

# Medical Policy and Coding Updates

## October 7, 2021

### Special notices

## Effective January 7, 2022

### Cervical Spine Surgeries: Discectomy, Laminectomy, and Fusion in Adults, 7.01.560

#### Medical necessity criteria updated

Site of service (off campus-outpatient hospital/medical center, on campus-outpatient hospital/medical center, and ambulatory surgical center) has been added to the policy for medical necessity review for single-level cervical decompressions and single level cervical fusions (CPT codes 22551, 22554, 22600, 63020, and 63045)

### Hysterectomy for Non-Malignant Conditions, 7.01.548

#### New policy

- Hysterectomy, with or without salpingo-oophorectomy (removal of fallopian tubes and ovaries) is considered medically necessary when criteria are met
- Conditions included in the criteria: abnormal uterine bleeding or uterine fibroids (leiomyomata), adenomyosis, endometriosis, genetic predisposition to cancer, symptomatic pelvic organ prolapse
- Conditions excluded from review are hysterectomy for malignancies or conditions highly suspicious for malignancy (eg, ovarian mass) and hysterectomy for gender-transition/affirming surgeries
- Site of Service review is included for laparoscopic-assisted vaginal hysterectomy and vaginal hysterectomy

### Lumbar Spinal Fusion, 7.01.542

#### Medical necessity criteria updated

Site of service (off campus-outpatient hospital/medical center, on campus-outpatient hospital/medical center, and ambulatory surgical center) has been added to the policy for medical necessity review for single-level lumbar fusions (CPT codes 22553, 22558, 22612, 22630, and 22633)

### Site of Service: Select Surgical Procedures, 11.01.524

Single-level cervical discectomy and lumbar spinal fusions, along with some hysterectomy procedures, have been added to this policy as now requiring site of service review for medical necessity and are indicated by the following codes: 22533, 22551, 22554, 22558, 22600, 22612,

22630, 22633, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58290, 58291, 58292, 58294, 58550, 58552, 58553, 58554, 63020 and 63045. HCPCS code C1726 was removed

## Effective December 2, 2021

### Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

#### New drug added to policy

- Arcalyst® (rilonacept)
  - Treatment of cryopyrin-associated period syndromes (CAPS) in adults and children age 12 and older
  - Treatment of deficiency of interleukin-1 receptor antagonist (DIRA) in adults and children weighing at least 10 kg
  - Treatment of recurrent pericarditis (RP) in patients age 12 and older

## Effective November 5, 2021

### Allograft Injection for Degenerative Disc Disease, 7.01.166

#### New policy

Injecting a tissue graft from a donor into the space between the spinal vertebrae as a treatment of degenerative joint disease is considered investigational

### Medical Necessity Criteria for Pharmacy Edits, 5.01.605

#### *Testosterone Replacement Products*

#### New drug added to policy

- Aved® (testosterone undecanoate)

### Miscellaneous Oncology Drugs, 5.01.540

#### New drugs added to policy

- Abraxane® (paclitaxel protein-bound particles)
  - Treatment of metastatic breast cancer
  - Treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC)
  - Treatment of metastatic adenocarcinoma of the pancreas
- Arranon® (nelarabine)
  - Treatment of T-cell acute lymphoblastic lymphoma (T-ALL)
  - Treatment of T-cell lymphoblastic lymphoma (T-LBL)
- Empliciti® (elotuzumab)
  - Treatment of multiple myeloma
- Erwinaze® (asparaginase erwinia chrysanthemi)

- As a part of a multi-agent chemotherapy regimen for the treatment of acute lymphoblastic leukemia (ALL)
- Halaven® (eribulin mesylate)
  - Treatment of metastatic breast cancer
  - Treatment of inoperable or metastatic liposarcoma
- Yondelis® (trabectedin)
  - Treatment of inoperable or metastatic liposarcoma or leiomyosarcoma

### Non-covered Experimental/Investigational Services, 10.01.533

#### New policy

- The safety and/or effectiveness of treatments, procedures, equipment, drugs, drug usage, medical devices, or supplies that have not been supported by a review of published medical and scientific literature are considered experimental/investigational
- This policy lists several services that are considered experimental/investigational

## Medical policies

### New medical policies Effective October 1, 2021

#### Diagnosis and Treatment of Sacroiliac Joint Pain, 6.01.527

- This policy replaces Diagnosis and Treatment of Sacroiliac Joint Pain, 6.01.23
- Injection of an anesthetic for the purpose of diagnosing sacroiliac joint pain has been removed from the policy

#### Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis, 1.01.525

- This policy replaces Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis, 1.01.28
- Intolerance to heparin preparations (eg, previous allergic reaction or adverse event) has been added as a contraindication for using standard anticoagulant medications

#### Prescription Digital Therapeutics for Attention Deficit/Hyperactivity Disorder, 3.03.03

Prescription digital therapeutics for the treatment of attention deficit/hyperactivity disorder (ADHD) are considered investigational

## Revised medical policies Effective October 1, 2021

### Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Select Intra-Abdominal and Pelvic Malignancies, 2.03.07

#### Medical necessity criteria updated

The requirement of a cis-platinum chemotherapy agent for cytoreductive surgery plus hyperthermic intraperitoneal chemotherapy (HIPEC) has been removed

### Magnetic Resonance Imaging-Guided Focused Ultrasound, 7.01.109

#### Investigational criteria updated

Medication-refractory tremor dominant Parkinson's disease has been added to the list of investigational treatments

### Rhinoplasty, 7.01.558

#### Investigational criteria updated

Radiofrequency treatment for nasal airway remodeling is considered investigational for the treatment of airway obstruction (eg, VivAer® Stylus)

## Pharmacy policies

## New pharmacy policies Effective October 1, 2021

### Amyloid Antibodies for the Treatment of Alzheimer's Disease, 5.01.626

Aduhelm™ (aducanumab) is considered investigational for all indications, including the treatment of Alzheimer's disease

## Revised pharmacy policies Effective October 1, 2021

### C5 Complement Inhibitors, 5.01.571

#### Policy renamed

From "C5 Complement Inhibitors" to "C3 and C5 Complement Inhibitors"

#### New drug added

- Empaveli™ (pegcetacoplan)

- Treatment of paroxysmal nocturnal hemoglobinuria (PNH)
- Added to length of approval criteria for initial and re-authorization

### IL-5 Inhibitors, 5.01.559

#### Medical necessity criteria updated

- Nucala® (mepolizumab)
  - Treatment of chronic rhinosinusitis with nasal polyps (CRSwNP)
  - Re-authorization may be approved up to 1 year

### Immune Checkpoint Inhibitors, 5.01.591

#### Medical necessity criteria updated

- Jemperli® (dostarlimab-gxly)
  - Treatment of mismatch repair deficient (dMMR) recurrent or advanced solid tumors
- Keytruda® (pembrolizumab)
  - First-line treatment of advanced RCC in combination with Lenvima® (lenvatinib)
- Opdivo® (nivolumab)
  - Adjuvant treatment of urothelial carcinoma (UC) at high risk of recurrence after undergoing radical resection of UC

### Medical Necessity Criteria for Pharmacy Edits, 5.01.605

#### *Dry Eye Treatments*

##### New drug added

- Eysuvis™ (loteprednol etabonate ophthalmic suspension)

#### *Heart Failure Agents*

##### New drug added

- Jardiance® (empagliflozin)

### Miscellaneous Oncology Drugs, 5.01.540

#### New drug added

- Welireg™ (belzutifan)
  - Treatment of adult patients with von Hippel-Lindau (VHL) disease

#### Medical necessity criteria updated

- Tibsovo® (ivosidenib)
  - Treatment of previously treated locally advanced or metastatic cholangiocarcinoma with an IDH1 mutation
  - Treatment of newly diagnosed AML who are ≥ 75 years old or who have comorbidities
- Darzalex Faspro™ (daratumumab and hyaluronidase-fihj)

- Treatment of multiple myeloma in combination with Pomalyst® (pomalidomide) and dexamethasone
- Padcev™ (enfortumab vedotin-ejfv)
  - Treatment of metastatic urothelial cancer

### Multiple Receptor Tyrosine Kinase Inhibitors, 5.01.534

#### Medical necessity criteria updated

- Lenvima® (lenvatinib)
  - First-line treatment of advanced renal cell carcinoma (RCC) in combination with Keytruda® (pembrolizumab)

### Pharmacologic Treatment of Sleep Disorders, 5.01.599

#### Medical necessity criteria updated

- Xywav® (calcium magnesium, potassium, and sodium oxybates)
  - Treatment of idiopathic hypersomnia
  - Re-authorization criteria of Xywav® (calcium magnesium, potassium, and sodium oxybates) now includes the diagnosis of idiopathic hypersomnia as documented by a prior sleep study

## Archived policies

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

## Effective October 1, 2021

Cognitive Rehabilitation, 8.03.10

In Vitro Chemoresistance and Chemosensitivity Assays, 2.03.01

Three-Dimensional Printed Orthopedic Implants, 7.01.161

## Deleted policies

## Effective October 1, 2021

Diagnosis and Treatment of Sacroiliac Joint Pain, 6.01.23

This policy is replaced with [Diagnosis and Treatment of Sacroiliac Joint Pain, 6.01.527](#)

## Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis, 1.01.28

This policy is replaced with [Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis, 1.01.525](#)

### Coding updates

## Added codes Effective October 1, 2021

### AIM Specialty Health® Genetic Testing

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

0258U, 0260U, 0262U, 0264U

### Amniotic Membrane and Amniotic Fluid, 7.01.583

Now requires review for investigative.

Q4251, Q4252, Q4253

### Antibody-Drug Conjugates, 5.01.582

Now requires review for medical necessity.

C9084

### Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma, 8.01.63

Now requires review for medical necessity and prior authorization.

Q2054

### Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma, 8.01.63

Now requires review for medical necessity.

C9081

### Cryoablation of Tumors Located on the Kidney, Lung, Breast, Pancreas or Bone, 7.01.92

Now requires review for investigative.

19105, 0581T

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

Now requires review for medical necessity and prior authorization.

J9318, J9319

**Electrical Stimulation Devices, 1.01.507**

Now requires review for medical necessity and prior authorization.

K1023

**Epidermal Growth Factor Receptor (EGFR) Inhibitors, 5.01.603**

Now requires review for medical necessity.

C9083

**Gender Reassignment Surgery, 7.01.557**

Now requires review for medical necessity and prior authorization.

57335

**Immune Checkpoint Inhibitors, 5.01.591**

Now requires review for medical necessity.

C9082

**Lumbar Spinal Fusion, 7.01.542**

Now requires review for medical necessity.

C8131

**Magnetic Resonance Imaging-Guided Focused Ultrasound, 7.01.109**

Now requires review for medical necessity.

C9734

**Miscellaneous Oncology Drugs, 5.01.540**

Now requires review for medical necessity and prior authorization.

J1448, J9247, J9281



**Nerve Repair for Peripheral Nerve Injuries Using Synthetic Conduits or Allografts, 7.01.584**  
Now requires review for investigative and prior authorization.

64910, 64912, 64913

**Nerve Repair for Peripheral Nerve Injuries Using Synthetic Conduits or Allografts, 7.01.584**  
Now requires review for investigative.

C9352, C9353, C9355, C9361

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

J1426

**Pharmacologic Treatment of High Cholesterol, 5.01.558**  
Now requires review for medical necessity and prior authorization.

J1305

**Radioembolization for Primary and Metastatic Tumors of the Liver, 8.01.43**  
Now requires review for medical necessity.

C2616

## **Revised codes Effective October 1, 2021**

**Diagnosis and Treatment of Sacroiliac Joint Pain, 6.01.527**  
Now requires review for investigative and prior authorization.

27280

## **Removed codes Effective October 1, 2021**

**Amniotic Membrane and Amniotic Fluid, 7.01.583**  
No longer requires review for investigative.

Q4228, Q4236

**Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma, 8.01.63**

No longer requires review for investigative.

C9076

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

No longer requires review for medical necessity.

C9065

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

No longer requires review for medical necessity and prior authorization.

J9315

**Diagnosis and Treatment of Sacroiliac Joint Pain, 6.01.527**

No longer requires review for investigative.

64451

**In Vitro Chemoresistance and Chemosensitivity Assays, 2.03.01**

No longer requires review for investigative. Policy archived.

81535, 81536

**Miscellaneous Oncology Drugs, 5.01.540**

No longer requires review for medical necessity and prior authorization.

J9280

**Miscellaneous Oncology Drugs, 5.01.540**

No longer requires review for medical necessity.

C9078, C9080

**Pharmacologic Treatment of Duchenne Muscular Dystrophy, 5.01.570**

No longer requires review for medical necessity.

C9075

**Pharmacologic Treatment of High Cholesterol, 5.01.558**

No longer requires review for medical necessity.

C9079