LifeWise
Health Plan of Washington

February 1, 2024 – Provider News – LifeWise Washington

Medical Policy and Coding Updates
February 1, 2024

Special notices

Effective April 14, 2024

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

Effective for dates of service on and after April 14, 2024, the following updates will apply to the Carelon Medical Benefits Management, Inc. Radiation Therapy Clinical Appropriateness Guidelines. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Updates by section

Radiation Therapy

- Intensity-modulated radiation therapy (IMRT) for colon cancer
- New indication for adjuvant treatment of locally advanced adenocarcinoma of the cecum
- Stereotactic body radiotherapy for hepatocellular carcinoma
- Modify eligibility criteria to match clinical trial RTOG 1112
- External beam radiation therapy/IMRT for prostate cancer
- Adjust for 2 Gy [gray] fractions. The total allowed dosage is the same with each fraction is a little larger (now 2 Gy) and lower number of fractions.

Effective for dates of service on and after April 14, 2024, the following updates will apply to the Carelon Medical Benefits Management, Inc. Advanced Imaging Clinical Appropriateness Guidelines. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services.

Updates by section

Imaging of the Heart

- Cardiac computed tomography (CT)

        - Cardiomyopathy: Added specificity to establish the basis for the suspicion of arrhythmogenic right ventricular dysplasia to align with cardiac magnetic resonance imaging (MRI) guidelines
    - Resting transthoracic echocardiography
    - Evaluation of ventricular function
        - New indications for evaluation of patients on mavacamten for treatment of hypertrophic cardiomyopathy

Imaging of the Abdomen and Pelvis

- Biliary tract dilatation or obstruction
    - Added indication for annual surveillance in Caroli disease/syndrome based on a 2022 guideline recommendation
- Diffuse liver disease
    - Removed indication for LiverMultiScan in hemochromatosis as there is insufficient evidence that this provides an advantage over standard MRI for this condition
- Osteomyelitis
    - Added requirement for initial evaluation with radiographs in adult patients based on American College of Radiology (ACR) appropriateness criteria
- Septic arthritis
    - Added requirement for initial radiographs in adult patients based on ACR appropriateness criteria
- Pancreatic mass, indeterminate cystic
    - For enlarging lesions in individuals aged 80 or older, increased surveillance frequency to annually and removed endpoint of 4 years
- Pelvic floor disorders
    - Added indication for MRI (magnetic resonance [MR] defecography preferred) in suspected pelvic organ prolapse based on ACR appropriateness criteria
- Transplant-related imaging
    - Added indication for single CT abdomen or abdomen/pelvis prior to lung, kidney, or stem cell transplant to align with CT chest guidelines

Imaging of the Brain

- Movement disorders (Adult only)
    - Added indication for head CT for assessment of skull density prior to MR guided focused ultrasound for essential tremor
- Trauma
    - Added a 3-6 week follow-up study in individuals aged 6 or younger with stable or inconclusive exam due to difficulty in accurately assessing for changes in neurologic status
- Acoustic neuroma

- Added long-term follow-up intervals based on specialty society guidelines

Imaging of the Chest

- Perioperative or periprocedural evaluation, not otherwise specified
  - Added indication for chest CT to be used for planning of biopsy or placement of fiducial markers using navigational bronchoscopy

Imaging of the Head and Neck

- Acoustic neuroma
  - Added long-term follow-up intervals based on specialty society guidelines
- Localized facial pain (including trigeminal neuralgia)
  - Added MRI orbit/face/neck for this indication based on ACR criteria due to some facilities using MRI face rather than brain for this condition

Oncologic Imaging

- Cancer screening
  - Breast cancer screening: Addition of high-risk genetic mutations (National Comprehensive Cancer Network [NCCN] alignment citing absolute risk of 20% or greater)
  - Lung cancer screening: Clarification of asbestos-related lung disease as risk factor independent of smoking, aligned with original intent
  - Pancreatic cancer screening: Alignment with NCCN recommended parameters; changes are overall expansive, except for an older start age (from 45 to 50 years) for certain genes (ATM, BRCA1, BRCA2, MLH1, MSH2, MSH6, EPCAM, PALB2, TP53); and family history alone (relative requirement)
- Breast Cancer
  - Chest CT, abdomen and pelvis CT: Added diagnostic workup allowance when metastatic disease is clinically suspected at presentation
  - MRI Breast: Addition/clarification of surveillance scenarios aligned with NCCN/ACR considerations
  - FDG-PET/CT: Added allowance for radiotherapy (RT) planning locoregional recurrence (e.g., confirmation of regional nodal involvement)
  - 18F-FES-PET/CT: Added that it is not indicated due to uncertain net benefit, low-level evidence, and insufficient data on outcomes
- Cervical Cancer
  - FDG-PET/CT: Update for follow-up of disease treated with either adjuvant RT or chemoradiation (NCCN alignment)
- Hepatocellular and Biliary Tract Cancers
  - FDG-PET/CT: Removed routine preop PET/CT for biliary tract cancers (NCCN alignment)

        - FDG-PET/CT: Added management allowance when standard imaging cannot be done or is nondiagnostic
    - Lung Cancer – Non-Small Cell
        - FDG-PET/CT: Added management allowance when recurrence demonstrated by surveillance imaging (NCCN alignment)
    - Lung Cancer – Small Cell
        - FDG-PET/CT: Clarification of initial staging allowance (NCCN alignment)
    - Lymphoma – Non-Hodgkin and Leukemia
        - FDG-PET/CT: NCCN alignment for interim restaging (allowed for diffuse large B-cell lymphoma stage I-IV with or without bulky disease)
    - Melanoma
        - Added surveillance option with MRI abdomen for liver metastases
    - Prostate Cancer
        - 18F Fluciclovine-PET/CT, 11C Choline-PET/CT, 68GaProstate-specific membrane antigen PET/CT, or 18F-DCFPyL PET/CT
        - Addition of diagnostic workup/initial staging indication
        - Specification of androgen-receptor pathway inhibitor treatment in alignment with Carelon Radiation Oncology guidelines
    - Sarcomas of Bone/Soft Tissue
        - FDG-PET/CT: Added allowance when standard imaging nondiagnostic or contraindicated (bone/soft tissue sarcoma)

For questions related to guidelines, please contact Carelon via email at MedicalBenefitsManagement.guidelines@Carelon.com. Additionally, you may access and download a copy of the current and upcoming guidelines here.

Effective April 4, 2024

Monoclonal Antibodies for the Treatment of Lymphoma, 2.03.502

Medical necessity criteria updated

- Rituxan Hycela (rituximab and hyaluronidase) to require documentation of CD20 antigen expression

Drug/Medical necessity criteria added

- Epkinly (epcoritamab-bysp) for the treatment of diffuse large B-cell lymphoma in certain adults

Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders, 2.01.526

Medical necessity added

- Maintenance transcranial magnetic stimulation (TMS) is considered not medically necessary (NMN) if the preceding course of intensive TMS was determined to be NMN

- A repeat full intensive course of TMS is considered NMN if the preceding full intensive course of TMS was determined to be NMN
- A short or brief intensive course of TMS is considered NMN if the preceding course of intensive TMS or maintenance TMS was determined to be NMN

Effective March 17, 2024

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

Effective for dates of service on and after March 17, 2024, the following updates will apply to the **Carelon Medical Benefits Management, Inc. Genetic Testing Clinical Appropriateness Guidelines**.

Updates by section

Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer

- Replaced "contraindicated" with "unsafe or infeasible" for clarification of tissue biopsy

Prenatal Testing using Cell Free DNA

- Clarified required components of genetic counseling
- For viable singleton or twin pregnancy, clarified sex prediction for pregnancies at risk for an X-linked disorder

Somatic Tumor Testing

- Clarification for Food and Drug Administration approved test moved to umbrella criteria
- Expanded BRAF V600E criteria to include RAS variant in localized colorectal cancer
- Removed Afirma standalone assay for testing indeterminate thyroid nodules
- Restricted testing to 50 genes or less for bladder, colorectal, ovarian, acute lymphoblastic leukemia (ALL), acute myelogenous leukemia (AML), chronic myelogenous leukemia, myeloproliferative neoplasms, and myelodyplastic syndromes (MDS)
- Expanded specimen type in tissue-based testing for ALL, AML, and MDS. For ALL, specimen-type, measurable residual disease and BCR-ABL1 monitoring

For questions related to guidelines, please contact Carelon via email at **MedicalBenefitsManagement.guidelines@Carelon.com**. Additionally, you may access and download a copy of the current and upcoming guidelines **here**.

Effective March 7, 2024

Carelon Medical Benefits Management Clinical Appropriateness Guidelines (formerly AIM Specialty Health) added services for review.

Effective for dates of service on and after March 7, 2024, the Plan will utilize Carelon Medical Benefits Management to apply clinical appropriateness guidelines and cancer treatment pathways.

Additions by section

Therapeutic Radiopharmaceuticals

- Updated Azedra (iobenguane I 131)
  - For the treatment of iobenguane scan-positive, unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma in individuals who require systemic anticancer therapy
  - Removed from policy Therapeutic Radiopharmaceuticals in Oncology, 6.01.525
- Updated Xofigo (radium Ra 223 dichloride)
  - For the treatment of castration-resistant prostate cancer with symptomatic bone metastases
  - Removed from Therapeutic Radiopharmaceuticals in Oncology, 6.01.525
- Added Zevalin (Ibritumomab tiuxetan)
  - For the treatment of certain types of B-cell non-Hodgkin lymphoma

For questions related to guidelines, please contact Carelon via email at MedicalBenefitsManagement.guidelines@Carelon.com. Additionally, you may access and download a copy of the current and upcoming guidelines here.

Gene Therapies for Thalassemia, 5.01.42

Medical necessity criteria updated

- Updated Zynteglo (betibeglogene autotemcel) criteria including:
  - Requirement that the individual does not have an uncorrected bleeding disorder or history of advanced liver disease
  - Individual must be 50 years of age or younger
  - Individuals 5 years of age or younger must weigh a minimum of 6 kilograms
  - Individual must be clinically stable and eligible to undergo a hematopoietic stem cell transplant

Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625

Medical necessity criteria updated

- Eligard's (leuprolide acetate) removed from coverage for the palliative treatment of advanced prostate cancer and added coverage for the treatment of advanced prostate cancer

- Updated initial gender dysphoria criteria to require documentation that the individual has no comorbid psychiatric disorders and that potential adverse effects have been discussed including specifically possible effects on fertility
- Updated initial gender dysphoria criteria to clarify that an individual must be ≥ 14 years of age, Tanner stage 2 or higher puberty onset based on physical examination, or Tanner stage 2 or higher puberty onset based on serum testosterone level in addition to being less than 23 years of age
- Updated initial gender dysphoria criteria to clarify that the individual has not undergone a gonadectomy
- Added a note that for individuals assigned female at birth, total testosterone of at least 11 ng/dL or 0.36 nmol/L is required to confirm Tanner stage 2
- Added a note that use of these products is also investigational for the treatment of gender dysphoria for individuals who have completed puberty
- Updated gender dysphoria re-authorization criteria to require documented specific rationale for why the individual has not undergone a gonadectomy if the individual ≥ 22 years of age, that suppression of secondary sex characteristics is based on physical examination, and documentation of annual testing of bone age or bone density

Growth Hormone Therapy, 5.01.500

Drug added

- Ngenla (somatrogon-ghla) added as a second-line agent for the treatment of growth hormone deficiency

Pharmacologic Treatment of Hemophilia, 5.01.581

Medical necessity criteria updated

- Hemgenix to require:
  - Factor IX prophylaxis to be discontinued following administration of Hemgenix
  - Assessment by hepatologist if the individual has radiological liver abnormalities or sustained liver enzyme elevations
- Roctavian to require:
  - Factor VIII prophylaxis to be discontinued following administration of Roctavian
  - Documentation demonstrating that the individual received education relating to alcohol abstinence and the use of concomitant medications

Effective February 7, 2024

Botulinum Toxins, 5.01.512

Medical necessity criteria updated

- Botox, Dysport, Myobloc, and Xeomin for the treatment of cervical dystonia requiring individual does not have acute cervical dystonia caused by exposure to dopamine receptor-blocking drugs

New medical policies Effective February 1, 2024

Artificial Intervertebral Disc: Lumbar Spine, 7.01.589

New policy

- This policy replaces Artificial Intervertebral Disc: Lumbar Spine, 7.01.87, which is now deleted

Medical necessity criteria updated

- Policy position has changed for artificial intervertebral disc: lumbar spine, single level for degenerative disc disease from investigational to medically necessary when criteria are met

Prescription Digital Therapeutics for Substance Use Disorder, 5.01.643

New policy

- Prescription digital therapeutics for individuals with substance use disorders are considered investigational

Revised medical policies Effective February 1, 2024

Measurement of Serum Antibodies to Selected Biologic Agents, 2.04.516

Investigational criteria added

- Precision-guided dosing testing for optimization of infliximab, adalimumab, and their biosimilars is considered investigational

Mobile Cardiac Outpatient Telemetry, 2.02.510

Medical necessity criteria added

- Mobile cardiac outpatient telemetry is now considered medically necessary rather than investigational

Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia, 2.01.91

Policy title change

- Title updated to include new indication from “Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia” to” Peroral Endoscopic Myotomy for Treatment of Esophageal Achalasia and Gastroparesis”

Investigational criteria added

- New investigational policy statement added for treatment of gastroparesis

Prescription Digital Therapeutics, 13.01.500

Investigational criteria updated

- The once removed applications, ReSet and ReSet-O, were restored to the list of prescription digital therapeutics that are considered investigational

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

Medical necessity criteria updated

- InterQual criteria added for a psychiatric evaluation, a medical history and physical examination, and a nursing assessment and subsequent nursing staff observation and monitoring for substance use disorder inpatient rehabilitation
- Clarified that the psychiatric evaluation and medical history and physical examination, must be done by a physician, nurse practitioner, or physician assistant

Pharmacy policies

New pharmacy policies Effective February 1, 2024

Pharmacologic Treatment of Sickle Cell Disease, 5.01.640

New policy

- Moved Adakveo, Endari, and Oxbryta which have been removed from Drugs for Rare Diseases, 5.01.576, with no changes to criteria

Medical necessity criteria added

- Casgevy (exagamglogene autotemcel) and Lyfgenia (lovotibeglogene autotemcel) for the treatment of sickle cell disease

Revised pharmacy policies Effective February 1, 2024

Advanced Therapies for Pharmacological Treatment of Pulmonary Arterial Hypertension, 5.01.522

Medical necessity criteria added

- Sildenafil 10 mg/mL oral suspension (generic of Revatio) added to phosphodiesterase-5 (PDE-5) inhibitors for the indication of pulmonary arterial hypertension WHO [World Health Organization] group 1

Immune Globulin Therapy, 8.01.503

Medical necessity criteria added

- Site of service review added for Panzyga (immune globulin)

Medical Necessity Criteria for Pharmacy, 5.01.605

Drug/medical necessity criteria added

- Cabtreo added to brand topical acne or rosacea products
- Brand trientine hydrochloride added to chelating agents
- Lodoco (colchicine) added to heart disease prevention agents
- Ozobax DS added to muscle relaxants
- Xdemvy (lotilaner) added to brand blepharitis agents
- Xyosted specific criteria added to testosterone replacement products
- Generic penciclovir added to topical antivirals, brand

Medical necessity criteria added

- Requirement that Xiidra is not used concurrently with a cyclosporine ophthalmic, Miebo, or Tyrvaya
- Requirement that Cequa and Vevye are not used concurrently with another cyclosporine ophthalmic, Miebo, Tyrvaya, or Xiidra
- Requirement that Miebo is not used concurrently with a cyclosporine ophthalmic, Tyrvaya, or Xiidra
- Requirement that Tyrvaya is not used concurrently with a cyclosporine ophthalmic, Miebo, or Xiidra
- Carospir criteria to require trial and failure with generic oral spironolactone suspension
- Muscle relaxant criteria require trial and failure with generic oral baclofen solution

Medical necessity criteria updated

- Denavir, Xerese, and Zovirax cream criteria to require trial and failure with generic penciclovir

Drug removed

- Brand fluticasone propionate HFA
- Omlonti (omidenepag isopropyl) removed from Ophthalmic Prostaglandin Analogs and prescription Lastacaft (alcaftadine) and prescription Pataday (olopatadine)
- Xyosted removed from Nonpreferred Testosterone Replacement Agents

Miscellaneous Oncology Drugs, 5.01.540

Medical necessity criteria updated

- Lonsurf (trifluridine and tipiracil) in combination with bevacizumab for the treatment of metastatic colorectal cancer in certain adult individuals

Drug/medical necessity criteria added

- Ogsiveo (nirogacestat) for the treatment of progressing desmoid tumors in certain adult individuals
- Hepzato Kit (melphalan hepatic delivery system) for the treatment of unresectable or metastatic uveal melanoma in certain adult individuals

Multiple Receptor Tyrosine Kinase Inhibitors, 5.01.534

Drug/medical necessity criteria added

- Augtyro (repotrectinib) and generic pazopanib criteria added

Medical necessity criteria updated

- Votrient (pazopanib) criteria to require trial with the generic first and limit use to adults
- Sutent (sunitinib) criteria updated to clarify that use for gastrointestinal stromal tumor, renal cell carcinoma, and pancreatic neuroendocrine tumors is medically necessary in adults only

Pharmacologic Treatment of Duchenne Muscular Dystrophy, 5.01.570

Drug/medical necessity criteria added

- Agamree (vamorolone) for the treatment of Duchenne muscular dystrophy in individuals aged 2 years or older

Pharmacologic Treatment of Osteoporosis, 5.01.596

Medical necessity criteria updated

- Bonsity (teriparatide), brand Teriparatide, and Forteo (teriparatide) criteria to require trial and failure with generic teriparatide

Drug/medical necessity criteria added

- Generic teriparatide criteria added

Pharmacologic Treatment of Psoriasis, 5.01.629

Medical necessity criteria added

- Bimzelx (bimekizumab-bkzx) for the treatment of plaque psoriasis

Medical necessity criteria updated

- Zoryve (roflumilast) criteria for treatment in individuals changed from 12 to 6 years of age or older

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

Drug/medical necessity criteria added

- Tyruko (natalizumab-sztn) for the treatment of moderately to severely active Crohn's disease in adults

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

Drug/medical necessity criteria added

- Cosentyx (secukinumab) for the treatment of moderate to severe hidradenitis suppurativa
- Rezurock (belumosudil) for the treatment of chronic graft versus host disease
- Tarpeyo (budesonide) for the treatment of primary immunoglobulin A nephropathy (IgAN)

Medical necessity criteria updated

- Vyvgart (efgartigimod alfa-fcab) criteria to require that medication is not being used concurrently with Vyvgart Hytrulo, Rystiggo, Soliris, Ultomiris, or Zilbrysq

- Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) criteria to require that medication is not being used concurrently with Vyvgart, Rystiggo, Soliris, Ultomiris, or Zilbrysq

Pharmacotherapy of Multiple Sclerosis, 5.01.565

Drug/medical necessity criteria added

- Tyruko (natalizumab-sztn) for the treatment of relapsing forms of multiple sclerosis

Use of Granulocyte Colony-Stimulating Factors (G-CSF), 5.01.551

Drug/medical necessity criteria added

- Ryzneuta (efbemalenograstim alfa-vuxw) and Udenyca Onbody (pegfilgrastim-cbqv) added as non-preferred drugs for treatment in individuals receiving myelosuppressive anti-cancer regimens at risk of severe febrile neutropenia

Archived policies

No updates this month.

Deleted policies

Effective February 1, 2024

Artificial Intervertebral Disc: Lumbar Spine, 7.01.87

- This policy is replaced with Artificial Intervertebral Disc: Lumbar Spine, 7.01.589

Coding updates

Added codes
Effective February 1, 2024

Evaluation of Biomarkers for Alzheimer's Disease, 2.04.521

Now requires review for investigational.

0206U, 0207U, 0346U, 0358U, 0361U, 0412U

Gonadotropin Releasing Hormone (GnRH) Analogs, 5.01.625

Now requires review for medical necessity and prior authorization.

J1954

Miscellaneous Oncology Drugs, 5.01.510

Now requires review for medical necessity and prior authorization.

J9999

Pharmacologic Treatment of Osteoporosis, 5.01.596

Now requires review for medical necessity and prior authorization.

J3110

Revised codes
Effective February 1, 2024

Mobile Cardiac Outpatient Telemetry, 2.02.510

No longer requires review for investigational. Now requires review for medical necessity and prior authorization.

93228, 93229

Removed codes

No updates this month.