LifeWise
Health Plan of Washington

Medical Policy and Coding Updates
November 3, 2022

Special notices

Effective February 18, 2023

Updates to AIM Specialty Health® Clinical Appropriateness Guidelines

Effective for dates of service on and after February 18, 2023, the following updates will apply to the AIM Specialty Health® Clinical Appropriateness Guidelines for Genetic Testing

Updates by section

Carrier Screening in the Prenatal Setting and Preimplantation Genetic Testing

- Clarified testing requirements for Fragile X Syndrome in patients with unexplained ovarian failure
- Clarified carrier screening restrictions for autosomal recessive conditions
- Expanded selected relevant screening for patients at high risk based on ethnicity (e.g., Ashkenazi Jewish, French Canadian, Mennonite) and the conditions for which to test
- Expanded screening when one or both individuals do not have access to biological family history, and allowed preimplantation testing when reproductive donor is of unknown carrier risk

Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer

- Removed specific language regarding the brand names of tests which are considered medically necessary, and generally does not specifically name the therapeutic agents which must be under consideration, allowing appropriate review of claims when new therapies or tests are approved by the FDA

Genetic Testing for Inherited Conditions

- Clarified criteria on cardiomyopathies for which testing is medically necessary
- Allowed for broader panels for arrhythmia and cardiomyopathy syndromes

Hereditary Cancer Testing

- Added condition-specific criteria based on National Comprehensive Cancer Network (NCCN) recommendations, as well as other clinical guidelines
- Limited testing in the following scenarios:
  - Prostate cancer (in select scenarios) for patients without additional familial risk
  - Patients with only a second-degree relative with ovarian cancer
  - Patients with breast cancer and family history in some select scenarios (e.g., lobular histology only plus personal or family history of gastric cancer)

Pharmacogenomics Testing

- Limited testing for patients being treated with warfarin
- Specified biomarkers for which one-time testing is considered medically necessary

Somatic Tumor Testing

- Clarified criteria about tumor stage in cutaneous melanoma and cholangiocarcinoma, and about histology in non-small cell lung cancer, ovarian cancer (epithelial) and prostate cancer (adenocarcinoma)
- Chromosomal microarray analysis may require additional review
- Specified the genes that must be included in panels for hematologic malignancy testing
- Allowed testing for patients with metastatic uveal melanoma
- Removed specific language regarding the brand names of tests which are considered medically necessary, and generally does not specifically name the therapeutic agents which must be under consideration, allowing appropriate review of claims when new therapies or tests are approved by the FDA

Use of Polygenic Risk Scores in Genetic Testing

- Limited polygenic risk score testing

Whole Exome Sequencing and Whole Genome Sequencing

Whole exome sequencing

- Allowed analysis using the same criteria as the initial test
- Limited testing for congenital bilateral hearing loss of unknown etiology, developmental and epileptic encephalopathy, and single anomaly with positive family history

Effective February 3, 2023

Gender Transition/Affirmation Surgery and Related Services, 7.01.557
Standard Benefit Coverage
Genital or "bottom surgery"
Surgery added
Site of service review added
Hysterectomy will be reviewed for medical necessity. Breast reduction, laparoscopic-assisted vaginal hysterectomy, rhinoplasty, and vaginal hysterectomy will also include site of service review.

Genital or "bottom surgery"
Note removed
Hysterectomies for gender transition/affirmation are not subject to medical necessity review

Hair removal (by laser or electrolysis) prior to genital surgery
Medical necessity criteria updated
Hair removal will be done by a physician, nurse practitioner, physician assistant, or by a professional who is licensed, certified, registered, or otherwise approved by the state for hair removal (e.g., a licensed aesthetician)

Expanded Benefit Coverage
Medical necessity criteria updated
Facial, body, or extremity hair removal not related to genital surgery now has separate criteria

Recommendations by Licensed Mental Health Professionals
Section title expanded
Now includes "additional timing requirements for surgery and mental health recommendation letters, and for pre-surgery surgeon evaluations"

Medical necessity criteria updated

- Removed requirement that psychiatrists are board-eligible or board-certified

- Evaluations may be performed by and letters written by state licensed master's and doctoral mental health clinicians who aren't licensed to practice independently if mental health professionals who are state licensed to practice independently co-sign the letters
- Revised mental health recommendation letter content
  - Combined two criteria into documentation of the history of the person's gender dysphoria and gender identity transition to include assigned gender at birth, age of awareness of gender incongruence, symptoms of gender dysphoria, and actions taken to transition to the desired gender
  - Past and present treatment for gender dysphoric symptoms has been revised to any current or past psychiatric treatment
- Additional timing requirements for surgery and mental health recommendation letters, and pre-surgery surgeon evaluations now includes the statement: "for facial, body, or extremity hair removal not related to genital surgery, pre-procedure evaluations by either a referring medical provider or the hair removal provider are acceptable as the pre-surgery surgeon evaluations"

Hysterectomy for Non-Malignant Conditions, 7.01.548

Policy notes updated

- Replaced statement that this policy does not apply to hysterectomy for gender transition/affirming surgeries to reference to medical policy 7.01.557, Gender Transition/Affirmation Surgery and Related Services
- Clarified that the policy does not apply to hysterectomy for gynecologic malignant conditions

Miscellaneous Oncology Drugs, 5.01.540

Drugs added

- Elzonris™ (tagraxofusp-erzs)
  - Treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN) in adults and children age 2 years and older
- Onivyde® (irinotecan liposome injection)
  - Treatment of pancreatic cancer that has spread to other parts of the body
  - Treatment of bile duct cancer that has spread to other parts of the body

Site of Service: Select Surgical Procedures, 11.01.524

Policy added

Gender Transition/Affirmation Surgery and Related Services, 7.01.557 added to policy to address breast reduction, laparoscopic-assisted vaginal hysterectomy, rhinoplasty, and vaginal hysterectomy.

Spravato® (esketamine) Nasal Spray, 5.01.609

Indication: Depression

Medical necessity criteria updated

- A trial and failure of four antidepressants from at least two different classes has been reduced to a trial and failure of three antidepressants from two different classes
- A trial and failure of three antidepressants from at least two different classes plus an augmenting agent has been reduced to two antidepressants from two different classes plus an augmenting agent
- No current substance use disorder unless in remission now includes definition of three months of complete abstinence

Indication: New course of Spravato® after previous treatment

Medical necessity criteria updated

No current substance use disorder unless in remission now includes definition of three months of complete abstinence

Investigational criteria updated

Use of Spravato® (esketamine) along with any other formulation of ketamine or with any psychedelic drug is considered investigational

All indications

Medical necessity criteria updated

Use of Spravato® (esketamine) with more than one provider/group/clinic at the same time is considered not medically necessary

Documentation requirements updated

- For failed medication trials, each medication that failed must be individually identified, along for the reason(s) for failure
- For each failed medication trial, there must be documentation of at least 30 continuous days with no or inadequate improvement unless stopped sooner because of intolerable adverse effects

Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders, 2.01.526

Policy statements added

- Types of transcranial magnetic stimulation (TMS) covered
  - Deep transcranial magnetic stimulation of the brain
  - Standard/conventional repetitive transcranial magnetic stimulation of the brain
  - Theta burst stimulation of the brain
- Specific medical conditions where TMS may be considered medically necessary
  - Major depression as a component of bipolar disorder
  - Major depressive disorder
  - Obsessive-compulsive disorder

Investigational criteria updated

- Added list of all other types of transcranial magnetic stimulation (TMS)
- Theta burst stimulation is considered investigational for the treatment of major depression as a component of bipolar disorder and the treatment of obsessive-compulsive disorder
- TMS for all other psychiatric conditions, for all substance use conditions, and for all neurologic conditions are considered investigational
- Use of TMS to boost the effectiveness of other treatment modalities, including but not limited to drugs or other devices, is considered investigational
- Technology computer-assisted TMS of the prefrontal cortex is considered investigational

Major depressive disorder

Medical necessity criteria updated

- Age requirement reduced from 18 years and older to age 15 years and older
- The number of failed medication trials has been reduced from four to three
- Theta burst stimulation has been added as a type of TMS for this condition

Major depression as a component of bipolar disorder

Medical necessity criteria updated

- The number of failed medication trials has been increased from two to three
- Theta burst stimulation is considered investigational for this condition

Obsessive-compulsive disorder

Indication added

Medical necessity criteria added

- Standard/conventional TMS and deep TMS may be considered medically necessary
- Theta burst stimulation is considered investigational for this condition

All indications

Contraindications added

- History of or presence of a brain tumor
- History of repetitive or severe head trauma/traumatic brain injury

Policy sections added

Medical necessity criteria added

- Course of full intensive TMS
- Extended intensive course or extended intensive phase (deep TMS)
- Extended taper
- Accelerated intensive TMS
- Maintenance TMS
- Repeat full intensive course
- Short of brief intensive course

- Consecutive or overlapping courses of TMS for different conditions
- TMS with more than one provider at the same time
- TMS along with Spravato® (esketamine), or ketamine, or any other psychedelic drug
- TMS along with other types of neuromodulation

Effective January 6, 2023

Services Reviewed Using InterQual® Criteria, 10.01.530
Acute adult
See InterQual® for medical necessity criteria
Services added

- Electroconvulsive therapy (ECT)
- Total ankle replacement

Total Ankle Replacement, 7.01.577
Policy deleted
Now included in **Services Reviewed Using InterQual® Criteria, 10.01.530**

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)

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)

Medical policies

New medical policies Effective November 1, 2022

Surgical Left Atrial Appendage Occlusion Devices for Stroke Prevention in Atrial Fibrillation, 7.01.172

New policy

The use of surgical left atrial appendage occlusion devices, including the AtriClip® device, for stroke prevention in people with atrial fibrillation is considered investigational

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Revised medical policies
Effective November 1, 2022

Children's Therapeutic Positioning Equipment, 1.01.530
Medical necessity criteria added
Bath and/or toilet positioning equipment

Pharmacy policies

New pharmacy policies
Effective November 1, 2022

Pharmacologic Treatment of Psoriasis, 5.01.629
New policy
Drugs added

- Enbrel® (etanercept)
- Humira® (adalimumab)
- Infliximab (Janssen – unbranded)
- Inflectra® (infliximab-dyyb)
- Remicade® (infliximab)
- Taltz® (ixekizumab)
- Stelara® (ustekinumab)
- Skyrizi® (risankizumab-rzaa)
- Tremfya® (guselkumab)
- Otezla® (apremilast)
- Siliq™ (brodalumab)
- Cosentyx® (secukinumab)
- Cimzia® (certolizumab pegol)
- Renflexis™ (infliximab-abda)
- Avsola™ (infliximab-axxq)
- Ilumya™ (tildrakizumab-asmn)
    - The drugs listed above were moved from the policy Pharmacotherapy of Arthropathies, 5.01.550
    - Medical necessity criteria remain unchanged

Drugs added

- Vtama® (tapinarof)
- Zoryve® (roflumilast)
  - Treatment of plaque psoriasis

Drug added

- Spevigo® (spesolimab-sbzo)
  - Treatment of generalized pustular psoriasis (GPP) in adults age 18 years and older

Revised pharmacy policies
Effective November 1, 2022

Drugs for Weight Management, 5.01.621

Indication added

- Qsymia® (phentermine/topiramate extended-release)
  - Treatment for chronic weight management in people age ≥ 12 and < 18 years

Drug added

- Brand orlistat
  - Treatment for chronic weight management in adults and children

Re-authorization criteria added

- Qsymia® (phentermine/topiramate extended-release)
- Brand orlistat
- Xenical® (orlistat)
  - Ongoing treatment for people age ≥ 12 and < 18 years

Re-authorization criteria updated

- All drugs in policy
  - For adults, the weight loss is a percentage from the baseline body weight
  - For people age ≥ 12 and < 18 years, the weight loss is a percentage from the BMI

Immune Checkpoint Inhibitors, 5.01.591

Indication added

- Imfinzi® (durvalumab)
  - Treatment of locally advanced or metastatic biliary tract cancer (BTC) in combination with gemcitabine and cisplatin

Drug added

- Opdualag® (nivolumab and relatlimab-rmbw)
  - Treatment of people age 12 years and older with melanoma that can't be surgically treated or that has spread to other parts of the body

Medical necessity criteria updated

- Keytruda® (pembrolizumab)

Indication: Locally advanced or metastatic esophageal or gastroesophageal junction (GEJ)

  - The tumor must be of squamous cell histology

Indication: In combination with lenvatinib, for the treatment of endometrial carcinoma

  - The requirement that the cancer must be microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR) has been removed

Medical Necessity Criteria for Pharmacy Edits, 5.01.605

Anticonvulsants

Medical necessity criteria updated

- Fintepla® (fenfluramine)
  - The specific drug names have been removed from the criterion that the individual has tried four anti-seizure medications
  - The dosing limit criterion now requires the use of this drug with clobazam plus Diacomit® (stiripentol)

Indication added

- Qudexy XR® (topiramate extended-release capsules)
- Brand topiramate extended-release capsules
- Trokendi XR® (topiramate extended-release capsules)
  - Preventive treatment of migraines in people age 12 years and older

Drug added

- Zonisamide (zonisamide oral suspension)
  - Treatment of partial-onset seizures in people age 16 years and older

Heart Failure Agents

Medical necessity criteria updated

- Camzyos™ (mavacamten)
  - People receiving concurrent therapy require a beta-blocker (BB) or a calcium channel blocker (CCB)
  - Using both types of drugs (BB and CCB) is no longer required

Miscellaneous Oncology Drugs, 5.01.540

Indication removed

- Zejula® (niraparib)
  - Treatment of adults patients with advanced homologous recombination deficiency-positive ovarian cancer after more than 3 lines of chemotherapy

Indication added

- Retevmo™ (selpercatinib)
  - Treatment of RET fusion-positive solid tumors that are locally advanced or have spread to other parts of the body

Drug added

- Lytgobi® (futibatinib)
  - Treatment of intrahepatic bile duct cancer

Indication added

- Pemazyre™ (pemigatinib)
  - Treatment of adults with relapsed or refractory myeloid/lymphoid neoplasms (MLNs) with fibroblast growth factor receptor 1 (FGFR1) rearrangement

MTOR Kinase Inhibitors, 5.01.533

Drug added

- Hyftor™ (sirolimus topical gel)
  - Treatment of facial angiofibroma associated with tuberous sclerosis complex (TSC) in people age 6 years and older

Pharmacotherapy of Arthropathies, 5.01.550

Plaque Psoriasis

Policy section moved to another policy

Drugs removed

- Enbrel® (etanercept)
- Humira® (adalimumab)
- Infliximab (Janssen – unbranded)
- Inflectra® (infliximab-dyyb)
- Remicade® (infliximab)
- Taltz® (ixekizumab)
- Stelara® (ustekinumab)
- Skyrizi® (risankizumab-rzaa)
- Tremfya® (guselkumab)
- Otezla® (apremilast)
- Siliq™ (brodalumab)
- Cosentyx® (secukinumab)

- Cimzia® (certolizumab pegol)
- Renflexis™ (infliximab-abda)
- Avsola™ (infliximab-axxq)
- Ilumya™ (tildrakizumab-asmn)
  - The drugs listed above have been moved to the policy **Pharmacologic Treatment of Psoriasis, 5.01.629**
  - Medical necessity criteria unchanged

Pharmacotherapy of Type I and Type II Diabetes Mellitus, 5.01.569

Glucagon-like Peptide-1 (GLP-1) Receptor Agonists

Drug added to preferred

- Victoza® (liraglutide)

Medical necessity criteria updated

- Adlyxin® (lixisenatide)
  - Victoza® (liraglutide) has been added to the list of drugs that must be tried before the above drug may be prescribed

Prostate Cancer Targeted Therapies, 5.01.544

Drug with new indication

- Nubeqa® (darolutamide)
  - Treatment of metastatic hormone-sensitive prostate cancer (mHSPC)

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

Drugs added

- Rolvedon™ (eflapegrastim-xnst)
  - Treatment of adults ages 18 years and older who are receiving myelosuppressive anti-cancer treatments and who are at risk of severe febrile neutropenia
- Stimufend® (pegfilgrastim-fpgk)
  - Treatment of people less than age 18 years and adults ages 18 years and older who are receiving myelosuppressive anti-cancer treatments and who are at risk of severe febrile neutropenia

Archived policies

No updates this month

Deleted policies

No updates this month

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Coding updates

Added codes
Effective January 6, 2023

See also the **Special notices** section above

Services Reviewed Using InterQual® Criteria, 10.01.530
Now requires review for medical necessity and prior authorization.

90870

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

Effective November 1, 2022

Bioengineered Skin and Soft Tissue Substitutes, 7.01.113
Now requires review for investigational.

A2014, A2015, A2016, A2017, A2018

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Cranial Electrotherapy Stimulation and Auricular Stimulation, 8.01.58
Now requires review for investigational.

A4596

Immune Checkpoint Inhibitors, 5.01.591
Now requires review for medical necessity and prior authorization.

J9298

Revised codes
Effective November 4, 2022

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523
No longer requires review for prior authorization. Review for medical necessity still required.

J1551

Removed codes
Effective January 6, 2023

Total Ankle Replacement, 7.01.577
No longer requires review.

27703

Effective November 1, 2022

Balloon Dilation of the Eustachian Tube, 7.01.158
No longer requires review.

C9745