implantation for Aortic Stenosis, 7.01.132

#### Investigational criteria added

Use of a cerebral embolic protection device during transcatheter heart valve surgery is considered investigational

### Wilderness Therapy, 3.01.522

#### New policy

Wilderness therapy programs, also known as outdoor behavioral health residential wilderness programs, may be considered medically necessary for the following age groups when specific criteria are met:

- Adults age 18 years and older (psychiatric)
- Adolescents age 13 to 17 years (psychiatric)
- Adolescents and adults age 18 years and older (substance use disorder)

## Revised medical policies Effective January 1, 2022

### Gender Transition/Affirmation Surgery, 7.01.557

#### Policy renamed

- From "Gender Reassignment Surgery" to "Gender Transition/Affirmation Surgery"
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#### Policy expanded

- Non-binary has been added as a gender transition
- Procedures that were previously considered cosmetic are now covered under Washington Senate Bill 5313 for the feminization, masculinization, or non-binary transition
- Policy sections are now organized as follows:
  - Standard benefit
  - Enhanced benefit
  - Additional procedures after the initial surgery

#### Policy coverage criteria updated

Summaries for specific Plans have been added, including determination of coverage:

- Standard benefit coverage: Alaska Individual Plans and Employer Sponsored Group Plans
- Expanded benefit coverage: Washington Individual Plans and Select Employer Sponsored Group Plans
- Other plan customizations



### Standard benefit coverage updated

- Criteria for letters of recommendation from a licensed mental health professional and a surgeon have been added for requests prior to and after the surgery
- Hair removal prior to genital surgery is no longer considered a cosmetic procedure and is now covered when medical necessity criteria are met

### Expanded benefit coverage updated

- All procedures that were previously considered cosmetic are now covered when medical necessity criteria are met
- Criteria have been expanded for revision of appearance after previous gender transition/affirmation surgery
- Criteria have been expanded for correction of incomplete or incorrectly done non-breast/chest surgeries, genital and non-genital surgeries, and additional breast augmentation

### Other gender transition/affirmation services updated

- A non-surgical gender transition/affirmation services reference section has been added

### Recommendations by licensed mental health professionals updated

- Minimum content requirements have been expanded for mental health recommendation letters
- Timing requirements for surgery and mental health recommendation letters have been added

### Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty, and Intraosseous Basivertebral Nerve Ablation, 7.01.72

#### Policy renamed

From “Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty” to “Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty, and Intraosseous Basivertebral Nerve Ablation”

### Investigational criteria updated

Intraosseous radiofrequency ablation of the basivertebral nerve (eg, Intracept®) for the treatment of vertebrogenic back pain has been added to the list of investigational procedures

### Speech Therapy, 8.03.505

#### Medical necessity criteria updated

Criteria have been added for voice therapy for gender transition/affirmation

## Pharmacy policies

# Revised pharmacy policies Effective January 1, 2022

### Antibody-Drug Conjugates, 5.01.582

#### New drugs added

- Padcev® (enfortumab vedotin-ejfv)
  - Treatment of locally advanced or metastatic urothelial cancer (mUC) in patients age 18 years and older
  - This drug and identical medical necessity criteria have been moved to this policy from Miscellaneous Oncology Drugs, 5.01.540
- Tivdak™ (tisotumab vedotin-tftv)
  - Treatment of recurrent or metastatic cervical cancer

### C3 and C5 Complement Inhibitors, 5.01.571

#### New drug added

- Tavneos® (avacopan)
  - Treatment of adult patients with active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis

### CGRP Inhibitors for Migraine Prophylaxis, 5.01.584

#### New drugs added

- Nurtec® ODT (rimegepant)
  - Preventive treatment of episodic migraines in patients age 18 years and older
- Qulipta™ (atogepant)
  - Preventive treatment of episodic migraines in patients age 18 years and older

#### Medical necessity criteria updated

- Aimovig™ (erenumab)
- Ajovy™ (fremanezumab)
- Emgality™ (galcanezumab)
- Vyepiti™ (eptinezumab-jjmr)
  - These drugs require documentation that their use is for the preventive treatment of migraines

### Drugs for Weight Management, 5.01.621

#### Drugs with new indications

- Saxenda® (liraglutide)
- Xenical® (orlistat)
  - Chronic weight management in pediatric patients ≥ 12 years of age and < 18 years

**Initial authorization period updated**

- Contrave® (naltrexone/bupropion)
- Saxenda® (liraglutide)
  - 4 months
- Wegovy™ (semaglutide)
  - 7 months

**Re-authorization criteria updated**

- Contrave® (naltrexone/bupropion)
  - Weight loss  $\geq 5\%$  after 15 weeks of treatment
- Qsymia® (phentermine/topiramate extended-release)
  - Weight loss  $\geq 5\%$  after 26 weeks of treatment
- Saxenda® (liraglutide)
  - Weight loss of  $\geq 4\%$  after 16 weeks of treatment in adults age 18 years and older
  - Weight loss of  $\geq 1\%$  after 16 weeks of treatment in pediatric patients  $\geq 12$  years of age and  $< 18$  years
- Wegovy™ (semaglutide)
  - Weight loss  $\geq 5\%$  after 7 months of treatment
- Xenical® (orlistat)
  - Weight loss of  $\geq 5\%$  after 6 months of treatment

**Medical necessity criteria updated**

- All drugs in policy require that the patient has engaged in a trial of behavioral modification and dietary restrictions
- All drugs in policy now contain cardiovascular disease as a weight-related comorbid condition for patients with a BMI of  $\geq 27$  kg/m<sup>2</sup>
- Symptomatic osteoarthritis of the lower extremities (knee or hip) has been removed as a weight-related comorbid condition for patients with a BMI of  $\geq 27$  kg/m<sup>2</sup>

**Immune Checkpoint Inhibitors, 5.01.591****Drug with new indications**

- Keytruda® (pembrolizumab)
  - Additional treatment of adult and pediatric (age 12 years and older) patients with Stage IIB, IIC, or III melanoma after surgery
  - Additional treatment of patients with renal cell carcinoma (RCC) at intermediate-high or high risk of recurrence after kidney and/or metastatic lesion removal

**Medical Necessity Criteria for Pharmacy Edits, 5.01.605***Antipsychotics, Second Generation***New drug added**

- Lybalvi™ (olanzapine and samidorphan)

### *Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) and Combinations*

#### **New drug added**

- Generic ibuprofen + famotidine (two-drug combination)

### *Generic ivermectin, Stromectol® (ivermectin)*

#### **Quantity limits added**

- 20 tablets per 30 days

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

#### **Drug added**

- Generic nelarabine
  - Treatment of patients with T-cell acute lymphoblastic leukemia (T-ALL) and T-cell lymphoblastic lymphoma (T-LBL) in adult and pediatric patients age 1 year and older

#### **Drugs with new indications**

- Darzalex Faspro™ (daratumumab and hyaluronidase-fihj)
  - Treatment of multiple myeloma in combination with Kyprolis® (carfilzomib) and dexamethasone
- Jakafi® (ruxolitinib)
  - Treatment of chronic graft-versus-host disease
- Kyprolis® (carfilzomib)
  - Treatment of multiple myeloma in combination with Darzalex Faspro (daratumumab and hyaluronidase-fihj) and dexamethasone
- Verzenio™ (abemaciclib)
  - Treatment of early breast cancer at high risk of recurrence and Ki-67 score  $\geq$  20%

#### **Drugs removed**

- Padcev (enfortumab vedotin-ejfv)
  - Drug and identical medical necessity criteria moved to Antibody-Drug Conjugates, 5.01.582
- Pepaxto (melphalan flufenamide)
  - This drug has been withdrawn from the market

### **Pharmacologic Treatment of HIV/AIDS, 5.01.588**

#### **New drugs added**

- Descovy® (emtricitabine and tenofovir alafenamide)
- Truvada® (emtricitabine and tenofovir disoproxil fumarate)
  - Treatment of HIV-1 infection and prevention (PrEP) of HIV-1 infection when generic emtricitabine and tenofovir disoproxil fumarate were tried first

**Pharmacotherapy of Arthropathies, 5.01.550***Ankylosing Spondylitis***Medical necessity criteria updated**

- Avsola™ (infliximab-axxq)
- Cimzia® (certolizumab pegol)
- Enbrel® (etanercept)
- Humira® (adalimumab)
- Inflectra® (infliximab-dyyb)
- Remicade® (infliximab)
- Renflexis™ (infliximab-abda)
- Simponi® (golimumab)
- Simponi Aria® (golimumab)
- Taltz® (ixekizumab)
  - These drugs must be prescribed by or in consultation with a rheumatologist

*Polyarticular Juvenile Idiopathic Arthritis***Medical necessity criteria updated**

- Enbrel® (etanercept)
- Humira® (adalimumab)
  - Leflunomide and sulfasalazine have been added to the list of drugs that may be used concurrently

**Medical necessity criteria updated**

- Xeljanz® (tofacitinib)
- Xeljanz® Oral Solution (tofacitinib)
  - The patient must have had an inadequate response or intolerance to one or more TNF blockers

*Rheumatoid Arthritis***Medical necessity criteria updated**

- Avsola™ (infliximab-axxq)
- Cimzia® (certolizumab pegol)
- Enbrel® (etanercept)
- Humira® (adalimumab)
- Inflectra® (infliximab-dyyb)
- Kevzara® (sarilumab)
- Kineret® (anakinra)
- Olumiant® (baricitinib)
- Orencia® (abatacept)
- Remicade® (infliximab)
- Renflexis™ (infliximab-abda)
- Simponi® (golimumab)

- Simponi Aria® (golimumab)
  - These drugs must be prescribed by or in consultation with a rheumatologist

**Medical necessity criteria updated**

- Rinvoq™ (upadacitinib)
- Xeljanz® (tofacitinib)
- Xeljanz® Oral Solution (tofacitinib)
  - The patient must have had an inadequate response or intolerance to one or more TNF blockers

**Medical necessity criteria updated**

- Cimzia® (certolizumab pegol)
- Kevzara® (sarilumab)
- Kineret® (anakinra)
- Olumiant® (baricitinib)
- Orencia® (abatacept)
- Simponi® (golimumab)
- Simponi Aria® (golimumab)
  - The patient must have had an inadequate response or intolerance to methotrexate, leflunomide, sulfasalazine, or hydroxychloroquine

*Plaque Psoriasis***Medical necessity criteria updated**

- Avsola™ (infliximab-axxq)
- Cimzia® (certolizumab pegol)
- Cosentyx® (secukinumab)
- Enbrel® (etanercept)
- Humira® (adalimumab)
- Ilumya™ (tildrakizumab-asmn)
- Inflectra® (infliximab-dyyb)
- Otezla® (apremilast)
- Remicade® (infliximab)
- Renflexis™ (infliximab-abda)
- Stelara® (ustekinumab)
  - Patient age criteria added for these drugs

**Medical necessity criteria updated**

- Avsola™ (infliximab-axxq)
- Enbrel® (etanercept)
- Humira® (adalimumab)
- Inflectra® (infliximab-dyyb)
- Otezla® (apremilast)

- Remicade® (infliximab)
- Renflexis™ (infliximab-abda)
- Stelara® (ustekinumab)
  - These drugs must be prescribed by or in consultation with a dermatologist

### *Psoriatic Arthritis*

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

- Avsola™ (infliximab-axxq)
- Cimzia® (certolizumab pegol)
- Enbrel® (etanercept)
- Humira® (adalimumab)
- Inflectra® (infliximab-dyyb)
- Orencia® (abatacept)
- Remicade® (infliximab)
- Renflexis™ (infliximab-abda)
- Simponi® (golimumab)
- Simponi Aria® (golimumab)
- Stelara® (ustekinumab)
  - These drugs must be prescribed by or in consultation with a rheumatologist

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

- Avsola™ (infliximab-axxq)
- Cimzia® (certolizumab pegol)
- Enbrel® (etanercept)
- Humira® (adalimumab)
- Inflectra® (infliximab-dyyb)
- Orencia® (abatacept)
- Otezla® (apremilast)
- Remicade® (infliximab)
- Renflexis™ (infliximab-abda)
- Simponi® (golimumab)
- Simponi Aria® (golimumab)
  - The use of a conventional DMARD (eg, leflunomide, methotrexate, sulfasalazine) requirement has been removed for these drugs

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

- Rinvoq™ (upadacitinib)
- Xeljanz® (tofacitinib)
- Xeljanz® XR (tofacitinib extended-release)
  - The patient must have had an inadequate response or intolerance to one or more TNF blockers

**Reauthorization criteria updated**

- The re-authorization period for all drugs in the policy has been increased from 1 year to 3 years

**Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564***Bechet's disease***Medical necessity criteria updated**

- Otezla® (apremilast)
  - The patient must have tried at least one other systemic therapy
  - This drug must be prescribed by or in consultation with a rheumatologist or dermatologist

*Giant cell arteritis***Medical necessity criteria updated**

- Actemra® (tocilizumab)
  - The patient must have tried at least one systemic corticosteroid
  - This drug must be prescribed by or in consultation with a rheumatologist

*Hidradenitis suppurativa***Medical necessity criteria updated**

- Humira® (adalimumab)
  - The patient must have tried at least one other therapy
  - This drug must be prescribed by or in consultation with a dermatologist

*Pyoderma gangrenosum***Medical necessity criteria updated**

- Avsola™ (infliximab-axxq)
- Enbrel® (etanercept)
- Humira® (adalimumab)
- Inflectra® (infliximab-dyyb)
- Remicade® (infliximab)
- Renflexis® (infliximab-abda)
  - These drugs must be prescribed by or in consultation with a dermatologist

*Uveitis***Medical necessity criteria updated**

- Humira® (adalimumab)
  - The patient must have tried at least one other therapy
  - This drug must be prescribed by or in consultation with an ophthalmologist



## Spravato® (esketamine) Nasal Spray, 5.01.609

### New indication added

- Treatment of major depressive disorder (MDD) with acute suicidal ideation or behavior in patients age 18 years and older

### Investigational criteria updated

- Use of this drug along with any type of neuromodulation, including but not limited to transcranial magnetic stimulation (TMS), electroconvulsive therapy (ECT), and vagus nerve stimulation (VNS), is considered investigational

### Initial authorization criteria updated

- Criteria added for the use of this drug for the treatment of major depressive disorder with acute suicidal ideation or behavior

### Reauthorization criteria updated

- Indication: Depression
  - This drug must be used along with an oral antidepressant
  - The maintenance dose is limited to 84 mg once a week
- Indication: Major depressive disorder (MDD) with acute suicidal ideation or behavior
  - New criteria and dosing requirements added

## Archived policies

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

No updates this month

## Deleted policies

## Effective January 1, 2022

### Transcatheter Aortic-Valve Implantation for Aortic Stenosis, 7.01.132

This policy has been replaced by Transcatheter Aortic-Valve Implantation for Aortic Stenosis, 7.01.585

## Coding updates

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

The following codes will require review for medical necessity and prior authorization for services on or after February 4, 2022

#### **American Society of Addiction Medicine (ASAM), 10.01.532**

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

### **Effective January 7, 2022**

#### **Hysterectomy for Non-Malignant Conditions, 7.01.548**

Now requires review for medical necessity and prior authorization.

58150, 58152, 58180, 58541, 58542, 58543, 58544, 58570, 58571, 58572, 58573

#### **Hysterectomy for Non-Malignant Conditions, 7.01.548**

Now requires review for medical necessity and prior authorization, including site of service.

58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58294, 58550, 58552, 58553, 58554

### **Effective January 1, 2022**

#### **Amniotic Membrane and Amniotic Fluid, 7.01.583**

Now requires review for investigational.

A2001, Q4199

#### **Amyloid Antibodies for the Treatment of Alzheimer's Disease, 5.01.626**

Now requires review for medical necessity and prior authorization.

J0172

#### **Bioengineered Skin and Soft Tissue Substitute, 7.01.113**

Now requires review for investigational.

A2002, A2003, A2004, A2005, A2006, A2007, A2008, A2009, A2010

**CGRP Inhibitors for Migraine Prophylaxis, 5.01.584**

Now requires review for medical necessity and prior authorization.

J3031

**Chimeric Antigen Receptor Therapy for Multiple Myeloma, 8.01.66**

Now requires review for medical necessity and prior authorization.

Q2055

**Cryoablation for Chronic Rhinitis, 7.01.168**

Now requires review for investigational.

30117, C9771

**Drugs for Rare Diseases, 5.01.576**

Now requires review for medical necessity.

C9085

**Epidermal Growth Factor Receptor (EGFR) Inhibitors, 5.01.603**

Now requires review for medical necessity and prior authorization.

J9061

**Gender Transition/Affirmation Surgery, 7.01.557**

Now requires review for medical necessity and prior authorization.

11960, 15788, 15789, 15792, 15793, 21087, 21210, 40500, 40510, 40520, 40525, 40527, 53430, 54520

**Gender Transition/Affirmation Surgery, 7.01.557**

Will require review for WA members when submitted for gender transition/affirmation surgery unless otherwise specified by contract.

15775, 15776, 17380, 54400, 54401, 54405, C1813, C2622

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

Now requires review for medical necessity and prior authorization.

J1952

**Immune Checkpoint Inhibitors, 5.01.591**

Now requires review for medical necessity and prior authorization.

J9272

**Implantable Bone-Conduction and Bone-Anchored Hearing Aids, 7.01.03**

Now requires review for medical necessity and prior authorization.

69716, 69719

**Lumbar Spinal Fusion in Adults, 7.01.542**

Now requires review for medical necessity and prior authorization.

63052, 63053

**Miscellaneous Oncology Drugs, 5.01.540**

Now requires review for medical necessity and prior authorization.

J9021

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

Now requires review for investigational.

0295U, 0672T, 0674T, 0675T, 0676T, 0677T, 0678T, 0679T, 0680T, 0681T, 0682T, 0683T, 0684T, 0685T, 0686T, 0687T, 0688T, 0689T, 0690T, 0691T, 0692T, 0693T, 0694T, 0695T, 0696T, 0697T, 0698T, 0700T, 0701T, 0704T, 0705T, 0706T, 0707T, 0708T, 0709T, 0710T, 0711T, 0712T, 0713T, K1027, 33267, 33268, 33269, 61736, 61737

**Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty, and Intraosseous Basivertebral Nerve Ablation, 7.01.72**

Now requires review for investigational.

64628, 64629

**Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia, 2.01.91**

Now requires review for investigational.

43497

**Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564**

Now requires review for medical necessity.

C9086

**Prescription Digital Therapeutics for Substance Use Disorder, 5.01.35**

Now requires review for investigational.

0702T, 0703T

**Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors, 7.01.95**

Now requires review for investigational.

0673T

**Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome, 7.01.101**

Now requires review for medical necessity and prior authorization.

64582, 64583, 64584

**Transcatheter Aortic Valve Implantation for Aortic Stenosis, 7.01.585**

Now requires review for investigational.

33370, C1884

**Use of Granulocyte Colony-Stimulating Factors (G-CSF), 5.01.551**

Now requires review for medical necessity and prior authorization.

J2506

**AIM® Specialty Health Genetic Testing**

Now reviewed by AIM® Specialty Health and requires prior authorization.

0285U, 0286U, 0287U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U,  
0299U, 0300U, 81349, 81523

## **Revised codes Effective January 7, 2022**

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

Currently requires review for medical necessity, now requires review for site of service.

22551, 22554, 22600, 63020, 63045

**Lumbar Spinal Fusion in Adults, 7.01.542**

Currently requires review for medical necessity, now requires review for site of service.

22533, 22558, 22612, 22630, 22633, 63052, 63053

**Removed codes  
Effective January 1, 2022**

**Chimeric Antigen Receptor Therapy for Multiple Myeloma, 8.01.66**

No longer requires review. Code terminated.

C9081

**Epidermal Growth Factor Receptor (EGFR) Inhibitors, 5.01.603**

No longer requires review. Code terminated.

C9083

**Immune Checkpoint Inhibitors, 5.01.591**

No longer requires review. Code terminated.

C9082

**Implantable Bone-Conduction and Bone-Anchored Hearing Aids, 7.01.03**

No longer requires review. Code terminated.

69715, 69718

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

No longer requires review. Code terminated.

C9752, C9753

**Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome, 7.01.101**

No longer requires review. Code terminated.

0466T, 0467T

**Use of Granulocyte Colony-Stimulating Factors (G-CSF), 5.01.551**

No longer requires review. Code terminated.

J2505

**Wilderness Therapy/Outdoor Behavioral Healthcare Residential Wilderness Programs,  
3.01.522**

Now requires review for medical necessity and prior authorization.

T2036, T2037

**AIM® Specialty Health Genetic Testing**

No longer requires review. Code terminated.

0208U