LifeWise
Health Plan of Washington

Medical Policy and Coding Updates
August 4, 2022

Special notices

Effective November 4, 2022

Authorization for Observation versus Inpatient Admission Level of Care, 10.01.534
New policy
Criteria and medical conditions added for observation stays for adults and children

Immune Globulin Therapy, 8.01.503
Site of service review added
- Cutaquig® (immune globulin subcutaneous [human] - hipp)

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523
Site of service review added
- Cutaquig® (immune globulin subcutaneous [human] - hipp)

Effective September 11, 2022

Updates to AIM Specialty Health® Clinical Appropriateness Guidelines

Effective for dates of service on and after September 11, 2022, the following updates will apply to the AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging

Updates by section

Extremity Imaging

Fracture
- Added indication for evaluation of supracondylar fracture
- Added CT as an alternative to MRI for tibial plateau fracture

General information/overview

- Allowed exception to specified durations of conservative management in rare cases

Perioperative imaging (including delayed hardware failure), not otherwise specified

- Added statement that advanced imaging is not indicated for robotic-assisted hip arthroplasty

Rotator cuff tear

- Updated conservative management time from 4 weeks to 6 weeks for rotator cuff tear

Shoulder arthroplasty

- Added statement that advanced imaging is not indicated for robotic-assisted shoulder arthroplasty

Spine Imaging

Cervical injury

- Clarified that post-traumatic neurologic deficit refers specifically to an exam finding

General information/overview

- Allowed exception to specified durations of conservative management in rare cases

Perioperative and periprocedural imaging

- Added requirement for initial evaluation with radiographs

Thoracic or lumbar injury

- Clarified that neurologic deficit refers specifically to an exam finding

Vascular Imaging: Brain, Head and Neck

Pulsatile tinnitus

- Added optional CTA/MRA neck evaluation for pulsatile tinnitus

Stenosis or occlusion, extracranial carotid arteries

- Added new screening indications for post-neck irradiation and incidental carotid calcification
- Revised surveillance guidelines to align with Society for Vascular Surgery for annual imaging, post-revascularization after first year

Stroke or transient ischemic attach (TIA)

- Divided this section into two categories: intracranial evaluation and extracranial evaluation
- Revised guidelines to align with American Hospital Association/American Society of Anesthesiologists
- Allowed CTA/MRA of the neck without previous prerequisite for subacute stroke/TIA
- Allowed CTA/MRA for chronic posterior circulation stroke/TIA
- Added indication for carotid ultrasound

Vascular Imaging: Abdomen and Pelvis

Acute aortic syndrome

- Added optional pelvic imaging

Aneurysm of the abdominal aorta or iliac arteries

- Screening: Added femoral aneurysm to the list of lower extremity sites
- Management: Revised guidelines to align with Society for Vascular Surgery for post-endovascular repair to repeat imaging 12 months after baseline
- Surveillance: Revised guidelines to align with Society for Vascular Surgery for stable aneurysms treated with endographs
    - Duplex arterial ultrasound annually
    - CT every 5 years

Venous thrombosis or occlusion

- Added optional pelvic imaging to Imaging Study section

Vascular Imaging: Upper Extremity

Peripheral arterial disease (PAD)

- Added any sign or symptom with inconclusive physiologic testing, including exercise testing, to diagnostic criteria for suspected PAD and management of known PAD
- Added criteria for the management of PAD: resting ischemic pain to unilateral cold painful hand

Vascular Imaging: Lower Extremity

Peripheral arterial disease (PAD)

- Added any sign or symptom with inconclusive physiologic testing, including exercise testing, to diagnostic criteria for suspected PAD
- Revised guidelines to align with Society for Vascular Surgery by adding indication for ultrasound surveillance for repaired popliteal artery aneurysm

Effective for dates of service on and after September 11, 2022, the following updates will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Sleep Disorder Management.**

Updates by section

Sleep Disorder Diagnostic Management

Established sleep disorder (OSA or other) - follow-up laboratory studies

- Added option that a follow-up, in-lab sleep study may be allowed to adjust device settings after insertion of a hypoglossal nerve stimulator

Multiple sleep latency testing (MSLT) and/or maintenance of wakefulness testing (MWT)

- Added MWT indication for occupational safety

Sleep Disorder Treatment Management

Management of obstructive sleep apnea using oral appliances

- Added age indication for patients age 16 years and older to the use of a custom fabricated oral appliance

Effective September 4, 2022

Updates to AIM Specialty Health® Clinical Appropriateness Guidelines

Effective for dates of service on and after September 4, 2022, the following updates will apply to the **AIM Specialty Health® Clinical Appropriateness Guidelines for Genetic Testing**

Updates by section

Hereditary Cardiac Disease

Appropriate use criteria

- Added general genetic testing criteria

Genetic testing of affected individuals

- Moved content with specific cardiac conditions in "Testing of Asymptomatic Individuals" to this section

Genetic testing in the evaluation of sudden cardiac arrest

- Added this new section and medical necessity criteria

Post-mortem genetic testing

- Added new medical necessity criteria

Reproductive Carrier Screening and Prenatal Diagnosis

Preimplantation genetic testing of embryos

- Added polygenetic risk scores (PRS) to the list of not medically necessary conditions

Single Gene and Multifactoral Conditions

Thrombophilia testing

- Removed the criterion for an individual with unprovoked venous thromboembolism

Somatic and Hematologic Tumors Genetic Testing

Conditions for which testing may be medically necessary

- Added FoundationOne® as medically necessary for non-small cell lung cancer (NSCLC) stage IIIB and above
- Added targeted multigene panels as medically necessary for endometrial cancer

Cell-free testing

- Listed ctDx Lung™ and Target Selector™ NGS Lung Panel as the only approved targeted multi-gene panels for biomarkers in locally advanced or metastatic non-small cell lung cancer (NSCLC)

Cancer screening

- Added timing of PSA testing in relation to the PCA3 or ConfirmMDx test
- Moved criteria for gene expression classifier testing for indeterminate thyroid nodules (ITN) from Table 1 to this section

Effective September 2, 2022

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

Anterior cervical fusion

Indications added

- Spine fracture and/or dislocation
- Cervical spine revision surgery

Medical necessity criteria updated

Indication: Cervical pseudoarthritis

- Cervical pseudarthrosis must be symptomatic
- Imaging shows evidence of hardware failure
- Pain aligns with the level of pseudoarthritis
- A cervical spine MRI or CT scan 12 months after a previous spinal fusion shows non-union at the same level as symptom/exam findings

Posterior cervical fusion

Indication added

- Implant/instrumentation failure

Medical necessity criteria updated

Indication: Cervical pseudoarthritis

- Imaging shows evidence of hardware failure
- Pain aligns with the level of pseudoarthritis
- A cervical spine MRI or CT scan 12 months after a previous spinal fusion shows non-union at the same level as symptom/exam findings

Hysterectomy for Non-Malignant Conditions, 7.01.548

Medical necessity criteria updated

Criteria for uterine fibroids has been separated from the abnormal uterine bleeding indication

Indications added

- Chronic pelvic inflammatory disease (PID)
- Pelvic pain

Lumbar Spinal Fusion in Adults, 7.01.542

Indication added

Revision surgery for implant/instrumentation failure

Spravato® (esketamine) Nasal Spray, 5.01.609

All Indications

Medical necessity criteria updated

- Documentation of depression must include the patient's symptoms and their severity as measured by one or more standardized depression rating scales
- The patient must have no current use of any mind- or mood-altering substances, including but not limited to alcohol, marijuana, stimulants, and hallucinogens/psychedelics

All Indications

Medical necessity criteria added

A new course of Spravato® treatment when the patient was previously treated with this drug

All Indications

Re-authorization criteria updated

- The patient must not have a current substance use disorder, unless there has been complete abstinence for a month
- The patient must have no current use of any mind- or mood-altering substances, including but not limited to alcohol, marijuana, stimulants, and hallucinogens/psychedelics

Upper Gastrointestinal (UGI) Endoscopy for Adults, 2.01.533

Medical necessity criteria updated

- The timing of persistent GERD symptoms following treatment with daily proton pump inhibitor (PPI) therapy has been changed from 4 - 8 weeks to 8 weeks
- Criterion added that UGI may be performed to evaluate returning GERD or heartburn symptoms after the completion of proton pump inhibitor (PPI) treatment
- Deleted criterion that a UGI may be performed after 6 -12 weeks of treatment with a histamine H2-receptor antagonist
- Follow-up of known eosinophilic esophagitis has been added to the list of medically necessary conditions

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

Medical necessity criteria updated

A 90-day time limit has been added for the use of a wearable cardioverter-defibrillator as a bridge to a permanent implantable (internal) cardioverter-defibrillator surgery

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Effective August 5, 2022

Drugs for Rare Diseases, 5.01.576

Pompe Disease

Site of service review added

- Nexviazyme™ (avalglucosidase alfa-ngpt) IV

Thyroid Eye Disease (TED)

Medical necessity criteria updated

- Tepezza™ (teprotumumab-trbw)
  - The patient must have tried glucocorticoids before this drug can be prescribed
  - This drug will be given within 9 months of completing the glucocorticoid trial
  - This drug must be prescribed by an ophthalmologist with expertise in TED treatment or endocrinologist with expertise in TED treatment
  - This drug is not being used in combination with another biologic drug that can be used to treat TED

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

Site of service review added

- Nexviazyme™ (avalglucosidase alfa-ngpt) IV

Medical policies

New medical policies
Effective August 1, 2022

Remote Electrical Neuromodulation for Migraines, 7.01.171

New policy

Remote electrical neuromodulation (REN) for acute migraine is considered investigational

Revised medical policies
Effective August 1, 2022

Bariatric Surgery, 7.01.516

Medical necessity criteria updated

Patient selection criteria for adults

- Revised criterion, "obstructive sleep apnea as documented by a sleep study (polysomnography) that is uncontrolled by medical management (e.g., CPAP or oral

appliance)" to "obstructive sleep apnea as documented by a sleep study (polysomnography) that has failed an adequate trial of CPAP or oral appliance"
- Added note to define CPAP or oral appliance failure

Investigational criteria updated
The following endoscopic procedures are now considered investigational:
- Transoral outlet reduction (TORe)
- Restorative obesity surgery, endoluminal (ROSE)

Electrical Stimulation Devices, 1.01.507
Investigational criteria updated
External trigeminal nerve stimulation (eTNS) for the management of attention deficit disorder is considered investigational

Removed from policy
Remote electrical neuromodulation (REN) for the treatment of acute migraine headaches has been moved to **Remote Electrical Neuromodulation for Migraine, 7.01.171**

Facet Joint Denervation, 7.01.555
Medical necessity criteria updated
Radiofrequency denervation of thoracic facet joints has been moved from investigational to medically necessary

Hyperbaric Oxygen Therapy, 2.01.505
Medical necessity criteria updated
Hyperbaric oxygen therapy for the treatment of idiopathic sudden sensorineural hearing loss has been moved from investigational to medically necessary

Leadless Cardiac Pacemakers, 2.02.32
Policy statement added
The Aveir™ single-chamber transcatheter pacing system is considered investigational for all indications

Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation, 2.02.26
Medical necessity criteria updated
The Amplatzer™ Amulet™ has been added to the list of FDA-approved left atrial appendage closure devices which may be considered medically necessary

Prostate Cancer Targeted Therapies, 5.01.544

Removed from policy

Xofigo® (radium Ra 223 dichloride) has been removed and added to policy Therapeutic Radiopharmaceuticals in Oncology, 6.01.525. Criteria remain unchanged.

Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome, 7.01.101

Medical necessity criteria updated

Indication: Hypoglossal nerve stimulation

- CPAP failure from residual AHI ≥ 20 has been revised to ≥ 15

Therapeutic Radiopharmaceuticals in Oncology, 6.01.525

Added to policy

- Lutetium (Lu 177) vipivotide tetraxetan (Pluvicto™)
  - Treatment of adult patients with prostate cancer that has not responded to treatments that lower testosterone levels and has spread to other parts of the body (mCRPC)
- Radium (Ra)-223 dichloride (Xofigo®)
  - Treatment of adult patients with prostate cancer that has not responded to treatments that lower testosterone levels and has spread to the bone with symptoms, but has not spread to other parts of the body
  - Xofigo® was moved from Prostate Cancer Targeted Therapies, 5.01.544. Criteria remain unchanged.

Pharmacy policies

New pharmacy policies

No updates this month

Revised pharmacy policies Effective August 1, 2022

BRAF and MEK Inhibitors, 5.01.589

Indication added

- Tafinlar® (dabrafenib) in combination with Mekinist® (trametinib)
  - Treatment of adult and pediatric patients ages 6 years and older with solid tumors with the BRAF V600E mutation that have spread to other parts of the body or are not able to be treated with surgery

Immune Checkpoint Inhibitors, 5.01.591

Drugs with new indications

- Opdivo® (nivolumab)
  - Additional treatment after surgery for esophageal or gastroesophageal junction cancer when some cancer cells remain in adult patients who were treated with chemoradiotherapy (CRT) and surgery
  - As a first-line treatment of adult patients with esophageal squamous cell carcinoma (ESCC) that is advanced or has spread to other parts of the body when the cancer cannot be removed with surgery, and when Opdivo® is used along with chemotherapy that contains fluoropyrimidine and platinum
  - As a first-line treatment of adult patients with esophageal squamous cell carcinoma that is advanced or has spread to other parts of the body when the cancer cannot be removed with surgery, and when Opdivo® is used along with the drug ipilimumab
- Yervoy® (ipilimumab)
  - As a first-line treatment of adult patients with esophageal squamous cell carcinoma that is advanced or has spread to other parts of the body when the cancer cannot be removed with surgery, and when Yervoy® is used along with the drug nivolumab

Pharmacologic Treatment of Transthyretin-Mediated Amyloidosis, 5.01.593

Drug added

- Amvuttra™ (vutrisiran)
  - Treatment of polyneuropathy from hereditary transthyretin-mediated amyloidosis in adults age 18 years and older

Medical necessity criteria updated

- Onpattro® (patisiran)
- Tegsedi® (inotersen)
- Vyndamax™ (tafamidis)
- Vyndaqel® (tafamidis meglumine)
  - Amvuttra™ (vutrisiran) may not be used in combination with any of the above listed drugs

Archived policies

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

Effective August 1, 2022

Single Photon Emission Computed Tomography (SPECT) for Non-cardiac Indications, 6.01.502

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Deleted policies

No updates this month

Coding updates

Added codes
Effective August 1, 2022

Therapeutic Radiopharmaceuticals in Oncology, 6.01.525
Now requires review for medical necessity and prior authorization.

A9593, A9594, A9595, A9596, A9699

Revised codes
Effective August 5, 2022

Site of Service: Infusion Drugs and Biologic Agents, 11.0.523
Now requires review for medical necessity, including site of service and prior authorization.

J0219

Effective August 1, 2022

Cosmetic and Reconstructive Services, 10.01.514
No longer requires review for investigational. Now requires review for cosmetic.

17106

Remote Electrical Neuromodulation for Migraines, 7.01.171
No longer requires review for medical necessity and prior auth. Now requires review for investigational.

K1023

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Removed codes
Effective August 1, 2022

Single Photon Emission Computed Tomography (SPECT) for Non-cardiac Indications, 6.01.502
No longer requires review. Policy archived.

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