LifeWise
Health Plan of Washington

Medical Policy and Coding Updates
March 2, 2023

Special notices

Effective May 2, 2023

Applied Behavioral Analysis (ABA), 3.01.510

Note added

Applied behavioral analysis (ABA) may be considered medically necessary when criteria for Diagnosis, Initial Functional Behavioral Analysis, Initial Treatment Plan, ABA Treatment Services, ABA Treatment Services Settings, Continued Treatment are met. Some plans may not review all of the criteria listed in policy.

Psychotherapy sessions

Section removed

Diagnosis

Section added

Medical necessity criteria updated

- Updated diagnostic terminology for consistency with the DSM-5/DSM-5-TR
- Expanded the types of clinicians who can diagnose Autism Spectrum Disorder

Initial Functional Behavioral Analysis

Section added

Initial treatment plan

Section added

ABA treatment services

Section added

Medical necessity criteria updated

Clarified that the maximum number of medically necessary hours of daily and weekly ABA services applies only treatment hours (not to other components of ABA)

ABA treatment settings
Section added
Medical necessity criteria updated
Updated the requirements for agencies to be considered to be ABA treatment services providers

Continued treatment
Section added
Medical necessity criteria updated
Clarified that the after the initial Functional Behavioral Analysis, Functional Behavioral Analysis re-assessments are considered to be medically necessary no more frequently than once every 6 months

Applied Behavior Analysis (ABA) service providers
Section updated

- Expanded the types of clinicians who may provide direct treatment services
- Clarified which ABA services can and cannot be provided by master's and doctoral level clinicians who are not licensed to practice independently and can only practice under supervision

Benefit application
Section updated

- Added a provision in the Benefit Application section that assessments and supporting assessments by behavioral technicians/therapy assistants/paraprofessionals are non-covered (excluded) services except when included in their legally permitted scope of licensure
- Removed the restriction for group treatment sessions that only social skills group sessions are covered for ABA
- Removed the limitation of a maximum of two group sessions daily
- Added "Group treatment sessions are covered for only one clinician for an identified individual regardless of how many clinicians were present for a group session"
- Added general parenting coaching, and training of nannies or au-pairs or similar persons, to the list of activities that are not considered to constitute ABA services

Effective April 9, 2023

Updates to Carelon Medical Benefits Management Clinical Appropriateness Guidelines (formerly AIM Specialty Health®)

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Effective for dates of service on and after April 9, 2023, the following updates will apply to the **Carelon Medical Benefits Management Clinical Appropriateness Guidelines for Advanced Imaging** (formerly AIM Specialty Health®)

Updates by section

Abdominal and pelvic imaging

Abdominal/pelvic pain, undifferentiated
Removed indication for MRI following nondiagnostic CT

Uterine leiomyomata
Added indication for advanced imaging when ultrasound suggests leiomyosarcoma

Pancreatic indications
Added indication for pancreatic duct dilatation

Pancreatic mass
Added allowance for more frequent follow-up of lesions with suspicious features or in high-risk patients

Pancreatitis
Removed allowance for MRI following nondiagnostic CT

Pelvic floor disorders
Added indication for MRI pelvis in chronic constipation when preliminary testing is nondiagnostic

Brain imaging

Bell's palsy
Limited the use of CT to scenarios where MRI cannot be performed

Meningioma
Added more frequent surveillance for WHO grade II/III

Seizure disorder
Added indication for advanced imaging in pediatric patients with nondiagnostic EEG

Chest imaging

Imaging abnormalities
Added indication for evaluation of suspected tracheal or bronchial pathology

Perioperative imaging
Added indication for imaging prior to lung volume reduction procedures

Head and neck imaging

Perioperative imaging
Added indication for imaging prior to facial feminization surgery

Oncologic imaging

Criteria aligned with National Comprehensive Cancer Network (NCCN) for the following:

- Breast cancer screening
- Cervical
- Head and neck
- Histiocytic neoplasms
- Lymphoma (non-Hodgkin and leukemia)
- Multiple myeloma
- Thoracic
- Thyroid

Prostate cancer

- Updated respective conventional imaging prerequisites for 18F Fluciclovine/11C PET/CT and 68Ga PSMA/18F-DCFPyL PET/CT, based on utility of conventional imaging at various PSA thresholds and removal of low risk disease waiver from conventional imaging footnote
- Added 68Ga PSMA or 18F-DCFPyL PET/CT indication aligned with FDA-approved use of Pluvicto (radioligand) treatment for metastatic castrate-resistant disease

Effective for dates of service on and after April 9, 2023, the following updates will apply to the **Carelon Medical Benefits Management Clinical Appropriateness Guidelines for Advanced Imaging of the Heart** (formerly AIM Specialty Health®)

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Updates by section

Cardiac Imaging

CT coronary angiography (CCTA)

Indications added

- Abnormal prior testing
- Expanded use for evaluation of CAD (now a first-line modality)
- Preoperative testing

Indication removed

Suspected anomalous coronary arteries (basis for suspicion required)

Fractional Flow Reserve from CCTA (FFR-CT)

Indication updated

Symptomatic person with 40 - 90% coronary stenosis who has failed guideline directed medical therapy and has undergone a CCTA within the previous 90 days

Resting cardiac MRI

Indication added

- Fabry disease

Indications updated

- Arrhythmogenic right ventricular dysplasia (ARVD) requirements
- Suspected anomalous coronary arteries (basis for suspicion required)
- Suspected myocarditis (basis for suspicion required)

Resting transthoracic echocardiography (TTE)

Valvular heart disease

Criteria updated

- Removed requirement of valvular dysfunction for those who had surgical mitral valve repair
- Updated frequency of surveillance in patients with prosthetic valves and those who had transcatheter valve replacement/repair
- Removed moderate/severe mitral regurgitation for those who had transcatheter mitral valve repair

Stress cardiac MRI

Indications added

- Abnormal prior testing
- Expanded use for evaluation of CAD (now a first-line modality)
- Preoperative testing

Stress testing with imaging

Indications removed

- Suspected CAD without symptoms
- Established CAD with symptoms
- Established CAD without symptoms

Criteria updated

- Modified indications for suspected CAD with symptoms
- Determined need for testing by pretest probability
- Expanded definition of "chest pain" to include ischemic equivalent pain elsewhere
- Included dyspnea as a standalone symptom
- Treating physician to select imaging modality
- Clarified that exercise is preferred over pharmacologic testing in patients referred for stress testing with imaging
- Clarified that patients with atypical symptoms to undergo non-imaging stress testing (assuming capable of exercise and no precluding resting EKG abnormalities)

Effective for dates of service on and after April 9, 2023, the following updates will apply to the **Carelon Medical Benefits Management Clinical Appropriateness Guidelines for Radiation Oncology** (formerly AIM Specialty Health®)

Updates by section

Radiation Therapy

Gastrointestinal (GI) cancers

Removed plan comparison requirement for cholangiocarcinoma, esophageal, gastric, hepatocellular, and pancreatic cancer, because IMRT has become standard of care for curative treatment of these cancers

Oligometastatic extracranial disease

Added indication for adrenal metastases in SABR-COMET clinical trial

Prostate cancer - brachytherapy

Added indication for high-dose rate monotherapy in low- and intermediate-risk disease

Image-guided radiation therapy (IGRT)

- Added surface-based guidance technique (no change in coding)
- Added statement that IGRT is not medically necessary to guide superficial radiotherapy for non-melanoma skin cancer (supported by American Society for Radiation Oncology clinical practice guideline)

Therapeutic Radiopharmaceuticals

Prostate cancer
Added indication for Lutetium Lu 177 vipivotide tetraxetan (Pluvicto™), FDA approved for the treatment of adult patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer who have been treated with AR pathway inhibition and taxane-based chemotherapy

Effective March 1, 2023

Drugs for Rare Diseases, 5.01.576

Medical necessity criteria updated
Lumizyme® (alglucosidase alfa)

- Added dose limit of no more than 20 mg per kg of body weight administered every 2 weeks

Site of service review added

- Mepsevii® (vestronidase alfa-vjbk)
- Naglazyme® (galsulfase)

Drug added
Mepsevii® (vestronidase alfa-vjbk)

- Treatment of mucopolysaccharidosis type VII (MPS VII; Sly syndrome)

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

Drugs added

- Mepsevii® (vestronidase alfa-vjbk)
- Naglazyme® (galsulfase)

New medical policies Effective March 1, 2023

Temporarily Implanted Nitinol Device (iTind) for Benign Prostatic Hyperplasia, 7.01.175

New policy

The use of a temporarily implanted nitinol device (e.g., iTind®) is considered investigational as a treatment of lower urinary tract symptoms due to benign prostatic hyperplasia.

Testing Serum Vitamin D Levels, 2.04.507

Policy renumbered

- This policy replaces Testing Serum Vitamin D Levels, 2.04.135
- All policy statements remain unchanged

Revised medical policies Effective March 1, 2023

Hearing Aids (Excludes Implantable Devices), 1.01.528

Non-covered criteria updated

Over-the counter, FDA-cleared hearing aids that are available without a prescription or exam by a hearing professional have been added to the list of non-covered equipment

Knee Arthroscopy in Adults, 7.01.549

Intra-articular joint pathology

Medical necessity criteria updated

Made correction that all criteria are required instead of one criterion

Power Operated Vehicles (Scooters) (Excluding Motorized Wheelchairs), 1.01.527

Medical necessity criteria added

- Difficulty with moving around can't be resolved with a cane or a walker
- The home allows for access between rooms and space and surfaces for movement of a power operated vehicle
- The power operated vehicle is prescribed by a qualified, licensed healthcare provider after the person has been assessed by an appropriate medical professional (physical therapist, occupational therapist, or doctor) who documented the therapeutic purposes of the vehicle

Treatment of Hyperhidrosis, 8.01.519

Medical necessity criteria added

Added area-specific criteria for hyperhidrosis

- Axillary
- Palmar
- Plantar
- Craniofacial

Criteria added

- Initial authorization may be approved for up to one year
- Re-authorization may be approved for up to 3 years

Pharmacy policies

New pharmacy policies

No updates this month

Revised pharmacy policies Effective March 1, 2023

Botulinum Toxins, 5.01.512

Note added

For specific HCPCS codes that are denied, the related injection code(s) will also be subject to denial

Bruton's Kinase Inhibitors, 5.01.590

Drug added

Jaypirca™ (pirtobrutinib)

- Treatment of mantle cell lymphoma (MCL) that has come back or can't be treated with surgery

Drug with new indication

Brukinsa® (zanubrutinib)

- Treatment of adults with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL)

Coverage Criteria of Excluded Drugs for Essentials Formulary, 5.01.572

Policy renamed

From "Coverage Criteria of Excluded Drugs for Essentials Formulary" to "Coverage Criteria for Excluded Drugs"

Removed from Related Information

Reference to Essentials formulary

Drugs for Rare Diseases, 5.01.576

Medical necessity criteria updated

Enjaymo™ (sutimlimab-jome)

- Removed requirement that the person receiving treatment has one documented red blood cell transfusion within the past 6 months
- Removed requirement of documentation for reduction in red blood cell transfusions from baseline in re-authorization criteria

Fabrazyme® (agalsidase beta)

- This drug may not be used along with the drug Galafold® (migalastat)

Galafold® (migalastat)

- This drug may not be used along with the drug Fabrazyme® (agalsidase beta)

Xenpozyme™ (olipudase alfa-rpcp)

- Removed NPC1 and NPC2 from the requirement documenting genetic abnormalities

Drugs for Weight Management, 5.01.621

All drugs in policy

Medical necessity criteria updated

Added requirement that other weight loss drugs may not be used with the drugs in the policy

Appendix added

BMI cut-offs for obesity by sex and age for people age 12 years and older

Drug with new indication

Wegovy® (semaglutide)

- Chronic weight management in people between 12 and 17 years

Pediatric use

Medical necessity criteria updated

- Qsymia® (phentermine/topiramate extended-release)
- Saxenda® (liraglutide)
- Xenical® (orlistat)
  - The requirement of a trial of behavior modification and dietary restriction has been reduced from 4 months to 3 months

- Removed the criterion that the person has a BMI of ≥ 85th percentile but < 95th percentile for age and sex

Pediatric use
Reauthorization criteria updated
- Qsymia® (phentermine/topiramate extended-release)
- Saxenda® (liraglutide)
- Xenical® (orlistat)
  - Removed the requirement that the person currently has a BMI > 85th percentile

Medical Necessity Criteria for Pharmacy Edits, 5.01.605

Brand drugs for ADHD and stimulants for other psychiatric conditions
Medical necessity criteria updated
Qelbree™ (viloxazine extended-release)
- The dosage limit has been increased from 400 mg to 600 mg per day

Brand oral antibiotics and their generics
Drug added
Minocycline ER

Chronic kidney disease treatment
Medical necessity criteria updated
Kerendia® (finerenone)
- Removed the requirement that eplerenone or spironolactone must be tried first

Gout agents, brand
Drug added
Brand colchicine

Quantity limits - Continuous glucose monitoring (CGM) supplies
Product added
Dexcom G7® Sensor

Miscellaneous Oncology Drugs, 5.01.540

Drug added
Krazati™ (adagrasib)
- Treatment of KRAS G12C-mutated non-small cell lung cancer (NSCLC) that is locally advanced or has spread to other parts of the body

Drug with new indication
Trodelvy™ (sacituzumab govitecan-hziy)

- Treatment of HR-positive, HER2-negative breast cancer that is locally advanced or has spread to other parts of the body and can't be treated with surgery

Medical necessity criteria updated

Ibrance® (palbociclib)

- Removed the requirement that the individual is postmenopausal

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

Crohn's disease

Medical necessity criteria updated

- Amjevita™ (adalimumab-atto)
- Avsola ™ (infliximab-axxq)
- Cimzia® (certolizumab pegol)
- Entyvio® (vedolizumab)
- Humira® (adalimumab)
- Inflectra® (infliximab-dyyb)
- Infliximab (Janssen – unbranded)
- Remicade® (infliximab)
- Renflexis® (infliximab-abda)
- Skyrizi® (risankizumab-rzaa) IV
- Skyrizi® (risankizumab-rzaa) SC
- Stelara® (ustekinumab) IV
- Stelara® (ustekinumab) SC
- Tysabri® (natalizumab)
  - Added option for current use of a corticosteroid drug in the corticosteroid trial requirement
  - Added methylprednisolone and mesalamine extended-release (Pentasa® formulation) as examples of other drugs that may be tried to treat Crohn's disease

Ulcerative colitis

Medical necessity criteria updated

- Amjevita™ (adalimumab-atto)
- Avsola ™ (infliximab-axxq)
- Entyvio® (vedolizumab)
- Humira® (adalimumab)
- Inflectra® (infliximab-dyyb)
- Infliximab (Janssen – unbranded)
- Remicade® (infliximab)
- Renflexis® (infliximab-abda)
- Simponi® (golimumab) SC
- Stelara® (ustekinumab) IV

- Stelara® (ustekinumab) SC
- Zeposia® (ozanimod)
  - Removed the requirement the individual has tried and failed one traditional systemic agent or has pouchitis

Pharmacotherapy of Multiple Sclerosis, 5.01.565

Drugs added

- Briumvi™ (ublituximab-xiiy)
- Generic fingolimod
  - Treatment of relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease

Medical necessity criteria updated

- Gilenya® (fingolimod)
- Tascenso ODT™ (fingolimod)
  - The person must have tried generic fingolimod first before the drugs listed above may be prescribed

Pharmacotherapy of Type I and Type II Diabetes Mellitus, 5.01.569

CD3-directed antibody (Intravenous)

Drug added

Tzield™ (teplizumab-mzwv)

- To delay the onset of Stage 3 type 1 diabetes in people with Stage 2 type 1 diabetes in people age 8 years and older

Sodium-glucose cotransporter 2 inhibitors (SGLT-2)

Drug added to non-preferred

Brenzavvy™ (bexagliflozin)

Archived policies

No updates this month

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Deleted policies

Effective March 1, 2023

Testing Serum Vitamin D Levels, 2.04.135
Content from this policy has been moved to **Testing Serum Vitamin D Levels, 2.04.507**

Coding updates

Added codes
Effective March 1, 2023

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

46505, 52287, 64611, 64612, 64615, 64616, 64617, 64642, 64643, 64644, 64645, 64646, 64647, 67345, S2340, S2341

Drugs for Rare Diseases, 5.01.576
Now requires review for medical necessity, including site of service and prior authorization.

J3397

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

64650, 64653, 64818

Revised codes
Effective March 1, 2023

Bariatric Surgery, 7.01.516
No longer covered.

43290, 43291, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43889, 43888

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Drugs for Rare Diseases, 5.01.576

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

J1458

Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease, 2.01.38

Now requires review for Prior Authorization. Currently requires review for Investigational.

43201, 43257