LifeWise
Health Plan of Washington

March 7, 2024 – Provider News – LifeWise Washington

Medical Policy and Coding Updates
March 7, 2024

Special notices
Effective June 30, 2024

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

Effective for dates of service on and after June 30, 2024, the following updates will apply to the Carelon Medical Benefits Management, Inc. Genetic Testing 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

(H4) Carrier Screening in the Prenatal Reproductive Setting

- Removed preimplantation testing criteria (transferred to Genetic Testing for Inherited Conditions) and retitled guideline to Carrier Screening in the Reproductive Setting
- Standard carrier screening: expanded testing to include standard hemoglobinopathy screening for all pregnant individuals or an individual considering pregnancy

(H4) Genetic Testing for Inherited Conditions

- Preimplantation genetic testing (PGT):
  - Transferred criteria from Carrier Screening guidelines
  - Expanded testing for gamete providers in certain scenarios
  - Clarified the medical necessity of PGT for aneuploidy when there is a clear heritable indication
- Clarified testing considered not medically necessary:
  - MTHFR-gene variant testing for hereditary thrombophilia risk assessment
  - Donor-derived cell-free deoxyribonucleic acid (DNA) testing for use as a biomarker for diagnosis and/or monitoring of cardiac organ transplant rejection

(H4) Hereditary Cancer Testing

- Expanded indications for:

        - Li-Fraumeni syndrome
        - Hereditary breast, ovarian, and pancreatic cancer (including multi-gene panel testing)
        - Melanoma
        - Prostate cancer
    - Clarified testing is not medically necessary:
        - Serrated polyposis syndrome
        - Hereditary mixed polyposis syndrome (GREM1-associated mixed polyposis)

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.

Effective June 7, 2024

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563
Medical necessity criteria updated

- Skyrizi (risankizumab-rzaa) intravenous added to site of service review

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.

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.

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

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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

Medical policies

New medical policies Effective March 1, 2024

Ablation of Peripheral Nerves to Treat Pain, 7.01.565

New policy

- This policy replaces Ablation of Peripheral Nerves to Treat Pain, 7.01.154, which is now deleted

Investigational criteria added

- Chemical neurolysis of the peripheral nerves to treat pain associated with knee osteoarthritis or plantar fasciitis is considered investigational

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 March 1, 2024

Gender Transition/Affirmation Surgery and Related Services, 7.01.557

Medical necessity criteria added/updated

- Combined the two criteria regarding there being no reason for the surgery/procedure other than gender affirmation for surgeries other than:
  - Additional breast/chest or genital surgery
  - Additional breast augmentation
  - Facial or body or extremity hair removal
  - Medical tattooing
- Criterion for a diagnosis of gender dysphoria for hair removal related to genital surgery updated to be consistent with the criterion for a diagnosis of gender dysphoria for facial or body or extremity hair removal not related to genital surgery
- Added a comment that hair removal is presumed to be facial or body or extremity hair removal if the location of hair removal is not specified

Pharmacy policies

New pharmacy policies

Effective March 1, 2024

No updates this month.

Revised pharmacy policies Effective March 1, 2024

Drugs for Rare Diseases, 5.01.576

Medical necessity criteria updated

- Voxzogo criteria updated:
  - Removed the age requirement
- Individual has open epiphyses or Tanner Stage < 4, growth velocity ≥ 1.5 centimeters in the last 12 months
  - Does not plan to have limb-lengthening surgery

Medical Necessity Criteria for Pharmacy, 5.01.605

Drugs added

- Voquezna (vonoprazan) added to acid blocker agents
- Vigpoder (vigabatrin) generic added to anticonvulsants
- Zonisade (zonisamide oral suspension) added to anticonvulsants
- Vivjoa (oteseconazole) added to antifungals
- Jardiance (empagliflozin) added to chronic kidney disease treatment.
- Inpefa (sotagliflozin) added to heart failure agents
- Ycanth (cantharidin) added to brand molluscum contagiosum agents
- Gelnique (oxybutynin) added to overactive bladder agents
- Betoptic (betaxolol), Istalol (timolol), and Timoptic (timolol) added to brand ophthalmic beta blockers
- iDose TR (travoprost intracameral implant) added to brand ophthalmic prostaglandin analogs
- Valtrex (valacyclovir) added to brand antivirals
- Voquezna Dual Pak (amoxicillin-vonoprazan) and Voquezna Triple Pak (amoxicillin-clarithromycin-vonoprazan) added to brand oral antibiotic agents

Medical necessity criteria updated

- Generic Vigpoder (vigabatrin) added as a preferred alternative for Sabril (vigabatrin)
- Brexafemme (ibrexafungerp) updated to include coverage criteria for the reduction of recurrent vulvovaginal candidiasis
- Cresemba (isavuconazonium) age requirement changed from 18 years to 6 years of age or older
- Helidac (bismuth subsalicylate-metronidazole-tetracycline), Omeclamox-Pak (omeprazole-clarithromycin-amoxicillin), Pylera (bismuth subcitrate potassium-

metronidazole-tetracycline), and Talicia (omeprazole-amoxicillin-rifabutin) criteria updated to include:
    - Individuals aged 18 years or older
    - Diagnosed with H. pylori infection
    - Has tried two generic medication regimens
- Solosec (secnidazole) age requirement changed from 18 years to 12 years of age or older

Drugs removed

- Zelnorm (tegaserod) removed from constipation agents as it has been withdrawn from the market
- ProAir HFA (albuterol) removed from short-acting beta agonists as it has been discontinued

Miscellaneous Oncology Drugs, 5.01.540

Medical necessity criteria updated

- Tibsovo (ivosidenib) updated to include the treatment of myelodysplastic syndromes
- Welireg (belzutifan) updated to include the treatment of renal cell carcinoma
- Treatment of locally advanced or metastatic urothelial carcinoma with susceptible FGFR2 [fibroblast growth factor receptor] genetic alterations removed from Balversa (erdafitinib) criteria
- Step therapy requirement for Balversa (erdafitinib) expanded from prior platinum-containing chemotherapy to prior systemic therapy
- Temodar (temozolomide) IV updated to include the treatment newly diagnosed anaplastic astrocytoma

Drugs added

- Tabloid (thioguanine) added for the treatment of acute myeloid leukemia
- Ojjaara (momelotinib) added for the treatment of myelofibrosis
- Iwilfin (eflornithine) added for the treatment of high-risk neuroblastoma
- Oral Temodar (temozolomide) and oral generic temozolomide added for the treatment of glioblastoma or anaplastic astrocytoma

Drug removed

- Truseltiq (infigratinib) removed as the product has been withdrawn from the market

Pharmacologic Treatment of Gout, 5.01.616

Drug added

- Ilaris (canakinumab) added for the treatment of acute gout flares

Pharmacologic Treatment of Psoriasis, 5.01.629

Drug removed

- Stelara (ustekinumab) subcutaneous (SC) injection site of service requirement removed

Pharmacologic Treatment of Transthyretin-Mediated Amyloidosis, 5.01.593

Medical necessity criteria updated

- Amvuttra (vutrisiran), Onpattro (patisiran), and Tegsedi (inotersen) criteria updated to allow confirmation of diagnosis by tissue biopsy or genetic testing as well as ensure the individual does not have any of the following:
  - New York Heart Association (NYHA) class III or IV heart failure,
  - Sensorimotor or autonomic neuropathy not related to hereditary transthyretin-mediated amyloidosis
  - Prior liver transplantation
- Vyndamax/Vyndaqel (tafamidis) criteria expanded to include:
  - Confirmation of diagnosis by tissue biopsy or genetic testing
  - Individual has end-diastolic interventricular septal wall thickness exceeding 12 mm on echocardiography,
  - Individual has a history of heart failure, baseline N-terminal pro b-type natriuretic peptide of ≥ 600 pg/mL
  - Individual does not have NYHA class IV heart failure, presence of light-chain amyloidosis, history of heart or liver transplantation, or an implanted cardiac device
- Wainua (eplontersen) criteria added to prevent use in combination with Amvuttra, Onpattro, or Tegsedi

Drug added

- Wainua (eplontersen) for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis

Pharmacotherapy of Type I and Type II Diabetes Mellitus, 5.01.569

Drugs added

- Insulin glargine added as a non-preferred insulin
- Zituvio (sitagliptin) added as a non-preferred dipeptidyl peptidase IV (DPP-4) inhibitor
- Zituvimet (sitagliptin-metformin) added as a non-preferred DPP-4 inhibitor/biguanide combination
- Brand bexagliflozin and brand dapagliflozin added as non-preferred sodium-glucose cotransporter 2 (SGLT-2) inhibitors
- Brand dapagliflozin-metformin added as a non-preferred SGLT-2 inhibitor/biguanide combination

Drug removed

- Adlyxin (lixisenatide) removed as it has been withdrawn from the market

Pharmacotherapy of Arthropathies, 5.01.550

Drug removed

- Stelara (ustekinumab) (SC) injection site of service requirement removed

Pharmacotherapy of Inflammatory Bowel Disorder, 5.01.563

Drug removed

- Stelara (ustekinumab) SC injection site of service requirement removed

Drugs added

- Entyvio (vedolizumab) SC and Omvoh (mirikizumab-mrkz) added for the treatment of ulcerative colitis

Medical necessity criteria updated

- Velsipity (etrasimod) step therapy requirements updated

Pharmacotherapy of Miscellaneous Autoimmune Diseases, 5.01.564

Medical necessity criteria updated

- Adalimumab step therapy requirement removed from Cosentyx (secukinumab)

Pharmacotherapy of Multiple Sclerosis, 5.01.565

Drug/medical necessity criteria updated

- Ocrevus step therapy requirement removed from Briumvi (ublituximab-xiiy)

Phosphoinositide 3-kinase (PI3K) Inhibitors, 5.01.592

Drug added

- Truqap (capivasertib) added for the treatment of breast cancer

Medical necessity criteria updated

- Zydelig for the treatment of follicular lymphoma or small lymphocytic lymphoma removed as use for this indication was removed from the prescribing information

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

Medical necessity criteria updated

- Neupogen (filgrastim), Nivestym (filgrastim-aafi), Releuko (filgrastim-ayow), and Zarxio (filgrastim-sndz) criteria updated to include treatment of congenital neutropenia, cyclic neutropenia, and idiopathic neutropenia

Use of Vascular Endothelial Growth Factor Receptor (VEGF) Inhibitors and Other Angiogenesis Inhibitors in Oncology Treatment, 5.01.517

Medical necessity criteria updated

- Removed requirement from bevacizumab products to have tried two prior chemotherapy regimens for the treatment of epithelial ovarian, fallopian tube, or primary peritoneal cancer when used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan for platinum-resistant recurrent disease
- Bevacizumab product criteria updated to include the treatment of metastatic colorectal cancer in combination with Lonsurf (trifluridine and tipiracil) who have been previously treated with fluoropyrimidine-. oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF biological therapy, and if RAS wild-type, an anti-EGFR [epidermal growth factor receptor] therapy

Drugs added

- Avzivi (bevacizumab-tnjn) added as a non-preferred bevacizumab product

- Fruzaqla (fruquintinib) for the treatment of metastatic colorectal cancer

Archived policies

No updates this month.

Deleted policies

Effective March 1, 2024

Ablation of Peripheral Nerves to Treat Pain, 7.01.154

- This policy is replaced with Ablation of Peripheral Nerves to Treat Pain, 7.01.565

Coding updates

Added codes
Effective March 1, 2024

Carelon Sleep Disorder Management

Previously reviewed by the plan, now reviewed by Carelon Medical Benefits Management, Inc. for medical necessity and prior authorization

K1027

Carelon Radiation Oncology

Previously reviewed by the plan, now reviewed by Carelon Medical Benefits Management, Inc. for medical necessity and prior authorization

A9590, A9506, A9543

Fractional Carbon Dioxide (CO2) Laser Ablation Treatment of Hypertrophic Scars or Keloids for Functional Improvement, 2.01.104

Now requires review for investigational.

0480T

Laboratory Testing Investigational Services, 2.04.520

Now requires review for investigational.

0430U

Medical Necessity Pharmacy Edits, 5.01.605

Now requires review for medical necessity.

C9164

Pharmacologic Treatment of Hemophilia, 5.01.581
Now requires review for medical necessity and prior authorization.

J1412

Use of Granulocyte Colony-Stimulating Factors (G-CSF), 5.01.550
Now requires review for medical necessity and prior authorization.

J1449

Revised codes
Effective March 1, 2024

Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma, 8.01.63
Now requires review for medical necessity.

0540T

Pharmacotherapy of Arthropathies, 5.01.550
No longer requires review for site of service. Review for medical necessity and prior authorization still required.

J3357

Removed codes

Non-Covered services and Procedures, 10.01.517
No longer requires review.

A4267, A4268, A4269, A4287