### Urology and Obstetrics/Gynecology

**Medical Policy Group**

Co-chairs

Katherine Dallow, MD, MPH • Vice President • Clinical Programs and Strategy
Desiree Otenti, ANP, MPH, Senior Director • Medical Policy Administration

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**Invited:** Katherine Dallow, MD, MPH, co-chair (Medical Policy Administration), Desiree Otenti, ANP, co-chair, (Medical Policy Administration); Grace Baker, MSW, LCSW, (Medical Policy Administration); Laura Barry, RN, BSN, (Medical Policy Administration); Craig Haug, MD, (Surgery); Thomas Hawkins, MD, (Internal Medicine); Kenneth Duckworth, MD, (Psychiatry); Mary Beth Erwin, R.Ph, (Pharmacy Operations); Thomas Kowsalski, R.Ph, (Clinical Pharmacy); Peter Lakin, R.Ph. (Clinical Pharmacy), Thomas Powers, MD AIM Specialty Health

**Invited Physician Guest(s):** Representatives from the Massachusetts Society of Urology, Representatives from the Massachusetts Society of Obstetrics and Gynecology;

**RSVP to EBR@BCBSMA.com**

Network physicians who plan to attend the meeting must confirm and provide their contact information by email to EBR@bcbsma.com at least 48 hours before the meeting. It is important that Blue Cross Blue Shield have the contact information for any physician who will be attending this meeting, since we need to mail confidentiality and conflict-of-interest forms. Attending physicians may either take part in the meeting in person or via conference call. If a physician would like to call in to the meeting, a conference number will be provided by BCBSMA prior to the meeting date. **Note:** Please be aware that this meeting may end early if there are no attending providers.

**To view each medical policy on the agenda**

The policies are hyperlinked to each entry on the list and can be opened by clicking on the policy number following the policy title.

**To access the medical policies**

We are currently experiencing intermittent website access issues with our medical policies. Click here for an alternate way to access the policies, and then enter the policy number or policy title in the search box.

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### Urology Medical Policies with Coverage Updates

1. AIM Genetic Testing Management Program Commercial and Medicare Advantage (954)
2. AIM Genetic Testing Management Program CPT and HCPCS Codes (957)
   - Added codes 0087U;0088U;0089U;0090U;0094U;0101U;0102U;0103U;0104U. Effective 7/1/2019.
   - HCPCS code S3620 removed. 3/22/2019
   - HCPCS code S3620 removed. 3/22/2019
   - New document #957 issued. Effective 1/1/2019
3. AIM High Technology Radiology Management Program CPT Codes (900)
4. Biomarkers for the Diagnosis of Cancer Risk Assessment of Prostate Cancer (336)
   - Local Coverage Determination (LCD): Biomarker Testing (Prior to Initial Biopsy) for Prostate Cancer Diagnosis (L37733) (4K score) added.
• Ongoing investigational indications described. For coverage information on the following tests, see medical policy #954, AIM Genetic Testing Management Program and medical policy #957, AIM Genetic Testing Management Program CPT and HCPCS Codes. Effective 1/1/2019. Clarified coding information.
  • Genetic Testing for TMPRSS Fusion Genes in Prostate Cancer (using PCR)
  • Genetic Testing for Mitochondrial DNA Mutation Testing (eg, Prostate Core Mitomics Test™)
  • Candidate Gene Panels
  • PCA3 Testing
  • Gene Hypermethylation Testing (eg, ConfirmMDx®).
5. Hydrogel Spacer Use During Radiotherapy for Prostate Cancer (743)
6. Laboratory Tests for Heart and Kidney Transplant Rejection (530)
• BCBSA National medical policy review. New investigational indications described. Title expanded to include kidney transplant rejection. Effective 3/1/2019.
7. Prostatic Urethral Lift (744)
• BCBSA National medical policy review. The medically necessary statement related to not being a surgical candidate for TURP was removed. Effective 1/1/2019.
8. Transurethral Water Vapor Thermal Therapy for Benign Prostatic Hyperplasia (060)
• New medical policy describing ongoing investigational statement for Commercial plans. Policy statement was transferred from MP #400 Medical Technology Assessment Investigational (Non-Covered) Services List. 8/2019.

Urology Medical Policies with no Coverage Updates
9. Biofeedback as a Treatment of Urinary Incontinence (173)
10. Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds (175)
11. Cellular Immunotherapy for Prostate Cancer (268)
12. Cryosurgical ablation of the Prostate (149)
13. Focal Treatments for Prostate Cancer (733)
14. Incontinence Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence (471)
15. Intensity Modulated Radiation Therapy (IMRT) of the Prostate (090)
16. Nerve Graft in Association with Radical Prostatectomy (590)
17. Pelvic Floor Stimulation as a Treatment of Urinary Incontinence and Fecal Incontinence (470)
18. Percutaneous Tibial Nerve Stimulation (583)
19. Radioimmunoscintigraphy Imaging (Monoclonal Antibody Imaging) with Indium-111 Capromab Pendetide (Prostascint®) for Prostate Cancer (639)
20. Radioimmunoscintigraphy Imaging (Monoclonal Antibody Imaging) Using Technetium-99m Nofetumomab Merpentan (Verluma) (640)
21. Sacral Nerve Neuromodulation/Stimulation (153)
22. Saturation Biopsy for Diagnosis and Staging of Prostate Cancer (307)
23. Sexual Dysfunction - Diagnosis and Therapy (078)
24. Systems Pathology in Prostate Cancer (250)
25. Transrectal Ultrasound for Staging Rectal Cancer (679)
26. Transrectal Ultrasound of the Prostate (680)
27. Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence (523)
28. Tumor Markers for Diagnosis and Management of Cancer (167)
29. Medical Technology Assessment Investigational (Non-Covered) Services List (400)

Urology Pharmacy Policies with Coverage Updates
30. Benign Prostatic Hyperplasia (BPH) - Prescription Drug Step Therapy: Avodart (Dutasteride) Finasteride; Proscar (Finasteride) (040)
• Updated to change criteria for tadalafil & require the use of a combo product which is aligned with guidelines. 5/2019.
31. Oncology Drugs (409)
• Updated to add new Tibsovo® indication and to add Piqray & Balversa to the policy. 8/2019.
32. Overactive Bladder Medications: Detrol/LA (tolterodine); Ditropan/XL (oxybutynin); Enablex (darifenacin); oxybutynin/ER; Sanctura/XR (trosopium); Toviaz (fesoterodine); VESIcare (solifenacin) *(170)*
- Updated to add Solifenacin to step 1. 7/1/2019.

### Urology Pharmacy Policies with no Coverage Updates

33. Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension *(919)*

### Obstetrics/Gynecology Medical Policies with Coverage Updates

34. AIM Genetic Testing Management Program Commercial and Medicare Advantage *(954)*
35. AIM Genetic Testing Management Program CPT and HCPCS Codes *(957)*
- Added codes 0087U;0088U;0089U;0090U;0094U;0101U;0102U;0103U;0104U. Effective 7/1/2019.
- HCPCS code S3620 removed. 3/22/2019
- New document #957 issued. Effective 1/1/2019
36. AIM High Technology Radiology Management Program CPT Codes *(900)*
37. Assisted Reproductive Services (Infertility Services) *(086)*
- Sterilization reversal section clarified to indicate that infertility treatment needed as a result of prior voluntary sterilization or unsuccessful sterilization reversal procedure is not covered. 3/2019.
- Donor Egg/Donor Embryo section clarified. 2/2019.
- Prior authorization requirement for intrauterine insemination removed. Laboratory requirement prior to IVF clarified. 12/2018.
38. Computer-Aided Evaluation as an Adjunct to Magnetic Resonance Imaging of the Breast *(578)*
39. Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer *(204)*
- Outpatient prior authorization is required for all commercial products including Medicare Advantage. Effective 1/1/2019.
40. MRI-Guided Focused Ultrasound - MRgFUS *(243)*
41. Plastic Surgery: Reconstructive and Cosmetic Services (Reconstruction after Mastectomy) *(068)*
- Age criteria to correct pectus excavatum and pectus carinatum removed. Effective 5/1/2019.
- Abdominoplasty is considered cosmetic and not medically necessary. Effective 12/1/2018.
42. Preimplantation Genetic Testing *(088)*
- Terminology clarified: Preimplantation genetic screening (PGS) changed to preimplantation genetic testing for aneuploidies (PGT-A); Preimplantation genetic diagnosis (PGD) changed to preimplantation genetic testing for monogenic/single gene diseases (PGT-M) and defined coverage criteria for preimplantation genetic testing for structural rearrangements (PGT-SR). 6/2019.
43. Zulresso (Brexanolone) for the Treatment of Post-partum Depression *(147)*

### Obstetrics/Gynecology Medical Policies with no Coverage Updates

44. Breast Duct Endoscopy *(493)*
45. Epithelial Cell Cytology in Breast Cancer Risk Assessment and High-Risk Patient Management (Ductal Lavage and Suction Collection Systems) *(492)*
46. Handheld Radiofrequency Spectroscopy for Intraoperative Assessment of Surgical Margins during Breast-Conserving Surgery *(546)*
47. Home Uterine Activity Monitoring *(043)***
48. Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids (244)
49. Magnetic Resonance Imaging–Targeted Biopsy of the Prostate (747)
50. Mineral Density Studies (450)
51. Multimarker Serum Testing Related to Ovarian Cancer (249)
52. Multitarget Polymerase Chain Reaction Testing for Diagnosis of Bacterial Vaginosis (711)
53. Obstetrical Ultrasound and Ultrasound for Family Planning (007)
54. Occlusion of Uterine Arteries Using Transcatheter Embolization or Laparoscopic Occlusion to Treat Uterine Arteries (242)
55. Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome (266)
56. Radioimmunoscintigraphy Imaging (Monoclonal Antibody Imaging) Using In-111 Satumomab Pentetide (OncoScint) or Tc-99m Arcitumomab (IMMU-4, CEA-Scan (638)
57. Radioimmunoscintigraphy Imaging (Monoclonal Antibody Imaging) Using Technetium-99m Nofetumomab Merpentan (Verluma) (640)
58. Serum Biomarker Human Epididymis Protein 4 (HE4) (290)
59. Testing Serum Vitamin D Levels (746)
60. Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence (523)
61. Vertebral Fracture Assessment with Densitometry (449)

Obstetrics/Gynecology Pharmacy Policies with Coverage Updates

65. Intravenous Immunoglobulin (for recurrent fetal loss; recurrent spontaneous abortion) (310)
   • Updated to add Cutaquig to the policy. 7/2019.

Obstetrics/Gynecology Pharmacy Policies with no Coverage Updates

66. Addyi (131)

Topics for discussion

E-Blue Review (EBR) Comments
Emerging Medical Technologies

2019 Medical Policy Group meeting Schedule

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<td>Neurology and Neurosurgery</td>
<td>January 29th, 2019</td>
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<td>Hematology and Oncology</td>
<td>February 26th, 2019</td>
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<td>Allergy and ENT/Otolaryngology</td>
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<td>Cardiology and Pulmonology</td>
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<td>Pediatrics and Endocrinology</td>
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<td>Orthopedics, Rehabilitation Medicine and Rheumatology</td>
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<td>Psychiatry and Ophthalmology</td>
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<td>Urology and Obstetrics/Gynecology</td>
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<td>Gastroenterology, Nutrition and Organ Transplantation</td>
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<td>Plastic Surgery, Dermatology and Podiatry</td>
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For questions: ebr@bcbsma.com