

# Medical Policy and Coding Updates July 1, 2023

#### **Special notices**

## **Effective September 1, 2023**

Intraarticular Corticosteroids, 5.01.633

**New policy** 

#### **Drug added**

- Zilretta® (triamcinolone acetonide extended-release injectable suspension) Intraarticular
  - Added as medically necessary for moderate to severe osteoarthritis pain of the knee in adults and may be approved once per knee per lifetime
  - o Considered investigational for all other indications

Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures), 7.01.14

#### **New policy**

Maze or modified maze procedure

#### Medical necessity criteria added

• For the treatment of atrial fibrillation or flutter when performed on a non-beating heart during cardiopulmonary bypass

Stand-alone minimally invasive, off-pump maze procedures

#### Investigational criteria added

 For the treatment of atrial fibrillation or flutter, including when done via mini thoracotomy

Hybrid ablation

#### Investigational criteria added

For the treatment of atrial fibrillation or flutter

### **Effective August 4, 2023**

Miscellaneous Oncology Drugs, 5.01.540

Miscellaneous Intramuscular/Intravenous/Subcutaneous Agents

Drug added

- Xgeva® (denosumab)
  - For the prevention of skeletal-related events in individuals with bone metastases from solid tumors
  - o For the prevention of skeletal-related events in individuals with multiple myeloma

#### **Medical policies**

# New medical policies Effective July 1, 2023

#### Maternal Serum Biomarkers for Prediction of Adverse Obstetric Outcomes, 2.04.152

#### **New policy**

#### Investigational criteria added

 Use of serum biomarker tests with or without additional algorithmic analysis for prediction of preeclampsia or for prediction of spontaneous preterm birth is considered investigational

# Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions, 1.01.539

#### Policy renumbered

This policy replaces Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions, 1.01.15

#### Investigational criteria added

Oscillation and lung expansion devices are considered investigational

# Revised medical policies Effective August 1, 2023

# Psychiatric and Other Specified Evaluations in Inpatient and Residential Behavioral Health Treatment, 3.01.521

Inpatient mental health treatment, inpatient eating disorder treatment, and inpatient substance use disorder treatment

#### Medical necessity criteria updated

- Specified that initial psychiatric evaluation must be done within one day after admission versus within one day of for the purpose of aligning with 2023 InterQual updates
- Added requirement for a medical history and physical examination within one day after admission versus one day within to align with 2023 InterQual updates

Mental health residential treatment, eating disorder residential treatment, substance abuse residential treatment

#### Note added

 Clarification made that weekly summaries are not the same as and do not count as psychiatric or psychiatric medical evaluations

Inpatient mental health treatment, inpatient eating disorder treatment, inpatient substance use disorder treatment

#### Medical necessity criteria updated

 Added requirement for a nursing assessment upon admission and then a nursing staff observation 24 hours per day

# Wilderness Therapy/Outdoor Behavioral Healthcare Residential Wilderness Programs, 3.01.522

Psychiatric/mental health disorders; adults (18 years and older)

#### Medical necessary criteria updated

- o Admission criteria
  - Added criterion of very problematic sexual behavior
- Continued stay criteria
  - Updated to include the criterion of socially withdrawn or interacting with others in very strange or angry or threatening ways, or with very problematic sexual behavior, in or including in the treatment program
- Minimum service requirements
  - Added inclusion criterion that treatment is taking place in a licensed wilderness therapy/outdoor behavioral healthcare residential wilderness program

Psychiatric/mental health disorders; adolescents (13 to 17 years old)

#### Medical necessity criteria updated

- Admission criteria
  - Clarification made to include problematic or abusive sexual behavior
- Continued stay criteria
  - Added tantrums, severe irritability, or rage; problematic sexual behavior; psychomotor agitation; symptoms interfering with functioning in school and unresponsible to staff intervention; and, interacting with others in a very angry or threatening way, including in the treatment program to the list of qualifying criteria
- Minimum service requirements
  - Added inclusion criterion that treatment is taking place in a licensed wilderness therapy/outdoor behavioral healthcare residential wilderness program

Substance use disorders; adolescents and adults (13 years old and older)

#### Medical necessity criteria updated

Minimum service requirements

 Clarified that treatment must take place in a program that is licensed for substance use disorder outdoor behavioral healthcare residential treatment or licensed for residential substance use

## **Effective July 1, 2023**

#### Intraoperative Neurophysiologic Monitoring, 7.01.562

#### Medical necessity criteria updated

 Considered medically necessary during location of the hypoglossal nerve during implantation of a hypoglossal nerve stimulator, previously considered not medically necessary

#### Medical necessity criteria added

 Considered not medically necessary during decompression, neurectomy, radiosurgery, or rhizotomy of the trigeminal nerve

#### **Prescription Digital Therapeutics, 13.01.500**

#### Investigational criteria updated

 Added Regulora™ and Luminopia One to the list of FDA-approved prescription digital therapeutics that are considered investigational

#### Wheelchairs (Manual or Motorized), 1.01.501

#### Medical necessity criteria removed

 Powered seat elevation systems and seat lift mechanisms indications were removed and are now covered due to changes in CMS guidelines

#### **Pharmacy policies**

# New pharmacy policies Effective July 1, 2023

#### Pharmacologic Treatment of Epidermolysis Bullosa, 5.01.635

#### **New policy**

#### Drug added

- Vyjuvek<sup>™</sup> (beremagene geoerpavec-svdt) topical
  - Added medical necessity criteria for treatment of dystrophic epidermolysis bullosa for those aged 6 months and older
  - Not to exceed maximum weekly does based on age
  - All other indications are considered investigational

# Revised pharmacy policies Effective July 1, 2023

#### Bruton's Kinase Inhibitors, 5.01.590

#### Medical necessity criteria updated

- Imbruvica® (ibrutinib)
  - Removed indications for Mantle cell lymphoma and marginal zone lymphoma

#### **Drugs for Rare Diseases**, 5.01.576

#### Fabry disease

#### Drug added

- Elfabrio® (pegunigalsidase alfa-iwxj) IV
  - Added medical necessity criteria for treatment of adults with Fabry disease
  - May not be used in combination with Galafold® (migalastat) and Fabrazyme® (agalsidase beta)
  - May be approved for up to one year, with an additional year of approval when criteria are met

#### Medical necessity criteria updated

- o Fabrazyme® (agalsidase beta) IV
  - Added Fabrazyme is not being used in combination with Galafold® (migalastat) and Elfabrio® (pegunigalsidase alfa-iwxj)
- Galafold® (migalastat) oral
  - Added Galafold is not being used in combination with Fabrazyme® (agalsidase beta) and Elfabrio® (pegunigalsidase alfa-iwxj)

#### Periodic paralysis

#### Drug added

- o Generic dichlorphenamide oral
  - Added medical necessity criteria for treatment of adults with primary hyperkalemic or hypokalemic periodic paralysis when there are documented episodes of weakness at least once per week
  - Maximum dose may not exceed 200 mg daily

#### Medical necessity criteria updated

- Keveyis® (dichlorphenamide) oral
  - Added medical necessity criterion requiring trial and failure of, or intolerance to, generic dichlorphenamide

#### Medical Necessity Criteria for Pharmacy Edits, 5.01.605

Muscle relaxants

#### **Drug added**

- Brand baclofen oral suspension
  - Added and considered medically necessary to treat individuals who have trouble swallowing baclofen tablets

#### **Vasomotor Symptoms**

#### Drug added

- Veozah™ (fexolinetant)
  - Added medical necessity criteria for the treatment of moderate to severe vasomotor symptoms due to menopause in those aged 18 years and older
  - Maximum does is 45 mg per day

#### Pharmacologic Treatment of Psoriasis, 5.01.629

Second-line tyrosine kinase 2 (TYK2) inhibitors

#### Medical necessity criteria updated

- Sotyku™ (deucravacitinib) oral
  - Expanded trial and failure criteria to three of the listed agents, instead of two

#### Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

First-line Janus kinase (JAK) inhibitors

#### **Drug added**

- Rinvoq® (upadacitinib)
  - Added medical necessity criteria for treatment of moderate to severely active Crohn's disease when there has been trial and failure of certain medications, enterocutaneous or rectovaginal fistulas are present, or ileocolonic resection has been performed

Second-line sphingosine 1-phosphate receptor modulators

#### Medical necessity criteria updated

- o Zeposia® (ozanimod) oral
  - Added separately called out criterion requiring trial and failure with Stelara® (ustekinumab) and requiring trial and failure with either Humira or Amjevita

#### Phosphoinositide 3-kinase (PI3K) Inhibitors, 5.01.592

#### **Drug added**

- Joenja® (leniolisib) oral
  - Added medical necessity criteria for the treatment of activated phosphoinositide 3-kinase delta syndrome (APDS) in those aged 12 years and older with a document APDS associated PI3K delta gene mutation with documented variant in either PIK3CD or PIK3R1
  - The maximum dose is limited to 140 mg per day

#### **Archived policies**

### **Effective July 1, 2023**

No updates this month

#### **Deleted policies**

### **Effective July 1, 2023**

Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions, 1.01.15

This policy is replaced with Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions, 1.01.539

#### **Coding updates**

# Added codes Effective July 1, 2023

#### **Amniotic Membrane and Amniotic Fluid, 7.01.583**

Now requires review for investigational.

Q4272, Q4273, Q4274, Q4275, Q4276, Q4277, Q4278, Q4280, Q4281, Q4282, Q4283, Q4284

#### **Antibody Drug Conjugates, 5.01.582**

Now requires review for medical necessity and prior authorization.

J9063

#### **Bariatric Surgery, 7.01.516**

Now requires review for investigational.

C9784, C9785

#### C3 and C5 Complement Inhibitors, 5.01.571

Now requires review for medical necessity.

C9151

**Carelon Medical Benefits Management, Genetic Testing Guidelines** 

Now reviewed by Carelon for medical necessity and prior authorization.

0388U, 0389U, 0391U, 0392U, 0396U, 0397U, 0400U, 0401U

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

Now requires review for medical necessity and prior authorization.

0809T

#### Folate Antibodies, 5.01.617

Now requires review for medical necessity and prior authorization.

J9322, J9323

#### **Immune Checkpoint Inhibitors, 5.01.591**

Now requires review for medical necessity and prior authorization.

J9347

#### Immune Globulin Therapy, 8.01.503

Now requires review for medical necessity and prior authorization.

J1576

Maternal Serum Biomarkers for Prediction of Adverse Obstetric Outcomes, 2.04.152 Now requires review for investigational.

0243U, 0247U, 0390U

#### Miscellaneous Oncology Drugs, 5.01.540

Now requires review for medical necessity and prior authorization.

J9380

#### Monoclonal Antibodies for the Treatment of Lymphoma, 2.03.502

Now requires review for medical necessity and prior authorization.

J9350

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

Now requires review for investigational.

0795T, 0796T, 0797T, 0801T, 0802T, 0803T, 0810T, 0393U, 0395U, 0398U, 0793T, 0794T, 0807T, 0808T, C9785, C9787, K1024, K1025, K1031, K1032, K1033

Percutaneous Electrical Nerve Field Stimulation for Irritable Bowel Syndrome, 2.01.106 Now requires review for investigational.

0720T

#### Pharmacologic Prevention and Treatment of HIV/AIDS, 5.01.588

Now requires review for medical necessity and prior authorization.

J1961

#### Pharmacologic Treatment of Bladder Cancer, 5.01.632

Now requires review for medical necessity and prior authorization.

J9029

#### Pharmacologic Treatment of Clostridioides Difficile, 5.01.631

Now requires review for medical necessity and prior authorization.

J1440

#### Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

Now requires review for medical necessity and prior authorization.

Q5131

#### Pharmacotherapy of Multiple Sclerosis, 5.01.565

Now requires review for medical necessity and prior authorization.

J2329

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

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

63052

## Revised codes Effective July 1, 2023

Site of Service: Select Surgical Procedures, 11.01.524

No longer requires review for site of service. Review for medical necessity and prior authorization still required.

63053

# Removed codes Effective July 1, 2023

**Antibody Drug Conjugates, 5.01.582** 

Code terminated.

C9146

**Immune Checkpoint Inhibitors**, 5.01.591

Code terminated.

C9148

Miscellaneous Oncology Drugs, 5.01.540

Code terminated.

C9147

Pharmacotherapy of Type I and Type II Diabetes Mellitus, 5.01.569

Code terminated.

C9149

Wheelchairs (Manual or Motorized), 1.01.501

Now covered without review.

E0985, E2300, E2310, E2311, K0830, K0831