LifeWise
Health Plan of Washington

Medical Policy and Coding Updates
September 1, 2022

Special notices

Effective December 1, 2022

Botulinum Toxins, 5.01.512

New policy replaces InterQual® criteria

Drugs added

- Botox® (onabotulinumtoxinA)
  - Prevention of chronic migraine headaches in adults age 18 years and older
  - Treatment of overactive bladder (OAB) in adults age 18 years and older
  - Treatment of urinary incontinence due to overactivity of the detrusor muscle in adults age 18 years and older
  - Treatment of neurogenic detrusor overactivity (NDO) in patients age 5 to 17 years of age
  - Treatment of cervical dystonia in adults age 18 years and older
  - Treatment of adults with dystonia that results in functional impairment and/or pain
  - Treatment of blepharospasm with dystonia in patients age 12 years and older
  - Treatment of chronic anal fissure
  - Treatment of esophageal achalasia
  - Treatment of Hirschsprung disease
  - Treatment of lower and upper limb spasticity in patients age 2 years and older
  - Treatment of strabismus in patients age 12 years and older
- Dysport® (abobotulinumtoxinA)
  - Treatment of cervical dystonia in adults age 18 years and older
  - Treatment of adults with dystonia that results in functional impairment and/or pain
  - Treatment of chronic anal fissure
  - Treatment of esophageal achalasia
  - Treatment of Hirschsprung disease
  - Treatment of lower and upper limb spasticity in patients age 2 years and older
- Jeuveau™ (prabotulinumtoxinA-xvfs)
  - For cosmetic use and not covered
- Myobloc® (rimabotulinumtoxinB)
  - Treatment of cervical dystonia in adults age 18 years and older

        - Treatment of adults with dystonia that results in functional impairment and/or pain
        - Treatment of chronic hypersalivation in adults
    - Xeomin® (incobotulinumtoxinA)
        - Treatment of upper limb spasticity in patients age 2 to 17 years
        - Treatment of cervical dystonia in adults age 18 years and older
        - Treatment of adults with dystonia that results in functional impairment and/or pain
        - Treatment of blepharospasm in patients age 18 years and older
        - Treatment of chronic anal fissure
        - Treatment of chronic hypersalivation in patients age 2 years and older
        - Treatment of esophageal achalasia
        - Treatment of Hirschsprung disease
        - Treatment of upper limb spasticity in adults

Pharmacologic Treatment of Gout, 5.01.616

Medical necessity criteria updated

Krystexxa® (pegloticase) must be given with oral methotrexate 15 mg weekly, unless there is a medical reason why methotrexate can't be taken

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

Medical necessity criteria updated

- Tysabri® (natalizumab)
    - Patient must have tried and failed treatment with one or more TNF blockers

Temporomandibular Joint Disorder, 2.01.535

- Botulinum toxin is considered investigational as a nonsurgical treatment for temporomandibular joint disorder
- For dates of service starting on and after December 1, 2022, codes for botulinum toxin will require review for medical necessity and prior authorization (see also the **Coding updates** section)

Treatment of Hyperhidrosis, 8.01.519

- Botulinum toxin is considered:
    - Medically necessary as a treatment for primary focal hyperhidrosis when criteria are met
    - Investigational as a treatment for severe secondary gustatory hyperhidrosis
- For dates of service starting on and after December 1, 2022, codes for botulinum toxin will require review for medical necessity and prior authorization (see also the **Coding updates** section)

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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.**

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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

Medical policies

New medical policies Effective September 1, 2022

Treatment of Hyperhidrosis, 8.01.519

Policy renumbered

- This policy replaces Treatment of Hyperhidrosis, 8.01.19
- All policy statements remain unchanged

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Revised medical policies
Effective September 1, 2022

Prescription Digital Therapeutics, 13.01.500
Investigational criteria updated
Mahana™ for irritable bowel syndrome (IBS) has been added to the list of investigational prescription digital therapeutics

Upper Gastrointestinal (UGI) Endoscopy for Adults, 2.01.533
Indication added
Therapeutic banding (ligation) or sclerotherapy of esophageal varices has been added to the list of non-malignant conditions where an upper gastrointestinal (UGI) endoscopy may be medically necessary

Pharmacy policies

New pharmacy policies

No updates this month

Revised pharmacy policies
Effective September 1, 2022

Dupixent® (dupilumab), 5.01.575
Medical necessity criteria updated
Indication: Atopic dermatitis

- The age criterion for Dupixent® has been changed from 6 years to 6 months of age and older
- The requirement for using a topical calcineurin inhibitor medication and high potency topical corticosteroid now applies to patients age 2 years and older
- Individuals from 6 months to 2 years of age must try one topical prescription corticosteroid of any potency before Dupixent® can be prescribed

Indication added
Treatment of eosinophilic esophagitis in individuals age 12 years of age and older

Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625

Medical necessity criteria updated

Indication: Treatment of early breast cancer

- The requirement of a high risk of recurrence has been removed

Medical necessity criteria updated

Indication: Gender dysphoria

- The term "adolescent" has been removed and revised to "patient is ≥ 12 years of age (or Tanner state 2 or higher puberty onset) to 19 years of age"

Medical necessity criteria updated

Indication: Endometriosis

- Orilissa® (elagolix) can be approved for 24 months for 150 mg, and 6 months for 200 mg
- Added note that requests for Orilissa® (elagolix) 150 mg after completing 6 months of therapy with 200 mg of this drug is considered not medically necessary
- Added re-authorization criterion that use of Orilissa® (elagolix)150 mg beyond 24 months or Orilissa 200 mg beyond 6 months is considered not medically necessary

Reauthorization criteria updated

Indication: Gender dysphoria

- Added age criterion that patient must be ≤ 19 years of age

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

Drug added

- Skyrizi® (risankizumab-rzaa) IV and SC
  - Treatment of moderately to severely active Crohn's disease
  - Initial authorization of Skyrizi® IV may be approved for 90 days to allow for induction therapy
  - Initial authorization of Skyrizi® SC may be approved for up to 1 year and re-authorization of Skyrizi® SC may be approved for up to 3 years

Medical necessity criteria updated

- Cimzia® (certolizumab pegol)
- Stelara® (ustekinumab) IV
- Stelara® (ustekinumab) SC
- Tysabri® (natalizumab)
  - Coverage added for patients with abnormal connections between the intestine and rectum, intestine and vagina, rectum and vagina, or intestine through the skin
  - Coverage added for patients who have had partial removal of the colon

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Archived policies

No updates this month

Deleted policies

Alcohol Injections for Treatment of Peripheral Morton Neuromas, 2.01.97
Content from this policy has been moved into **Minimally Invasive Ablation Procedures for Morton and Other Peripheral Neuromas, 7.01.147**

Treatment of Hyperhidrosis, 8.01.19
- Policy renumbered to **Treatment of Hyperhidrosis, 8.01.519**
- All policy statements remain unchanged

Coding updates

Added codes
Effective December 1, 2022

See also the **Special notices** section above

Botulinum Toxins, 5.01.512
Now requires review for medical necessity and prior authorization.

J0585, J0586, J0587, J0588

Temporomandibular Joint Disorder, 2.01.535
Now requires review for medical necessity and prior authorization.

J0585, J0586, J0587, J0588

Treatment of Hyperhidrosis, 8.01.519
Now requires review for medical necessity and prior authorization.

J0585, J0586, J0587, J0588

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Effective September 1, 2022

Cosmetic and Reconstructive Services, 10.01.514
Now requires review for cosmetic and prior authorization.

J0591

Non-covered Experimental/Investigational Services, 10.01.533
No longer covered.

K1023

Revised codes
Effective September 1, 2022

Cosmetic and Reconstructive Services, 10.01.514
Now requires review for cosmetic and prior authorization.

17107, 17108

Pharmacologic Treatment of Duchenne Muscular Dystrophy, 5.01.570
Now requires review for medical necessity and prior authorization.

J1427

Removed codes
Effective September 1, 2022

Transendoscopic Endoscopic Therapies for Gastroesophageal Reflux Disease, 2.01.38
No longer requires review.

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