LifeWise
Health Plan of Washington

Medical Policy and Coding Updates
April 6, 2023

Special notices

Effective July 6, 2023

Pharmacologic Treatment of Clostridium Difficile, 5.01.631

New policy

Drugs added

- Rebyota™ (fecal microbiota, live-jslm)
- Zinplava™ (bezlotoxumab)
  - Treatment of Clostridioides difficile infection in people age 18 years and older

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®)

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: Radiology** (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: Cardiology** (formerly AIM Specialty Health®)

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: 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

Medical policies

New medical policies Effective April 1, 2023

Radioembolization for Primary and Metastatic Tumors of the Liver, 8.01.521

Policy renumbered
This policy replaces Radioembolization for Primary and Metastatic Tumors of the Liver, 8.01.43

Treatment of unresectable primary hepatocellular carcinoma
Medical necessity criteria updated
Revised total tumor size from 3 cm or larger to "size of tumor(s) does not exceed a total tumor size of 8 cm"

Stationary Ultrasonic Diathermy Devices, 7.0.174

New policy
Ultrasonic diathermy devices for the treatment of musculoskeletal pain are considered investigational

Revised medical policies Effective April 1, 2023

Patient Lifts, Seat Lifts and Standing Devices, 1.01.519

Non-electric patient lifts
Medical necessity criteria updated

Added criterion that another person is trained to operate the lift

Standing devices
Medical necessity criteria updated
Added criterion that use of the device allows improvement in at least one of five functional areas

Pharmacy policies

New pharmacy policies

No updates this month

Revised pharmacy policies Effective April 1, 2023

C3 and C5 Complement Inhibitors, 5.01.571
Drug added
Syfovre™ (pegcetacoplan)

- Treatment of geographic atrophy (GA) secondary to dry age-related macular degeneration (AMD) in people age 60 years or older

Immune Globulin Therapy, 8.01.503
Medical necessity criteria updated
Acute antibody-mediated transplant rejection (AMTR) has been added to the list of medically necessary conditions

Investigational criteria updated
Encephalitis has been added to the list of investigational conditions for IVIG therapy

Management of Opioid Therapy, 5.01.529
Dispensing quantity limits added

- Hydrocodone ER (generic Hysingla® ER)
- Hydrocodone ER (generic Zohydro® ER)
- Hysingla® ER (hydorocodone bitartrate ER)
- Zohydro® ER (hydrocodone bitartrate ER)

Long-acting opioids
Medical necessity criteria updated

- OxyContin® (oxycodone ER)
- Zohydro ER® (hydrocodone bitartrate extended release)
- Generic hydrocodone bitartrate extended release
    - Removed medical necessity criteria
    - These drugs have been added to the long-acting opioid step therapy criteria

Pharmacologic Treatment of Psoriasis, 5.01.629

All indications

Note added

Amjevita™ (adalimumab-atto)

- Clarified that National Drug Codes (NDCs) start with 55513

Pharmacologic Treatment of Urea Cycle Disorders, 5.01.611

Drug added

Olpruva™ (sodium phenylbutyrate)

- Additional treatment given with the primary treatment for the management of urea cycle disorders

Pharmacotherapy of Arthropathies, 5.01.550

All indications

Note added

Amjevita™ (adalimumab-atto)

- Clarified when National Drug Codes (NDCs) start with 55513 versus 72511

Drug with new indication

Amjevita™ (adalimumab-atto)

- Polyarticular Juvenile Idiopathic Arthritis (NDCs starting with 72511)

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

All indications

Note added

Amjevita™ (adalimumab-atto)

- Clarified when National Drug Codes (NDCs) start with 55513 versus 72511

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

Drug added

Filspari™ (sparsentan)

- Treatment of proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression

Radicava® (edaravone), 5.01.578

Policy renamed

From "Radicava® (edaravone), 5.01.578" to "Amyotrophic Lateral Sclerosis (ALS) Medications, 5.01.578"

Medical necessity criteria updated

- Radicava® (edaravone)
- Radicava ORS® (edaravone)
  - Removed requirements for a definite or probable amyotrophic lateral sclerosis (ALS) diagnosis
  - Revised normal respiratory function retention rate from FVC of ≥ 80 percent to ≥ 70 percent
  - These drugs must be prescribed by or in consultation with a neurologist or an ALS specialist

Drug added

Relyvrio™ (sodium phenylbutyrate and taurursodiol)

- Treatment of ALS in people age 18 years and older

Selective Estrogen Receptor Modulators and Down Regulators, 5.01.618

Drug added

Orserdu™ (elacestrant)

- Treatment of postmenopausal women or adult men with ER-positive, HER2-negative, ESR1-mutated breast cancer that is advanced or has spread to other parts of the body

Archived policies

Effective April 1, 2023

Treatment of Dry Eye Syndrome, 9.03.513

Deleted policies

Effective April 1, 2023

Radioembolization for Primary and Metastatic Tumors of the Liver, 8.01.43
Content from this policy has been moved to Radioembolization for Primary and Metastatic Tumors of the Liver, 8.01.521

Coding updates

Added codes
Effective April 1, 2023

Revised codes
Effective April 1, 2023

Removed codes
Effective April 1, 2023