

Medical Policy and Coding Updates July 1, 2021

Special notices

Effective October 1, 2021

[Nerve Repair for Peripheral Nerve Injuries Using Synthetic Conduits or Allografts, 7.01.584](#)

New policy

Synthetic conduits and nerve allografts are considered investigational for the repair or closure of nerve gaps from peripheral nerve injuries

Effective September 12, 2021

[Updates to AIM Specialty Health® Clinical Appropriateness Guidelines](#)

Effective for dates of service on and after September 12, 2021, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Advanced Imaging](#)

Updates by section

Advanced Imaging of the Spine

Congenital vertebral defects

- Added new requirement for additional evaluation with radiographs

Scoliosis

- Defined presurgical planning criteria
- Added requirement for radiographs and new or progressive symptoms for postsurgical imaging

Spinal dysraphism

Tethered cord

- Revised diagnostic imaging strategy to limit CT use when MRI cannot be performed
- Added new requirement for ultrasound prior to advanced imaging for tethered cord in infants age 5 months or less

Multiple sclerosis

- Added new criteria for imaging in initial diagnosis of MS

Spinal infection

- Aligned new diagnosis and management criteria with Infectious Disease Society of America (IDSA) and University of Michigan guidelines

Axial spondyloarthritis

- Added definition of inflammatory back pain
- Added diagnostic testing radiography requirements

Cervical injury

- Aligned pediatric cervical trauma criteria with American College of Radiology (ACR) guidelines

Thoracic or lumbar injury

- Revised diagnostic imaging strategy to include radiography and limited use of MRI for a known fracture
- Removed indication for follow-up imaging of progressively worsening pain without fracture or neurologic deficits

Syringomyelia

- Removed surveillance imaging indication

Non-specific low back pain

- Aligned pediatric low back pain criteria with American College of Radiology (ACR) guidelines

Effective for dates of service on and after September 12, 2021, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Extremity Imaging](#)

Updates by section

Advanced Imaging of the Extremities

Osteomyelitis or septic arthritis

Myositis

- Removed CT as a follow-up to nondiagnostic MRI due to lower diagnostic accuracy of CT

Epicondylitis and Tenosynovitis – long head of biceps

- Removed these sections due to lack of evidence supporting imaging for this diagnosis

Plantar fasciitis and fibromatosis

- Removed CT as a follow-up to nondiagnostic MRI due to lower diagnostic accuracy of CT
- Added specific conservative management requirements

Brachial plexus mass

- Added specific requirement for suspicious findings on clinical exam or prior imaging

Morton's neuroma

- Added requirements for focused steroid injection, orthoses, and plan for surgery

Adhesive capsulitis

- Added requirement for planned intervention (manipulation under anesthesia or lysis of adhesions)

Rotator cuff tear

Labral tear - shoulder

Labral tear - hip

- Defined specific exam findings and updated duration of conservative management
- Updated recurrent labral tear to meet same criteria as an initial tear (shoulder only)

Triangular fibrocartilage complex tear

- Added requirement for radiographs and conservative management for chronic tear

Ligament tear - knee; meniscal tear

- Added requirement for radiographs for specific scenarios
- Increased duration of conservative management for chronic meniscal tears

Ligament and tendon injuries - foot and ankle

- Defined required duration of conservative management

Chronic anterior knee pain including chondromalacia patella and patellofemoral pain syndrome

- Increased duration of conservative management and specified requirement for chronic anterior knee pain

Intra-articular loose body

- Added requirement for mechanical symptoms

Osteochondral lesion (including osteochondritis dissecans, transient dislocation of patella)

- Added new requirement for radiographs

Entrapment neuropathy

- Excluded carpal and cubital tunnel syndromes

Persistent lower extremity pain

- Defined duration of conservative management
- Excluded hip joint (addressed in other indications)

Upper extremity pain

- Excludes shoulder joint (addressed in other indications)
- Revised diagnostic testing strategy to limit CT use when MRI cannot be performed or is nondiagnostic

Knee arthroplasty, presurgical planning

- Limited to MAKO and robotic assist arthroplasty cases

Perioperative imaging, not otherwise specified

- Require radiographs or ultrasound prior to advanced imaging

Effective for dates of service on and after September 12, 2021, the following updates will apply to the [AIM Specialty Health® Clinical Appropriateness Guidelines for Vascular Imaging](#)

Updates by section

Vascular Imaging

Added alternative non-vascular imaging approaches, where applicable

Hemorrhage, Intracranial

- Specified clinical scenario for subarachnoid hemorrhage
- Added pediatric intracerebral hemorrhage indication

Horner's syndrome; Pulsatile tinnitus; Trigeminal neuralgia

- Removed condition management indication for continued vascular evaluation

Stroke/TIA

Stenosis or occlusion (intracranial/extracranial)

- Added acute and subacute time frames
- Removed carotid/cardiac workup requirement for intracranial vascular evaluation
- Added condition management specifications
- Separated sections into anterior/posterior circulation (carotid artery and vertebral or basilar arteries, respectively)

Pulmonary Embolism

- Added non-diagnostic chest radiograph requirement for all indications

- Added pregnancy-adjusted YEARS algorithm

Peripheral Arterial Disease

- Added new post-revascularization indication to both upper and lower extremity PAD evaluation

Effective September 3, 2021

Alpha1-Proteinase Inhibitors, 5.01.624

New policy

The following brand drugs have been added and may be considered medically necessary when criteria are met:

- Aralast® NP (alpha1-proteinase inhibitor (PI) [human])
- Glassia® (alpha1-PI [human])
- Prolastin®-C (alpha1-PI [human])
- Zemaira® (alpha1-PI [human])
 - Treatment of adults with emphysema due to hereditary deficiency of alpha1-PI (alpha1-antitrypsin deficiency)

Drugs for Rare Diseases, 5.01.576

New drugs added to policy

- Aldurazyme® (laronidase)
 - Treatment of mucopolysaccharidosis type I (MPS I), including Hurler, Hurler-Scheie, and Scheie forms, in patients age 6 months and older
- Brineura® (cerliponase alfa)
 - Treatment of late infantile neuronal ceroid lipofuscinosis type 2 (CLN2) in patients age 3 and older
- Gamifant™ (emapalumab-lzsg)
 - Treatment of adult and pediatric patients with primary hemophagocytic lymphohistiocytosis (HLH)
- Kanuma® (sebelipase alfa)
 - Treatment of lysosomal acid lipase (LAL) deficiency
- Naglazyme® (galsulfase)
 - Treatment of mucopolysaccharidosis type VI (MPS VI, also known as Maroteaux-Lamy syndrome), in patients age 3 months and older
- Sylvant® (siltuximab)
 - Treatment of patients with multicentric Castleman's disease (MCD) in patients age 18 and older

Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625

New policy

The following drugs have been added and may be considered medically necessary when criteria are met:

Breast cancer

- Zoladex® (goserelin)
 - Palliative treatment of advanced breast cancer in pre- and perimenopausal women

Central precocious puberty

- Fensolvi® (leuprolide acetate)
- Generic leuprolide
- Lupron Depot PED® (leuprolide acetate)
- Supprelin LA® (histrelin implant)
- Triptodur® (triptorelin),
- Vantas® (histrelin implant)
 - Treatment of children with abnormally early puberty

Endometriosis

- Generic leuprolide
- Lupaneta Pack® (leuprolide/norethindrone)
- Lupron Depot® (leuprolide acetate)
- Zoladex® (goserelin)
 - Management of endometriosis, including pain relief and reduction of endometriotic lesions
- Orilissa® (elagolix)
 - Treatment of moderate to severe pain associated with endometriosis

Gender dysphoria

- Fensolvi® (leuprolide acetate)
- Generic leuprolide
- Lupron Depot® (leuprolide acetate)
- Lupron Depot PED® (leuprolide acetate)
- Supprelin LA® (histrelin implant)
- Trelstar® (triptorelin pamoate)
- Triptodur® (triptorelin)
- Vantas® (histrelin implant)
 - Treatment of gender dysphoria in adolescents

Prostate cancer

- Eligard® (leuprolide acetate)
- Firmagon® (degarelix)

- Generic leuprolide
- Lupron Depot® (leuprolide acetate)
- Orgovyx® (relugolix)
- Trelstar® (triptorelin pamoate)
- Zoladex® (goserelin)
 - Palliative treatment of metastatic prostate cancer
- Zoladex® (goserelin)
 - Treatment of locally confined Stage T2b-T4 (Stage B2-C) prostate cancer when used in combination with flutamide

Uterine fibroids

- Generic leuprolide
- Lupron Depot® (leuprolide acetate)
 - Treatment of anemia due to uterine fibroids
 - To reduce the size of uterine fibroids prior to surgery
- Oriahnn® (elagolix/estradiol/norethindrone acetate)
 - Management of heavy bleeding related to uterine fibroids in premenopausal patients age 18 and older
- Zoladex® (goserelin)
 - Use as an endometrial-thinning agent prior to endometrial ablation for abnormal uterine bleeding

Effective August 6, 2021

Pharmacologic Treatment of Duchenne Muscular Dystrophy, 5.01.570

Site of service review added

Vyondys 53® (golodirsen)

Pharmacotherapy of Cushing's Disease and Acromegaly, 5.01.548

New drugs added to policy

- Bynfezia® Pen (octreotide)
- Generic octreotide
- Sandostatin® (octreotide)
- Sandostatin® LAR Depot (octreotide)
- Somatuline® Depot (lanreotide)
 - Treatment of acromegaly in adults age 18 and over
 - Treatment of adults with inoperable, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors (GEP-NETs)
 - Treatment of adults with carcinoid syndrome

- Treatment of adults with profuse watery diarrhea associated with vasoactive intestinal peptide tumors (VIPomas)

Site of Service: Infusion Drugs and Biologic Agents, 11.01.523

Site of service review added

Vyondys 53® (golodirsen)

Medical policies

New medical policies Effective July 1, 2021

Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Irritable Bowel Syndrome, 2.04.26

New policy

Fecal analysis is considered investigational as a diagnostic test for intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria

Revised medical policies Effective July 1, 2021

Artificial Pancreas Device Systems, 1.01.30

New indication added

FDA-approved hybrid closed loop system in children ages 2 to 6 years for the management of type 1 diabetes

Orthognathic Surgery, 9.02.501

Medical necessity criteria updated

Orthognathic surgery for correction of skeletal deformities of the upper and lower jaw for an abnormal bite

- Abnormal tongue thrust has been added as a type of functional impairment
- Facial skeletal deformities open bite measurement has been reduced from 4 mm to 2 mm
- An orthodontic specialist must have documented that conservative therapy is not recommended or that it has already been tried and was not adequate

Pharmacy policies

Revised pharmacy policies Effective July 1, 2021

CGRP Inhibitors for Migraine Prophylaxis, 5.01.584

Medical necessity criteria updated

- Aimovig™ (erenumab)
- Ajovy™ (fremanezumab)
- Emgality™ (galcanezumab)
- Vyepti™ (eptinezumab-jjmr)
 - The average number of migraine days per month has been reduced from 5 to 4

Medical Necessity Criteria for Pharmacy Edits, 5.01.605

Brand Topical Rosacea Agents

New policy section

New drug added to policy

- Soolantra® (ivermectin)
 - Treatment of rosacea

Diabetic Test Strips

Medical necessity criteria updated

Contour® has been added to the list of preferred diabetic test strips that must be tried before non-preferred test strips will be approved

Heart Failure Agents

Drug with new indication

- Corlanor® (ivabradine)
 - Treatment of pediatric patients with heart failure

Overactive Bladder Agents

New policy section

New drugs added to policy

- Gemtesa® (vibegron)
- Myrbetriq® (mirabegron)
- Oxytrol® (oxybutynin)
- Toviaz® (fesoterodine)
 - Treatment of overactive bladder

Miscellaneous Oncology Drugs, 5.01.540

Medical necessity criteria updated

- Kisqali® (ribociclib)
- Kisqali® Femara® Co-Pack (ribociclib–letrozole)
 - Patient must have previously tried and failed Ibrance® (palbociclib) or Verzenio® (abemaciclib)

Archived policies

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

Effective June 1, 2021

Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty), 7.01.93

Deleted policies

No updates this month

Coding updates

Added codes Effective September 3, 2021

The following codes will require review for medical necessity and prior authorization for services on or after September 3, 2021

American Society of Addiction Medicine (ASAM)

0362T, 0905, 0912, 97151, 97153, 97154, 97155, 97156, 97158, H0015, H0017, H0035, S9480

Arthroscopy Hip, InterQual® Criteria

27269

Spinal Orthosis, 1.03.502

L0622, L0623, L0624

Specialty Rx Non-Oncology Alpha 1- Proteinase Inhibitor, InterQual® Criteria

J0256

Surgical Dressings and Wound Care Supplies, 9.01.511

A6205

Wound Debridement, InterQual® Criteria

11008

Effective July 11, 2021

AIM Specialty Health® Genetic Testing

Now reviewed by AIM® Specialty Health and requires prior authorization.

0250U, 0252U, 0253U, 0254U

Effective July 1, 2021

Chimeric Antigen Receptor Therapy for Hematologic Malignancies, 8.01.63

Now requires review for medical necessity.

C9076

Cutaneous T-Cell Lymphomas (CTCL): Systemic Therapies, 5.01.532

Now requires review for medical necessity.

C9075

Drugs for Rare Diseases, 5.01.576

Now requires review for medical necessity and prior authorization.

J0224

Focal Treatments for Prostate Cancer, 8.01.61

Now requires review for investigative.

0655T

Herceptin® (trastuzumab) and Other HER2 Inhibitors, 5.01.514

Now requires review for medical necessity and prior authorization.

J9353

Miscellaneous Oncology Drugs, 5.01.540

Now requires review for medical necessity and prior authorization.

J9348

Miscellaneous Oncology Drugs, 5.01.540

Now requires review for medical necessity.

C9078, C9080

Monoclonal Antibodies for the Treatment of Lymphoma, 2.03.502

Now requires review for medical necessity and prior authorization.

Q5123

Non-covered Services and Procedures, 10.01.517

No longer covered.

0662T, 0663T

Percutaneous Vertebroplasty and Sacroplasty, 6.01.25

Now requires review for investigative and prior authorization.

0200T, 0201T

Pharmacologic Treatment of Duchenne Muscular Dystrophy, 5.01.570

Now requires review for medical necessity.

C9075

Pharmacologic Treatment of High Cholesterol, 5.01.558

Now requires review for medical necessity.

C9079

**Removed codes
Effective July 1, 2021**

Artificial Intervertebral Disc: Cervical Spine, 7.01.108

Now requires review for medical necessity and prior authorization.

0095T

**Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or
Radiofrequency-Coblation (Nucleoplasty), 7.01.93**

No longer requires review for investigative. Policy archived.

S2348

Drugs for Rare Diseases, 5.01.576

No longer requires review for medical necessity.

C9074

Human Papillomavirus (HPV) Vaccine, 9.01.506

No longer requires review for medical necessity.

90649, 90650